

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>05/01/2021</u> and ending <u>04/30/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>05/01/1984</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA</u> <u>1050 LAKES DRIVE, SUITE 120</u> <u>WEST COVINA, CA 91790-2930</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-6835541</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>626-646-1090</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-6835541</u>	2c Plan Sponsor's telephone number <u>626-646-1090</u>	2d Business code (see instructions) <u>238100</u>	
2b Employer Identification Number (EIN) <u>95-6835541</u>					
2c Plan Sponsor's telephone number <u>626-646-1090</u>					
2d Business code (see instructions) <u>238100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/09/2023	FRANK SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/09/2023	LUPE ALDACO, JR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2774
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2774 6a(2) 2697 6b 0 6c 0 6d 2697 6e 0 6f 2697 6g 2697 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 74

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA	D Employer Identification Number (EIN) 95-6835541	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CORPORATION
36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FRANKLIN TEMPLETON INVESTMENTS
80-0733663

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BEACH POINT CAPITAL MANAGEMENT
80-0242162

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
RBC GLOBAL MANAGEMENT
SOUTH SIXTH ST. SUITE 2350 MINNEAPOLIS, MN 55402

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

INVESCO TRUST COMPANY

46-3793325

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

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

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

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

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	68374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE WAGNER LAW GROUP

04-3323315

(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	46730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDQUIST LLP

52-2385296

(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	22405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

U.S. BANK

31-0841368

(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 72	NONE	18741	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

EIDE BAILLY LLP

45-0250958

(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	18141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC.

26-1429809

(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	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UNION BANK

94-0304228

(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?
18 50	NONE	8383	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	LINDQUIST LLP	b EIN:	52-2385296
c Position:	AUDITOR		
d Address:	5000 EXECUTIVE PARKWAY SUITE 400 SAN RAMON, CA 94583	e Telephone:	925-277-9100

Explanation: LINDQUIST LLP COMBINED THEIR ACCOUNTING PRACTICE WITH WITHUMSMITH+BROWN, PC

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan <u>SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA</u>	D Employer Identification Number (EIN) <u>95-6835541</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COL GLOBAL RE INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENT, INC</u>		
c EIN-PN <u>45-6138589-082</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1088863</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN TEMPLETON COLLECTIVE INV</u>		
b Name of sponsor of entity listed in (a): <u>FIDUCIARY TRUST</u>		
c EIN-PN <u>80-0733663-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>977173</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO EQUITY INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>27-3350609-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6227782</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GLOBAL TARGETED RETURNS TR</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>20-2583983-173</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILLIAM BLAIR MACRO ALLOCATION</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>27-6331814-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA	D Employer Identification Number (EIN) 95-6835541	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	620282	781171
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	42384	156591
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2128780	19719
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	377735	171996
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	5014098	4429749
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	8550502	8293818
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23983348	24862283
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40717129	38715327

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	9644	29219
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	82850	14018
k Total liabilities (add all amounts in lines 1g through 1j)	1k	92494	43237

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	40624635	38672090
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1556685	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1556685
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	125	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	659125	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		659250
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-584349	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-584349

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-24477
(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)		-1443200
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		163909
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1867409	
(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)		1867409
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	106482	
(2) Contract administrator fees.....	2i(2)	72836	
(3) Investment advisory and management fees.....	2i(3)	41357	
(4) Other.....	2i(4)	28370	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		249045
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2116454
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1952545
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan <u>SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA</u>	D Employer Identification Number (EIN) <u>95-6835541</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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	<u>68</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>1556685</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>1556685</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

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): _____

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): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**SOUTHERN CALIFORNIA BRICKLAYERS
PENSION FUND**

FINANCIAL STATEMENTS

APRIL 30, 2022

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

FINANCIAL STATEMENTS WITH ADDITIONAL INFORMATION
APRIL 30, 2022 AND 2021

CONTENTS

Independent Auditor's Report.....	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements.....	6
Additional Information	
Independent Auditor's Report on Additional Information.....	13
Schedules of Administrative Expenses	14
Schedule H - Financial Schedules (IRS Form 5500)	

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Southern California Bricklayers Pension Fund

OPINION

We have audited the financial statements of Southern California Bricklayers Pension Fund (the Plan), which comprise the statement of net assets available for benefits as of April 30, 2022, the related statement of changes in net assets available for benefits for the year then ended; and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Southern California Bricklayers Pension Fund as of April 30, 2022, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

BASIS FOR OPINION

We conducted our audit 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OTHER MATTER - APRIL 30, 2021, FINANCIAL STATEMENTS

The financial statements of Southern California Bricklayers Pension Fund for the year ended April 30, 2021, were audited by Lindquist LLP, who joined WithumSmith+Brown, PC effective January 1, 2022, and they expressed an unmodified opinion on the statements in their report dated January 21, 2022. No auditing procedures have been performed with respect to the April 30, 2021, financial statements since that date.

RESPONSIBILITIES OF MANAGEMENT FOR THE FINANCIAL STATEMENTS

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

To the Participants and Trustees of
Southern California Bricklayers Pension Fund
Page three

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

William Smith + Brown, PC

January 31, 2023

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS APRIL 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value		
Money market funds	\$ 171,996	\$ 377,735
Mutual funds	23,401,024	22,751,351
Exchange-traded funds	1,461,259	1,231,997
Common/collective trusts	8,293,818	8,550,502
Limited liability companies	4,429,749	5,014,098
Total investments	<u>37,757,846</u>	<u>37,925,683</u>
RECEIVABLES		
Due from broker	-	2,100,000
Employer contributions	156,591	42,384
Other receivable	11,874	12,729
Total receivables	<u>168,465</u>	<u>2,155,113</u>
PREPAID EXPENSES AND OTHER	<u>7,845</u>	<u>16,051</u>
CASH	<u>781,171</u>	<u>620,282</u>
Total assets	<u>38,715,327</u>	<u>40,717,129</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	29,219	9,644
Due to related entities	7,404	73,190
Reciprocity payable	6,614	4,751
Other payable	-	4,909
Total liabilities	<u>43,237</u>	<u>92,494</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
Participant accounts	<u>\$ 38,672,090</u>	<u>\$ 40,624,635</u>

See accompanying notes to financial statements.

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED APRIL 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (2,052,026)	\$ 7,874,519
Interest and dividends	<u>659,250</u>	<u>574,721</u>
	(1,392,776)	8,449,240
Less investment expenses	<u>(41,357)</u>	<u>(51,332)</u>
Investment (loss) income - net	(1,434,133)	8,397,908
Employer contributions, net of reciprocal payments	<u>1,556,685</u>	<u>1,683,116</u>
Total additions	<u>122,552</u>	<u>10,081,024</u>
DEDUCTIONS		
Benefits paid to participants	1,867,409	2,384,882
Administrative expenses	<u>207,688</u>	<u>162,365</u>
Total deductions	<u>2,075,097</u>	<u>2,547,247</u>
NET CHANGE	(1,952,545)	7,533,777
NET ASSETS AVAILABLE FOR BENEFITS -		
Participant accounts		
Beginning of year	<u>40,624,635</u>	<u>33,090,858</u>
End of year	<u>\$ 38,672,090</u>	<u>\$ 40,624,635</u>

See accompanying notes to financial statements.

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

APRIL 30, 2022 AND 2021

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation, Transactions and Income Recognition -

General - Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgments and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods - In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

Money market funds: The fair value of money market funds is based on quoted prices for similar assets in active markets (Level 2).

Mutual funds and exchange-traded funds: The fair value of the mutual funds and exchange-traded funds is generally based on quoted market prices in active markets (Level 1).

Common/collective trusts and limited liability companies: The fair value of common/collective trusts and limited liability companies is determined based on net asset value or its equivalent. The net asset value is determined based on the fair value of the underlying investments. The net asset value is being used as a practical expedient to estimate fair value.

Valuation Methods, Consistency - The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition - 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - Employer contributions due and not received prior to year-end are recorded as employer contributions receivable. Employer contributions that are delinquent and contributions due as a result of employer compliance payroll audits are recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, these contributions are recorded when received.

Due from Broker - Amounts received subsequent to year end, for investments sold but not yet settled, are recorded as due from broker.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Cash - Cash includes demand-deposit checking accounts.

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

Risks and Uncertainties - The Plan invests in money market funds, mutual funds, exchange-traded funds, common/collective trusts and limited liability companies. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the participants' account balances and amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

On March 11, 2020, the World Health Organization declared the outbreak of a novel coronavirus ("COVID-19") as a global pandemic. Management continues to evaluate the impact of COVID-19 on the Plan. Impacts of COVID-19 are not fully known at this time nor can be projected with any certainty. To the extent that contributing employers are negatively impacted by COVID-19 economic events, the Plan may also experience negative economic events in turn through reduction of participants and related contribution income. A reasonable estimate of the impact or potential impact of COVID-19 on the Plan as of the date of the financial statements cannot be made.

NOTE 2. DESCRIPTION OF THE PLAN

Southern California Bricklayers Pension Fund (the Plan) was established by a collective bargaining agreement to provide an additional measure of financial security in retirement. The basic goals of the Plan are to encourage the habit of saving, to supplement the participants' retirement savings, and to provide an opportunity for long-term growth of each participant's account.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

NOTE 2. DESCRIPTION OF THE PLAN (CONT'D)

Participation and Vesting - Plan participants include current and retired employees of employers who are signatory to collective bargaining agreements that require contributions to be made to the Plan. An individual account is set up for each employee when the first contribution is received on their behalf. An employee is always 100% vested in the amount in their individual account.

Benefits - Participants are eligible for Plan distributions following retirement under the terms of the Plan. Participants are eligible for benefit distributions for any of the following reasons: attainment of normal retirement at age 62, total disability as established by receipt of Social Security Disability benefits, death, or termination of participation after a two-year break in service and application for benefits.

Distributions from the Plan are based on the participant's individual account balance at the time of retirement. Participants may elect the following types of distributions:

- Lump-sum payment equal to participant's individual account balance, or
- Single-life annuity, or
- Joint and 50% survivor annuity, or
- Joint and survivor, 75% residual.

Participants should refer to the Summary Plan Description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for, or diverted to, purposes other than the exclusive benefit of the participants. In the event of termination of the Plan, the assets then remaining, after providing for the expenses of the Plan and for the payment of any account balance previously approved, shall be distributed among the participants. Each participant shall receive that part of the total remaining assets in the same ratio as their account balance as a percentage of account balances of all participants.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter, dated September 15, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate the tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed the tax positions taken by the Plan and has concluded that, as of April 30, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. FUNDING POLICY

Participating employers contribute such amounts as are specified in their collective bargaining agreements.

NOTE 6. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at April 30, 2022 and 2021, are as follows:

<u>Description</u>	<u>April 30,</u> <u>2022</u>	<u>Fair Value Measurements at Reporting Date Using:</u>	
		<u>Quoted Prices in</u> <u>Active Markets for</u> <u>Identical Assets</u> <u>(Level 1)</u>	<u>Significant</u> <u>Other Observable</u> <u>Inputs</u> <u>(Level 2)</u>
Assets in the fair value hierarchy			
Money market funds	\$ 171,996	\$ -	\$ 171,996
Mutual funds	23,401,024	23,401,024	-
Exchange-traded funds	1,461,259	1,461,259	-
Total assets in the fair value hierarchy	<u>25,034,279</u>	<u>\$ 24,862,283</u>	<u>\$ 171,996</u>
Investments measured at net asset value			
Common/collective trusts	8,293,818		
Limited liability companies	4,429,749		
Total investments measured			
at net asset value	<u>12,723,567</u>		
Total investments at fair value	<u>\$ 37,757,846</u>		

NOTE 6. INVESTMENTS AT FAIR VALUE HIERARCHY (CONT'D)

<u>Description</u>	<u>April 30, 2021</u>	<u>Fair Value Measurements at Reporting Date Using:</u>	
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets in the fair value hierarchy			
Money market funds	\$ 377,735	\$ -	\$ 377,735
Mutual funds	22,751,351	22,751,351	-
Exchange-traded funds	1,231,997	1,231,997	-
Total assets in the fair value hierarchy	<u>24,361,083</u>	<u>\$ 23,983,348</u>	<u>\$ 377,735</u>
Investments measured at net asset value			
Common/collective trusts	8,550,502		
Limited liability companies	<u>5,014,098</u>		
Total investments measured at net asset value	<u>13,564,600</u>		
Total investments at fair value	<u>\$ 37,925,683</u>		

NOTE 7. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE

The Plan utilizes net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investments was measured using NAV (or its equivalent):

<u>Investment Type</u>	<u>Fair Value as of April 30,</u>			<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
	<u>2022</u>	<u>2021</u>			
Common/collective trusts					
Northern Trust Collective Global Real Estate Index Fund	\$ 1,088,863	\$ 1,087,414	{a}	Daily	3 days
William Blair Macro Allocation CIF	-	1,144,056	{a}	Daily	N/A
Franklin Templeton Global Multisector Plus Trust	977,173	1,007,491	{a}	Monthly	15 days
Invesco Global Targeted Returns Fund	-	1,032,238	{a}	Daily	N/A
AFL-CIO Equity Index Fund	<u>6,227,782</u>	<u>4,279,303</u>	{a}	Daily	N/A
Total common/collective trusts	<u>8,293,818</u>	<u>8,550,502</u>			
Limited liability companies					
Beach Point Dynamic Offshore Fund Ltd	2,317,107	2,443,185	{b}	Monthly	60 days
RBC Emerging-Markets Equity Series	<u>2,112,642</u>	<u>2,570,913</u>	{c}	Daily	5 days
Total limited liability companies	<u>4,429,749</u>	<u>5,014,098</u>			
Total	<u>\$ 12,723,567</u>	<u>\$ 13,564,600</u>			

NOTE 7. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE (CONT'D)

There were no unfunded commitments at April 30, 2022 and 2021.

- {a} This investment is a direct filing entity with the Department of Labor; therefore, information regarding the investment's strategy is not disclosed.
- {b} The investment objective is to generate attractive levels of current income by investing in securities that offer favorable yields. There is no assurance that the fund will achieve its investment objective through its investment.
- {c} The series seeks to provide long-term capital growth primarily by investing, under normal circumstances, in equity securities of issuers tied to emerging-market countries that are considered by the series to have the potential to provide long-term capital growth.

NOTE 8. RELATED-PARTY TRANSACTIONS

The Plan, Brick Masons' Pension Trust Fund, Brick Masons' Bond Trust Fund, Brick Masons' Health and Welfare Trust Fund, and Brick Masons' Apprenticeship & Training Trust Fund (collectively, the Brick Masons) share common trustees. The Plan enters into various transactions with the Brick Masons in the normal course of operations. As of April 30, 2022 and 2021, the Plan owed \$7,404 and \$73,190, respectively, to related entities.

NOTE 9. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after April 30, 2022, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through January 31, 2023, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

ADDITIONAL INFORMATION

INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL INFORMATION

To the Participants and Trustees of
Southern California Bricklayers Pension Fund

We have audited the financial statements of Southern California Bricklayers Pension Fund (the Plan) as of and for the year ended April 30, 2022, and have issued our report thereon dated January 31, 2023, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplementary information, which appears on page 14, Schedule H, Line 4i - Schedule of Assets Held as of April 30, 2022, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended April 30, 2022, is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The Schedule H, Line 4i - Schedule of Assets Held as of April 30, 2022, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended April 30, 2022, is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedules, including its form and content, is 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.

The accompanying schedule of administrative expenses for the year ended April 30, 2021, was subjected to the auditing procedures applied in the audit of the financial statements for the year ended April 30, 2021, by Lindquist LLP. Lindquist LLP joined WithumSmith+Brown, PC effective January 1, 2022, and their report on such information, dated January 21, 2022, stated that it was fairly stated in all material respects in relation to the 2021 financial statements as a whole.

WithumSmith+Brown, PC

January 31, 2023

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES YEARS ENDED APRIL 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Administrative fees	\$ 72,836	\$ 70,230
Audit and accounting fees		
Financial audit fees	25,224	23,588
Payroll compliance review	18,141	7,406
Bank fees	8,383	6,660
Insurance	7,693	8,232
Legal fees	63,117	34,859
Miscellaneous	5,335	5,089
Printing and postage	5,828	6,301
Travel and meeting	1,131	-
Total administrative expenses	<u>\$ 207,688</u>	<u>\$ 162,365</u>

Southern California Bricklayers Pension Fund

EIN: 95-6835541

Plan Number: 002

Schedule of Assets Held for Investment Purposes, Form 5500, Schedule H, Line 4

FYE: April 30, 2022

			<u>Book Value</u>	<u>Market Value</u>
Interest-Bearing Cash				
	Short-term investments per attached US Bank custodian statements	(page 1)	\$ 171,991	\$ 171,991
	To adjust to reflect the amount per Audited Financial Statements		5	5
	Total Interest-Bearing Cash		<u>171,996</u>	<u>171,996</u>
Partnerships/Joint Ventures				
	Beach Point Dynamic Offshore Fund Ltd per attached US Bank custodian statements	(page 3)	2,100,000	2,317,107
	RBC Emerging Markets Equities per attached US Bank custodian statements	(page 3)	1,900,000	2,112,642
	Total Partnership/Joint Ventures		<u>4,000,000</u>	<u>4,429,749</u>
Common/Collective Trusts				
	AFL-CIO Equity Index Fund per attached US Bank custodian statements	(page 4)	4,642,554	6,227,782
	Mfb Nt Global per attached US Bank custodian statements	(page 4)	579,511	1,088,863
	Franklin Templeton GI Multisect Fd	(page 3)	1,100,000	977,173
	Total Common/Collective Trusts		<u>6,322,065</u>	<u>8,293,818</u>
Mutual Funds				
	Mutual and exchange-traded fund investments per attached US Bank custodian statements	(page 3)	24,306,024	24,862,283
	Total Mutual Funds		<u>24,306,024</u>	<u>24,862,283</u>
	Total Investments		<u>\$ 34,800,085</u>	<u>\$ 37,757,846</u>

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SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 7 of 58
Period from May 1, 2021 to April 30, 2022

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 ACCOUNT 6746055100	114,768.460	114,768.46 1.0000	114,768.46	.00 .00	62.77	1.95
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 ACCOUNT 6746055102	2.820	2.82 1.0000	2.82	.00 .00	.00	1.77
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 ACCOUNT 6746055103	57,219.730	57,219.73 1.0000	57,219.73	.00 .00	7.99	1.95
Total First Am Govt Ob Fd Cl Z	171,991.010	171,991.01	171,991.01	.00 .00	70.76	1.94
Total Money Markets	171,991.010	171,991.01	171,991.01	.00 .00	70.76	1.94
Total Cash And Equivalents	171,991.010	171,991.01	171,991.01	.00 .00	70.76	1.94

Mutual Funds

Mutual Funds-Equity

Dfa US Small Cap Portfolio 233203843 Asset Minor Code 98 ACCOUNT 6746055102	98,676.778	4,030,946.38 40.8500	3,496,869.04	534,077.34 - 554,038.40	.00	1.11
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SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 8 of 58
Period from May 1, 2021 to April 30, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Dodge Cox International Stock Fd I 256206103 Asset Minor Code 98 ACCOUNT 6746055103	150,704.691	6,719,922.17 44.5900	6,706,936.44	12,985.73 - 515,270.94	.00	2.64
Flexshares Global Upstream N Etf 33939L407 Asset Minor Code 94 ACCOUNT 6746055100	32,705.000	1,461,259.40 44.6800	1,006,335.56	454,923.84 229,262.05	.00	4.28
Northern Multi Mgr Gbl Listed Infra 665162384 Asset Minor Code 98 ACCOUNT 6746055100	89,021.834	1,113,663.14 12.5100	1,023,437.29	90,225.85 - 81,201.61	.00	2.61
Total Mutual Funds-Equity	371,108.303	13,325,791.09	12,233,578.33	1,092,212.76 - 921,248.90	.00	2.35
Mutual Funds-Fixed Income						
Blackrock Strategic Income 09260B374 Asset Minor Code 99 ACCOUNT 6746055108	504,045.334	4,914,442.01 9.7500	5,011,520.85	- 97,078.84 - 309,311.51	.00	2.54
Dodge Cox Income 256210105 Asset Minor Code 99 ACCOUNT 6746055103	366,405.838	4,700,986.90 12.8300	5,114,489.81	- 413,502.91 - 525,457.10	.00	2.07
Vanguard Inflation Protected Secs Ad 922031737 Asset Minor Code 99 ACCOUNT 6746055100	71,815.434	1,921,062.86 26.7500	1,946,434.56	- 25,371.70 - 114,727.88	.00	7.63
Total Mutual Funds-Fixed Income	942,266.606	11,536,491.77	12,072,445.22	- 535,953.45 - 949,496.49	.00	3.19

Mutual Funds-Balanced

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SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 9 of 58
Period from May 1, 2021 to April 30, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Pimco All Asset Fund Institu 722005626 Asset Minor Code 55 ACCOUNT 6746055100	.000	.00 11.8900	.00	.00 - 252,285.29	.00	0.00
Total Mutual Funds-Balanced	.000	.00	.00	.00 - 252,285.29	.00	0.00
Total Mutual Funds	1,313,374.909	24,862,282.86	24,306,023.55	556,259.31 - 2,123,030.68	.00	2.74

Miscellaneous

Partnerships/Joint Ventures

Beach Point Dynamic Offshore Fd *** 96MSC4J44 Asset Minor Code 77 ACCOUNT 6746055105	1,401.332	2,317,106.91 1,653.5027	2,100,000.00	217,106.91 - 126,078.15	.00	0.00
Invesco Global Targeted Returns Fund 96MSC5330 Asset Minor Code 77 ACCOUNT 6746055106	.000	.00 111.5400	.00	.00 - 28,256.05	.00	0.00
William Blair Cit MacRo Allocation 96MSC6XK7 Asset Minor Code 77 ACCOUNT 6746055107	.000	.00 10.4685	.00	.00 - 25,461.65	.00	0.00
Franklin Templeton GI Multisect Fd *** 96MSC76C3 Asset Minor Code 77 ACCOUNT 6746055109	77,738.516	977,173.15 12.5700	1,100,000.00	- 122,826.85 - 30,318.02	.00	0.00
Rbc Emerging Markets Equities *** 97MSCXK87 Asset Minor Code 77 ACCOUNT 6746055104	1,900,000.000	2,112,642.30 1.1119	1,900,000.00	212,642.30 - 458,270.50	.00	0.00

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SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 10 of 58
Period from May 1, 2021 to April 30, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Partnerships/Joint Ventures	1,979,139.848	5,406,922.36	5,100,000.00	306,922.36 - 668,384.37	.00	0.00
Collective Investment Funds						
Chevy Chase Tr Co Asb Lab Eq Idx *** 9SPMTJBP6 Asset Minor Code 17 ACCOUNT 6746055101	161,630.422	6,227,781.82 38.5310	4,642,554.12	1,585,227.70 - 51,521.16	.00	0.00
Mfb Nt Global Re Index Fd - Lending *** 9SPMTJ7P1 Asset Minor Code 17 ACCOUNT 6746055100	68,989.610	1,088,863.01 15.7830	579,510.81	509,352.20 1,448.78	.00	0.00
Total Collective Investment Funds	230,620.032	7,316,644.83	5,222,064.93	2,094,579.90 - 50,072.38	.00	0.00
Total Miscellaneous	2,209,759.880	12,723,567.19	10,322,064.93	2,401,502.26 - 718,456.75	.00	0.00
Total Assets	3,695,125.799	37,757,841.06	34,800,079.49	2,957,761.57 - 2,841,487.43	70.76	1.81
Accrued Income	.000	70.76	70.76			
Grand Total	3,695,125.799	37,757,911.82	34,800,150.25			

FYE: April 30, 2022

Plan Number: 002

Schedule of Reportable Transactions, Form 5500, Schedule H, Line 4j

[illegible]

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34- -12-C -66C-227-04
0401 -99-02908-04



SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 52 of 58
Period from May 1, 2021 to April 30, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					40,025,687.04		
COMPARATIVE VALUE (5%)					2,001,284.35		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
05/30/2021	S	Issue: 96MSC5330 - Invesco Global Targeted Returns Fund - 6,326.826	110.6400		700,000	676,654	23,346
6746055106							
05/31/2021	B	Issue: 9SPMTJBP6 - Chevy Chase Tr Co Asb Lab Eq Idx 20,744.198	38.5650		- 800,000	800,000	
6746055101							
06/30/2021	S	Issue: 96MSC5330 - Invesco Global Targeted Returns Fund - 4,525.296	110.4900		500,000	483,980	16,020
6746055106							
06/30/2021	S	Issue: 96MSC6XK7 - William Blair Cit MacRo Allocation - 56,711.850	10.5798		600,000	567,544	32,456
6746055107							
07/31/2021	B	Issue: 9SPMTJBP6 - Chevy Chase Tr Co Asb Lab Eq Idx 20,081.178	39.8383		- 800,000	800,000	
6746055101							
08/31/2021	S	Issue: 96MSC6XK7 - William Blair Cit MacRo Allocation - 55,063.708	10.6336		585,525	551,050	34,475
6746055107							
09/01/2021	S	Issue: 96MSC5330 - Invesco Global Targeted Returns Fund - 4,901.223	111.5400		546,682	524,186	22,497
6746055106							

00050704
34- -12-C -66C-227-04
0401 -99-02908-04



SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 53 of 58
Period from May 1, 2021 to April 30, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2021 6746055101	Issue: 9SPMTJBP6 - Chevy Chase Tr Co Asb Lab Eq Idx B	9,537.253	41.9408		- 400,000	400,000	
10/31/2021 6746055101	Issue: 9SPMTJBP6 - Chevy Chase Tr Co Asb Lab Eq Idx B	.027	10.4478				
Total For Direct From Issuer				0	4,932,207	4,803,414	128,794
GRAND TOTAL				0	4,932,207	4,803,414	128,794

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 256206103 - Dodge Cox International Stock Fd I							
05/03/2021 6746055103	B	18,714.910	48.0900		- 900,000	900,000	
07/01/2021 6746055103	B	18,367.347	49.0000		- 900,000	900,000	
09/01/2021 6746055103	B	16,296.598	49.0900		- 800,000	800,000	
Total For Buys				0	2,600,000	2,600,000	0
12/20/2021 6746055103	R	3,815.678	45.3100		- 172,888	172,888	
Total For Reinvestments				0	172,888	172,888	0
Total Dodge Cox International Stock Fd I				0	2,772,888	2,772,888	0

00050704
34- -12-C -66C-227-04
0401 -99-02908-04



SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 54 of 58
Period from May 1, 2021 to April 30, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
05/03/2021 6746055100	B	700,000.000	1.0000		- 700,000	700,000	
05/03/2021 6746055103	B	700,000.000	1.0000		- 700,000	700,000	
05/03/2021 6746055106	B	700,000.000	1.0000		- 700,000	700,000	
05/04/2021 6746055100	B	377,734.420	1.0000		- 377,734	377,734	
05/04/2021 6746055101	B	700,000.000	1.0000		- 700,000	700,000	
06/02/2021 6746055100	B	8.030	1.0000		- 8	8	
06/02/2021 6746055103	B	.500	1.0000		- 1	1	
06/24/2021 6746055100	B	7,800.180	1.0000		- 7,800	7,800	
06/29/2021 6746055100	B	500,000.000	1.0000		- 500,000	500,000	
07/01/2021 6746055100	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
07/01/2021 6746055103	B	620,000.000	1.0000		- 620,000	620,000	
08/03/2021 6746055100	B	6.650	1.0000		- 7	7	
08/03/2021 6746055103	B	.340	1.0000				
09/01/2021 6746055100	B	636,655.830	1.0000		- 636,656	636,656	

00050704
34- -12-C -66C-227-04
0401 -99-02908-04



SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 55 of 58
Period from May 1, 2021 to April 30, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/01/2021 6746055103	B	585,525.440	1.0000		- 585,525	585,525	
09/01/2021 6746055107	B	585,525.440	1.0000		- 585,525	585,525	
09/23/2021 6746055100	B	17,779.450	1.0000		- 17,779	17,779	
10/04/2021 6746055100	B	7.530	1.0000		- 8	8	
10/04/2021 6746055103	B	1.230	1.0000		- 1	1	
11/02/2021 6746055100	B	7.900	1.0000		- 8	8	
11/02/2021 6746055103	B	.970	1.0000		- 1	1	
12/02/2021 6746055100	B	7.640	1.0000		- 8	8	
12/02/2021 6746055103	B	.940	1.0000		- 1	1	
12/23/2021 6746055100	B	13,219.590	1.0000		- 13,220	13,220	
12/30/2021 6746055100	B	1.680	1.0000		- 2	2	
12/30/2021 6746055103	B	.200	1.0000				
01/04/2022 6746055100	B	7.960	1.0000		- 8	8	
01/04/2022 6746055103	B	.970	1.0000		- 1	1	

00050704
34- -12-C -66C-227-04
0401 -99-02908-04



SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 56 of 58
Period from May 1, 2021 to April 30, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/02/2022 6746055100	B	8.120	1.0000		- 8	8	
02/02/2022 6746055103	B	.970	1.0000		- 1	1	
03/02/2022 6746055100	B	7.340	1.0000		- 7	7	
03/02/2022 6746055103	B	.880	1.0000		- 1	1	
03/24/2022 6746055100	B	11,471.020	1.0000		- 11,471	11,471	
04/04/2022 6746055100	B	32.330	1.0000		- 32	32	
04/04/2022 6746055103	B	3.820	1.0000		- 4	4	
Total For Buys				0	7,155,817	7,155,817	0
05/03/2021 6746055100	S	- 700,000.000	1.0000		700,000	700,000	
05/03/2021 6746055106	S	- 700,000.000	1.0000		700,000	700,000	
05/04/2021 6746055100	S	- 377,725.850	1.0000		377,726	377,726	
05/04/2021 6746055101	S	- 700,000.000	1.0000		700,000	700,000	
05/04/2021 6746055103	S	- 700,000.000	1.0000		700,000	700,000	
06/29/2021 6746055100	S	- 500,000.000	1.0000		500,000	500,000	

00050704
34- -12-C -66C-227-04
0401 -99-02908-04



SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 57 of 58
Period from May 1, 2021 to April 30, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/01/2021 6746055100	S	- 820,000.000	1.0000		820,000	820,000	
07/02/2021 6746055100	S	- 179,993.760	1.0000		179,994	179,994	
07/02/2021 6746055103	S	- 620,000.000	1.0000		620,000	620,000	
09/01/2021 6746055100	S	- 400,000.000	1.0000		400,000	400,000	
09/01/2021 6746055107	S	- 585,525.440	1.0000		585,525	585,525	
09/02/2021 6746055100	S	- 174,993.450	1.0000		174,993	174,993	
09/02/2021 6746055103	S	- 528,317.590	1.0000		528,318	528,318	
04/28/2022 6746055100	S	- 375,000.000	1.0000		375,000	375,000	
Total For Sells				0	7,361,556	7,361,556	0
Total First Am Govt Ob Fd Cl Z				0	14,517,373	14,517,373	0
Issue: 722005626 - Pimco All Asset Fund Institu							
06/10/2021 6746055100	R	3,779.535	13.4300		- 50,759	50,759	
Total For Reinvestments				0	50,759	50,759	0
06/28/2021 6746055100	S	- 37,735.849	13.2500		500,000	435,834	64,166

00050704
34- -12-C -66C-227-04
0401 -99-02908-04



SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 58 of 58
Period from May 1, 2021 to April 30, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/30/2021 6746055100	S	- 75,585.790	13.2300		1,000,000	872,985	127,015
08/31/2021 6746055100	S	- 47,582.648	13.3800		636,656	549,560	87,096
Total For Sells				0	2,136,656	1,858,379	278,277
Total Pimco All Asset Fund Institu				0	2,187,415	1,909,138	278,277
GRAND TOTAL				0	19,477,676	19,199,399	278,277

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with
the instructions to the Form 5500.OMB Nos. 1545-0047
1545-0048**2021**This Form Is Open to Public
Inspection**Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here: ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFCV program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 204, check here: ☐

Part II Basic Plan Information—enter all requested information**1a** Name of plan
Southern California Bricklayers Pension Fund**1b** Three-digit plan
number (PN) 002**1c** Effective date of plan
05/01/1984**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF THE
SOUTHERN CALIFORNIA**2b** Employer Identification
Number (EIN)
95-6835541**2c** Plan Sponsor's telephone
number
(626) 646-1090**2d** Business code (see
instructions)
238100

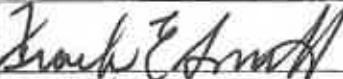
1050 LAKES DRIVE, SUITE 120

WEST COVINA

CA 91790-2930

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		02/19/2023	Frank Smith
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/10/23	Lupe Aldaco, Jr.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2,774
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2,774
a(2) Total number of active participants at the end of the plan year	6a(2) 2,697
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 2,697
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.....	6f 2,697
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2,697
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 74

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

2C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____