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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 08/24/1967

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 TRUST BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FD OF W PA

603 STANWIX STREET, SUITE 1500
TWO GATEWAY CENTER
PITTSBURGH, PA 15222

2b Employer Identification Number (EIN)
25-6103466

2c Plan Sponsor's telephone number
412-471-2885

2d Business code (see instructions)
238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	NORMAN RINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	JAMES MASSARO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ZENITH AMERICAN SOLUTIONS

401 LIBERTY AVENUE, SUITE 1500
TWO GATEWAY CENTER
PITTSBURGH, PA 15222

3b Administrator's EIN: 52-1590516

3c Administrator's telephone number: 412-471-2885

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**	955
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)**	643
a(2) Total number of active participants at the end of the plan year	**6a(2)**	644
b Retired or separated participants receiving benefits	**6b**	351
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	995
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	

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

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

4A 4B 4F 4L 4Q

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	X	4	**A** (Insurance Information)
(4)	X		**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUST BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FD OF W PA

D Employer Identification Number (EIN)
25-6103466

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	01782337	1683	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	8705124
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUST BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FD OF W PA

D Employer Identification Number (EIN)
25-6103466

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	01782337	1681	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2464189
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUST BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FD OF W PA

D Employer Identification Number (EIN)
25-6103466

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	01782337	799	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	35775
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUST BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FD OF W PA

D Employer Identification Number (EIN)
25-6103466

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	01782337	799	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	107143
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUST BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FD OF W PA

D Employer Identification Number (EIN)
25-6103466

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PNC BANK, N.A.

25-1211909

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

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

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

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

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

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

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

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

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(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	NONE	161305	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COWDEN & ASSOCIATES

25-1750131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	57233	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CIM INVESTMENT MANAGEMENT

25-1738846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	36680	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

TUCKER ARENSBERG

25-0711430

(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	NONE	26606	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DICLAUDIO & KRAMER, LLC

27-0889793

(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	NONE	13800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABM CONSULTING LLC

104 MIDWAY DRIVE
MCKEES ROCKS, PA 15136

(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?
20 99	TRUSTEE	6000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUST BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FD OF W PA

D Employer Identification Number (EIN)
25-6103466

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	3331956	4741433
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1420807	1289703
(2) Participant contributions	1b(2)	74001	72326
(3) Other	1b(3)	224603	29331
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	506275	587174
(2) U.S. Government securities	1c(2)	2479711	2259045
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2037748	1565361
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4265282	2909364
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1499070	1698809
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(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	6798	4315
f Total assets (add all amounts in lines 1a through 1e)	1f	15846251	15156861
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	84948	97033
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	84948	97033
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15761303	15059828

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)	11921370	
(B) Participants	2a(1)(B)	1282934	
(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)		13204304
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8258	
(B) U.S. Government securities	2b(1)(B)	38356	
(C) Corporate debt instruments	2b(1)(C)	67106	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		113720
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	49939	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	37532	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		87471
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3518213	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3672290	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-154077
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1555569	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1555569

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-259045
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11436804
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	384424	
(2) To insurance carriers for the provision of benefits	2e(2)	11324872	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11709296
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)	97639	
(2) Contract administrator fees	2i(2)	161305	
(3) Investment advisory and management fees	2i(3)	43935	
(4) Other	2i(4)	126104	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		428983
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12138279
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-701475
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) [X] 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)** [X] 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: DICLAUDIO & KRAMER, LLC **(2)** EIN: 27-0889793

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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?	4e	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?	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.)	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.)	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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 _____.

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

October 16, 2023

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Bricklayers and Allied Craft Workers Welfare Fund
Of Western Pennsylvania
Pittsburgh, PA

Opinion

We have audited the financial statements of Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania as of December 31, 2022 and 2021, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania'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.

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MEMBER: AMERICAN AND PENNSYLVANIA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS
EMPLOYEE BENEFIT PLAN AUDIT QUALITY CENTER

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- **Exercise professional judgment and maintain professional skepticism throughout the audit.**

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

- **Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania'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 Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania'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.

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
October 16, 2023

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
OF WESTERN PENNSYLVANIA
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2022	2021
ASSETS		
Cash	$ 4,741,433	$ 3,331,956
Investments (At Fair Value)		
Cash Equivalents	587,174	506,275
U.S. Government Securities	2,259,045	2,479,711
Corporate Obligations	1,565,361	2,037,748
Common Stock	2,909,364	4,265,282
Exchange Traded Funds	1,698,809	1,499,070
	9,019,753	10,788,086
Accrued Interest	29,331	28,498
	9,049,084	10,816,584
Receivables		
Employer Contributions	1,289,703	1,420,807
Employee Contributions	72,326	74,001
Miscellaneous Receivables	-	196,105
	1,362,029	1,690,913
Prepaid Expense	4,315	6,798
TOTAL ASSETS	15,156,861	15,846,251
LIABILITIES		
Due to Combined Funds, Inc. - Expense Advance	(12,757)	19,559
Accounts Payable	53,900	34,972
Reciprocal Payable	55,890	30,417
TOTAL LIABILITIES	97,033	84,948
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,059,828	$ 15,761,303

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

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
OF WESTERN PENNSYLVANIA
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31,

	2022	2021
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
CONTRIBUTIONS		
Employer Contributions	$ 11,765,055	$ 10,335,627
Reciprocal Contributions	563,990	660,683
Reciprocal Disbursements	(407,675)	(179,777)
Participant Contributions	1,282,934	1,176,104
	13,204,304	11,992,637
INVESTMENT INCOME		
Interest and Dividends	201,191	187,530
Appreciation (Depreciation) In Investments	(1,968,691)	971,946
Investment Expense	(43,935)	(49,180)
	(1,811,435)	1,110,296
TOTAL ADDITIONS	11,392,869	13,102,933
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
BENEFITS		
Highmark Premiums	11,312,231	9,943,305
UPMC Employee Assistance Program	12,641	37,922
Self-insured	383,743	329,169
Subrogation and other reimbursements	(6,757)	(2,589)
Drug Testing	7,438	12,936
TOTAL BENEFITS	11,709,296	10,320,743
OFFICE AND OTHER EXPENSES (See Schedule 1)	385,048	324,762
TOTAL DEDUCTIONS	12,094,344	10,645,505
NET INCREASE (DECREASE) IN NET ASSETS	(701,475)	2,457,428
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	15,761,303	13,303,875
NET ASSETS AVAILABLE FOR BENEFITS - End of Year	$ 15,059,828	$ 15,761,303

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

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
OF WESTERN PENNSYLVANIA
STATEMENT OF PLAN'S BENEFIT OBLIGATIONS
DECEMBER 31,

	2022	2021
AMOUNTS CURRENTLY PAYABLE TO OR FOR ACTIVE AND RETIRED PARTICIPANTS		
Premiums Due to Insurance Companies	$ -	$ -
Claims Incurred but not Reported	-	-
	-	-
ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE		
Accumulated Eligibility Credits Future Benefits	5,718,038	5,460,496
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	5,718,038	5,460,496
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Retired Participants	843,630	1,615,308
Actives Fully Eligible	2,070,263	1,763,591
Actives Not Fully Eligible	8,837,964	11,178,109
TOTAL POSTRETIREMENT BENEFIT OBLIGATIONS	11,751,857	14,557,008
PLAN'S TOTAL BENEFIT OBLIGATIONS	$ 17,469,895	$ 20,017,504

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

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
OF WESTERN PENNSYLVANIA
STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31,

	2022	2021
AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	$ -	$ -
Claims Reported and Approved for Payment, Payment Including Benefits Reclassified from Benefit Obligations	11,709,296	10,320,743
Claims Paid	(11,709,296)	(10,320,743)
Balance At End of Year	-	-
ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	5,460,496	5,494,739
Net Change During the Year	257,542	(34,243)
Balance At End of Year	5,718,038	5,460,496
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	14,557,008	19,112,626
Increase (Decrease) Attributed To:		
Plan Amendments	2,318,390	-
Changes in Actuarial Assumptions and Other Actuarial Gains and Losses	(2,893,054)	(613,995)
Benefits Earned and Other Changes	(2,230,487)	(3,941,623)
Balance At End of Year	11,751,857	14,557,008
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	$ 17,469,895	$ 20,017,504

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

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
OF WESTERN PENNSYLVANIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared on the accrual basis.

Valuation of Investments - The Plan's investments are carried at fair value which represents reported market value as of the last business day of the fiscal year.

Payment of Benefits – Benefits are recorded when paid.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE B - DESCRIPTION OF PLAN

Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania provides life, hospitalization, medical, surgical and disability benefits to its members. After initial eligibility requirements are met, members maintain eligibility if they receive a minimum number of credited employment hours during defined work periods. Members who do not fulfill this requirement may maintain eligibility by making voluntary contributions to the Fund or by qualifying under the "1250 hour rule." A complete description of the Plan can be found in the Plan booklet.

NOTE C – INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 501 (c) (9) of the Internal Revenue Code and is therefore not subject to tax under present income tax laws.

NOTE D - PRIORITIES UPON TERMINATION

It is the intention of the Trustees to continue the Fund indefinitely. If the Fund were to be terminated by the Trustees, the assets of the Trust Fund would be used for the exclusive benefit of eligible employees to provide benefits and pay fund expenses until exhausted.

NOTE E – CASH DEPOSITS IN EXCESS OF INSURED LIMITS

The Plan maintains cash balances at one financial institution in Pennsylvania. Accounts at this financial institution are insured by the Federal Deposit Insurance Corporation up to $250,000. At December 31, 2022 the Plan's uninsured cash balances totaled $4,272,308.

NOTE F – SUBSEQUENT EVENTS

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 16, 2023, the day the financial statements were approved and authorized for issue.

NOTE G - FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021:

Cash Equivalents **- The carrying value of cash equivalents approximates fair value.**

U.S. Government Obligations **- The estimated fair value of U.S. government securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing U.S. and State government securities, the Plan has classified U.S. government securities as Level 2 investments.**

Corporate Bonds **- The estimated fair value of corporate bonds are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing corporate bonds, the Plan has classified corporate bonds securities as Level 2 investments.**

Common Stocks and Exchange Traded Funds **- Valued at the closing price reported on the active market on which the individual securities are traded.**

Registered Investment Companies **– Mutual Funds are valued at the net asset value of shares held by the plan at the end of the year.**

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

NOTE G - FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022.

		Fair Value Measurements at Reporting Date Using:		
DESCRIPTION	12/31/2022	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	$ 587,174	$ 587,174	$ -	$ -
U.S. Government Obligations	2,259,045	-	2,259,045	-
Corporate Obligations	1,565,361	-	1,565,361	-
Common Stock	2,909,364	2,909,364	-	-
Exchange Traded Funds	1,698,809	1,698,809	-	-
	$ 9,019,753	$ 5,195,347	$ 3,824,406	$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021.

		Fair Value Measurements at Reporting Date Using:		
DESCRIPTION	12/31/2021	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	$ 506,275	$ 506,275	$ -	$ -
U.S. Government Obligations	2,479,711	-	2,479,711	-
Corporate Obligations	2,037,748	-	2,037,748	-
Common Stock	4,265,282	4,265,282	-	-
Exchange Traded Funds	1,499,070	1,499,070	-	-
	$ 10,788,086	$ 6,270,627	$ 4,517,459	$ -

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2022 and 2021 financial statements to the Form 5500.

	12/31/2022	12/31/2021
Net Assets Available for Benefits per Form 5500	$ 15,059,828	$ 15,761,303
Benefit Obligations Currently Payable	-	-
Net Assets Available for Benefits per Financial Statements	$ 15,059,828	$ 15,761,303

The following is a reconciliation of benefits paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2022.

Benefits Paid for Participants per the Financial Statements	$ 11,709,296
Add: Amounts Payable at End of Year	-
Less: Amounts Payable at Beginning of Year	-
Net Assets Available for Benefits per Financial Statements	$ 11,709,296

Amounts currently payable for participants are recorded on Form 5500 for benefit payments that have been incurred or processed and approved for payment prior to December 31, but not yet paid as of that date.

NOTE I - PLAN BENEFIT OBLIGATIONS

1. **Amounts Currently Payable To Or For Participants** - The amount reported as amounts currently payable to or for participants represents benefits incurred prior to December 31, and paid in the subsequent year.

2. **Accumulated Eligibility Credits** - Accumulated eligibility credits for participants are estimated by the plan. Such estimated amounts are reported in the Statement of Plan Benefit Obligations at present value, based on a 5.18 percent discount rate for 2022 and 2.79 percent discount rate for 2021.

3. **Postretirement Benefit Obligations** - The amount reported as the postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents after retirement and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the plan's participating employers and from existing plan assets. Prior to an active member's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

   For measurement purposes at 12/31/22, the assumed annual rate of increase in the per capita cost of covered medical benefits for 2023 was 7.50%; this rate was assumed to decrease to 7.00% for 2024 and then decrease gradually to 4.00% in 2073 and remain at that level thereafter. For measurement purposes at 12/31/21, the assumed annual rate of increase in the per capita cost of covered medical benefits for 2022 was 7.50%; this rate was assumed to decrease to 7.00% for 2023 and then decrease gradually to 4.00% in 2070 and remain at that level thereafter.

   The following were other significant assumptions used in the valuations at December 31, 2022 and 2021:

Discount Rate	2022 – 5.18%; 2021 - 2.79%
Retirement age	Ages 60 to 61 - 40%, Age 62 - 50%, Ages 63 to 64 - 25%, Age 65 - 75%, Age 66 – 100%
Mortality	SOA PRI-2012 Blue Collar Mortality Table under Scale MP-2021
Retiree Contribution	2022 - Range from $5,952 to $21,840; 2021 - Range from $5,100 to $20,208
Expected Claims Amt	2022 - $15,450 at age 65 with aging adjustment for younger ages 2021 - $15,027 at age 65 with aging adjustment for younger ages

   The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2022 and 2021 by $ 581,629 and $ 1,023,084, respectively.

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

NOTE J - RISKS AND UNCERTAINTIES

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

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

The Covid-19 pandemic has created significant uncertainty, volatility, and economic disruption. The extent in which Covid-19 and any other potential future public health crisis, pandemics, or similar events will adversely impact the Plan, its financial condition, plan assets, and changes in plan assets is dependent on numerous factors, many which are highly uncertain, rapidly changing, and uncontrollable. These factors include, but are not limited to; (i) the duration and scope of the pandemic or other event; (ii) governmental, business, and individual actions that have been taken and continue to be taken in response to the pandemic or other event; (iii) the impact of the pandemic or other event on the Plan's contributing employers and the industries in which they work; (iv) the potential impact on financial markets; and (v) the ability to effectively carry out plan operations. Any of the foregoing factors could amplify other risks and uncertainties described in this note and could materially adversely affect the Plan, its financial condition, plan assets, and changes in plan assets. Because the Covid-19 pandemic is unprecedented and continuously evolving, the other potential impacts to the risk factors and to the Plan are uncertain.

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
OF WESTERN PENNSYLVANIA
OFFICE AND OTHER EXPENSES
DECEMBER 31,

SCHEDULE 1

	2022	2021
Administration	$ 151,305	$ 147,400
COBRA Subsidy Implementation	10,000	5,760
Conference Expense	22,163	16,815
Trustee Meeting Expense	14,259	9,638
Trustee Expense Reimbursement	10,255	9,300
Office Supplies and Expense	17,721	11,981
Postage	8,481	5,786
Legal Fees	26,606	19,942
Combined Fund (Income) / Expense	34,760	21,814
Audit Fees	13,800	13,800
Actuarial Consultants	57,233	45,750
Fiduciary Responsibility Insurance	13,864	12,909
Fidelity Bond Expense	2,533	2,491
Dues and Subscriptions	2,060	1,265
Bank Fees	8	111
	$ 385,048	$ 324,762

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for: [X] 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. ▶ [X]

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVAKIA

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 08/24/1967

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 Trust Bricklayers And Allied Craft Workers Welfare Fd Of W Pa

603 Stanwix Street, Suite 1500
Two Gateway Center
Pittsburgh PA 15222

2b Employer Identification Number (EIN) 25-6103466

2c Plan Sponsor's telephone number 412-471-2885

2d Business code (see instructions) 238900

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

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

SIGN HERE	X Norman Ringer	10/16/23	NORMAN RINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X James Massaro	10/16/23	JAMES MASSARO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ZENITH AMERICAN SOLUTIONS

401 LIBERTY AVENUE, SUITE 1500
TWO GATEWAY CENTER
PITTSBURGH PA 15222

3b Administrator's EIN: 52-1590516

3c Administrator's telephone number: 412-471-2885

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**	955
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)**	643
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	644
b	Retired or separated participants receiving benefits	**6b**	351
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	995
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	

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

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

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

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

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☒ 4 **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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_____

INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL INFORMATION

Board of Trustees
Bricklayers and Allied Craft Workers Welfare Fund
of Western Pennsylvania
Pittsburgh, PA

We have audited the financial statements of the Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania as of and for the year ended December 31, 2022, and our report thereon dated October 16, 2023 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of December 31, 2022 and the schedule of reportable transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
October 16, 2023

5000 Waterdam Plaza Drive, Suite 220, McMurray, PA 15317 • t-412.220.7722 • f-412.220.7742 • dk-cpa.com

MEMBER: AMERICAN AND PENNSYLVANIA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS
EMPLOYEE BENEFIT PLAN AUDIT QUALITY CENTER

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

REPORTABLE (5%) TRANSACTIONS

DECEMBER 31, 2022

Federal I.D. - 25-6103466
Plan No. - 501

FORM 5500, Schedule H, Part IV, Question J

I. Individual Transactions:

(a) Identity of party involved	(b) Description of Asset (include interest rate and maturity in case of a loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
- NONE -								

II. Series of Transactions:

Description of Investment	Total Number of Purchases	Total Number of Sales	Total Value of Purchases	Total Value of Sales	Net Gain or (Loss)
Federated Hermes Government Obligations Fund	10	10	$ 466,420	$ 972,696	$ -

INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL INFORMATION

Board of Trustees
Bricklayers and Allied Craft Workers Welfare Fund
of Western Pennsylvania
Pittsburgh, PA

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DiClaudio & Kramer, LLC

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October 16, 2023

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EMPLOYEE BENEFIT PLAN AUDIT QUALITY CENTER

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2022

Federal I.D. - 25-6103466
Plan No. - 501

FORM 5500, Schedule H, Part IV, Question I

(a) (b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value: Description	Collateral	Maturity Date	Rate of Interest	Par/Shares or Maturity Value	Cost	Current Value
CASH EQUIVALENTS							
Federated Hermes Gov't Obligations	Money Market	N/A	N/A	variable	587,174	587,174	587,174
U.S. GOVERNMENT OBLIGATIONS							
(See attached pages 15 - 17)						2,564,915	2,259,045
CORPORATE OBLIGATIONS							
(See attached pages 18 - 22)						1,934,836	1,565,361
COMMON STOCKS							
(See attached pages 23 - 28)						3,213,508	2,909,364
EXCHANGE TRADED FUNDS							
Aberdeen Asia - Pac Prime Inc (FAX)	ETF	N/A	N/A	N/A	1,150	4,551	3,025
Alliance Bernstein Global High (AWF)	ETF	N/A	N/A	N/A	40	422	369
BNY Mellon Strategic (LEO)	ETF	N/A	N/A	N/A	1,279	9,438	7,815
Barings Global Short Duration (BGH)	ETF	N/A	N/A	N/A	72	944	913
Blackrock Floating Rate Income BGT)	ETF	N/A	N/A	N/A	72	814	788
Blackrock Munivest Fund Inc (MVF)	ETF	N/A	N/A	N/A	1,164	10,032	8,160
Blackrock Taxable Municipal (BBN)	ETF	N/A	N/A	N/A	318	7,177	5,355
Blackrock Floating Rate Income (FRA)	ETF	N/A	N/A	N/A	73	851	822
Blackrock Municipal Income Dura (MUI)	ETF	N/A	N/A	N/A	671	9,524	7,602
Cohen & Steers Select Pref (PSF)	ETF	N/A	N/A	N/A	609	12,814	11,400
Doubleline Opportunistic Cr Fd (DBL)	ETF	N/A	N/A	N/A	1,475	25,033	21,904
Doubleline Yield Opport (DYL)	ETF	N/A	N/A	N/A	853	13,173	11,191
Doubleline Income Solutions (DSL)	ETF	N/A	N/A	N/A	1,893	26,531	20,993
First Trust Intermediate (FPF)	ETF	N/A	N/A	N/A	319	5,174	5,382
Franklin Limited Duration ((FTF)	ETF	N/A	N/A	N/A	49	320	304
Guggenheim Build Americ Bonds (GBAB)	ETF	N/A	N/A	N/A	297	5,528	4,859
Invesco Van Kampen Senior Inc (VVR)	ETF	N/A	N/A	N/A	1,986	7,151	7,606
I Shares Core U S Aggregate (AGG)	ETF	N/A	N/A	N/A	1,155	133,717	112,024
I Shares Core S&P Mid-Cap (IJH)	ETF	N/A	N/A	N/A	1,847	316,359	446,771
I Shares Core S&P Small Cap (IJR)	ETF	N/A	N/A	N/A	4,464	310,315	422,473
I Shares Core S&P 500 (IVV)	ETF	N/A	N/A	N/A	1,086	402,602	417,252
Nuveen Municipal Credit (NMCO)	ETF	N/A	N/A	N/A	159	1,939	1,747
Nuveen Preferred & Income (JPS)	ETF	N/A	N/A	N/A	471	3,158	3,203
Pimco Dynamic Income Fund (PDI)	ETF	N/A	N/A	N/A	264	5,678	4,879
Pimco Dynamic Income Opport (PDO)	ETF	N/A	N/A	N/A	1,946	31,193	24,850
Pioneer Muni Hi Inc Adv Trust (MAV)	ETF	N/A	N/A	N/A	800	8,689	6,480
Pioneer Muni Hi Income Trust (MHI)	ETF	N/A	N/A	N/A	340	3,944	2,917
Templeton Emerging Markets (TEI)	ETF	N/A	N/A	N/A	135	1,019	741
Utilities Select Sector Spdr (XLU)	ETF	N/A	N/A	N/A	850	65,865	59,925
Vanguard Total Bond Market (BND)	ETF	N/A	N/A	N/A	972	85,245	69,829
Virtus Allianzgi Conv. & Income II (NCZ)	ETF	N/A	N/A	N/A	1,330	5,362	3,830
Virtus Allianzgi Conv. & Income (NCV)	ETF	N/A	N/A	N/A	1,000	4,743	3,400
						1,519,305	1,698,809
						$ 9,819,738	$ 9,019,753

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2022

FORM 5500, SCHEDULE H, PART IV, QUESTION I

Federal I.D. - 25-6103466
Plan No. - 501

(a) (b) & (c) Identity & Description (e) (d)

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit
FEDERAL HOME LOAN MTG CORP GOLD POOL G16703 03.500% DUE 11/01/2033 RATING: N/A (3128MFU48)	$3,176.42 3,000.248	$2,888.76 $96.2840	0.04 %	- $287.66	$3,011.97 $100.39
FEDERAL HOME LOAN MTG CORP GOLD POOL #C91244 04.500% DUE 04/01/2029 RATING: N/A (3128P7LZ4)	2,281.15 2,129.200	2,115.15 99.3400	0.03 %	- 166.00	2,229.65 104.72
FEDERAL HOME LOAN MTG CORP POOL QC8400 02.500% DUE 10/01/2051 RATING: N/A (3133ATKM2)	57,035.81 55,740.424	47,456.84 85.1390	0.58 %	- 9,578.97	57,935.19 103.94
FEDERAL HOME LOAN MTG CORP POOL QC9947 02.500% DUE 11/01/2051 RATING: N/A (3133AVBQ8)	32,961.67 32,113	27,255.91 84.8750	0.33 %	- 5,705.76	33,126.57 103.16
FEDERAL NATL MTG ASSN BDS 06.250% DUE 05/15/2029 RATING: AAA (31359MEU3)	79,689.60 60,000	67,214.40 112.0240	0.81 %	- 12,475.20	82,426.20 137.38
FEDERAL NATL MTG ASSN POOL #AH8954 04.000% DUE 04/01/2041 RATING: N/A (3138AA5Q0)	4,896.39 4,458.470	4,281.65 96.0340	0.06 %	- 614.74	4,752.41 106.59
FEDERAL NATL MTG ASSN POOL #491066 07.000% DUE 10/01/2028 RATING: N/A (31382SQT1)	254.00 253.170	252.51 99.7410	0.01 %	- 1.49	257.25 101.61
FEDERAL NATL MTG ASSN POOL BE3702 04.000% DUE 06/01/2047 RATING: N/A (3140FPDG1)	21,462.01 20,022.210	19,125.42 95.5210	0.23 %	- 2,336.59	21,001.40 104.89
FEDERAL NATL MTG ASSN POOL FS1816 04.000% DUE 05/01/2052 RATING: N/A (3140XHAS6)	59,515.68 59,432.110	55,901.84 94.0600	0.68 %	- 3,613.84	59,515.67 100.14
FEDERAL NATL MTG ASSN POOL #683611 04.640% DUE 01/01/2033 RATING: N/A (31400CN42)	205.74 204.430	198.83 97.2630	0.01 %	- 6.91	209.28 102.37

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND
ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2022

FORM 5500, SCHEDULE H, PART IV, QUESTION I

Federal I.D. - 25-6103466
Plan No. - 501

(a)	(b) & (c) Identity & Description	(e)			(d)
	FEDERAL NATL MTG ASSN POOL # 754755 VAR % DUE 01/01/2034 RATING: N/A (31403QQG8)	1,318.96 1,311.460	1,279.37 97.5530	0.02 %	- 39.59	1,307.73 99.72
	FEDERAL NATL MTG ASSN POOL # 765675 VAR % DUE 02/01/2034 RATING: N/A (31404DT81)	1,796.90 1,789.720	1,744.67 97.4830	0.03 %	- 52.23	1,778.86 99.39
	FEDERAL NATL MTG ASSN POOL #AA0835 05.000% DUE 01/01/2039 RATING: N/A (31416H4V4)	640.87 565.530	575.00 101.6740	0.01 %	- 65.87	573.62 101.43
	FEDERAL NATL MTG ASSN POOL MA2670 03.000% DUE 07/01/2046 RATING: N/A (31418B6G6)	15,821.53 15,102.370	13,525.53 89.5590	0.17 %	- 2,296.00	15,444.50 102.27
	FEDERAL NATL MTG ASSN POOL MA4431 02.000% DUE 08/01/2051 RATING: N/A (31418D4R0)	40,952.26 41,309.170	32,457.85 78.5730	0.40 %	- 8,494.41	41,915.90 101.47
	FEDERAL NATL MTG ASSN POOL MA4571 02.500% DUE 03/01/2042 RATING: N/A (31418ECH1)	35,160.27 34,931.040	30,376.38 86.9610	0.37 %	- 4,783.89	35,160.27 100.66
	GOVT NATL MTG ASSN II POOL MA6284 03.500% DUE 11/20/2049 RATING: N/A (36179U6V9)	9,466.25 9,066.950	8,407.24 92.7240	0.11 %	- 1,059.01	9,419.69 103.89
	GOVT NATL MTG ASSN POOL #587075 06.500% DUE 05/15/2032 RATING: N/A (36201MFQ0)	1,351.02 1,231.460	1,266.62 102.8550	0.02 %	- 84.40	1,252.99 101.75
	GOVT NATL MTG ASSN II POOL 5228 03.500% DUE 11/20/2026 RATING: N/A (36202FYZ3)	1,936.96 1,838.293	1,780.17 96.8380	0.03 %	- 156.79	1,960.63 106.65
	GOVERNMENT NATL MTG ASSN POOL #457874 06.500% DUE 02/15/2029 RATING: N/A (36208QT71)	372.34 339.390	348.85 102.7870	0.01 %	- 23.49	338.26 99.67
	GOVERNMENT NATL MTG ASSN POOL #780742 07.000% DUE 09/15/2024 RATING: N/A (36225AZF0)	303.76 290.400	290.84 100.1510	0.01 %	- 12.92	295.46 101.74
	GOVT NATL MTG ASSN I POOL #684648 05.500% DUE 03/15/2038 RATING: N/A (36295YTD5)	691.81 602.020	622.57 103.4130	0.01 %	- 69.24	615.15 102.18
	USA TREASURY NOTES 02.250% DUE 02/15/2052 RATING: AAA (912810TD0)	202,845.63 206,000	143,250.34 69.5390	1.73 %	- 59,595.29	202,845.63 98.47

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USA TREASURY NOTES 02.375% DUE 02/15/2042 RATING: AAA (912810TF5)	263,609.38 262,000	200,042.24 76.3520	2.41 %	- 63,567.14	263,609.38 100.61
USA TREASURY NOTES 00.750% DUE 03/31/2026 RATING: AAA (91282CBT7)	493,453.06 503,000	450,833.87 89.6290	5.43 %	- 42,619.19	500,928.92 99.59
USA TREASURY NOTES 00.375% DUE 04/15/2024 RATING: AAA (91282CBV2)	344,506.08 348,000	329,295.00 94.6250	3.96 %	- 15,211.08	347,994.56 100.00
USA TREASURY NOTES 01.375% DUE 11/15/2031 RATING: AAA (91282CDJ7)	176,183.64 179,000	145,689.89 81.3910	1.76 %	- 30,493.75	176,826.02 98.79
USA TREASURY NOTES 00.5000% DUE 11/30/2023 RATING: AAA (91282CDM0)	343,678.65 345,000	331,927.95 96.2110	4.00 %	- 11,750.70	344,258.79 99.79
USA TREASURY NOTES 02.750% DUE 05/31/2029 RATING: AAA (91282CES6)	217,250.00 220,000	204,393.20 92.9060	2.46 %	- 12,856.80	217,250.00 98.75
USA TREASURY NOTES 01.625% DUE 10/31/2023 RATING: AAA (912828T91)	61,008.00 60,000	58,512.00 97.5200	0.71 %	- 2,496.00	58,073.44 96.79
USA TREASURY NOTES 01.250% DUE 08/31/2024 RATING: AAA (912828YE4)	80,734.40 80,000	75,734.40 94.6680	0.92 %	- 5,000.00	78,600.00 98.25
Total US government securities	$2,554,560.24	$2,259,045.29	27.16 %	- $295,514.95	$2,564,915.39

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Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit
SCHLUMBERGER HLDGS CORP SER REGS CALL 02/17/2028 03.900% DUE 05/17/2028 RATING: BAA1 (U8066LAH7)	$43,208.40 40,000	$37,267.60 $93.1690	0.45 %	- $5,940.80	$44,820.00 $112.05
AT&T INC CALL 11/15/2034 @ 100.000 UNSC 04.500% DUE 05/15/2035 RATING: BAA2 (00206RCP5)	60,070.40 52,000	47,270.60 90.9050	0.57 %	- 12,799.80	62,416.86 120.03
ABBVIE INC CALL 02/14/2025 @ 100.000 UNSC 03.600% DUE 05/14/2025 RATING: BAA1 (00287YAQ2)	31,902.60 30,000	29,074.50 96.9150	0.35 %	- 2,828.10	31,424.40 104.75
ALIBABA GROUP HOLDING SEDOL BFD9PK3 ISIN US01609WAT99 03.400% DUE 12/06/2027 RATING: A1 (01609WAT9)	46,577.08 44,000	40,474.28 91.9870	0.49 %	- 6,102.80	44,216.92 100.49
ALLSTATE CORP UNSC 05.950% DUE 04/01/2036 RATING: A3 (020002AT8)	31,655.13 23,000	24,016.37 104.4190	0.29 %	- 7,638.76	34,068.75 148.13
AMAZON.COM INC CALL 06/05/2034 @ 100.000 UNSC 04.800% DUE 12/05/2034 RATING: A1 (023135AP1)	66,410.24 52,000	51,873.12 99.7560	0.63 %	- 14,537.12	68,852.68 132.41
ANHEUSER-BUSCH INBEV FIN CALL 08/01/2045 @ 100.000 COGT 04.900% DUE 02/01/2046 RATING: BAA1 (035242AN6)	75,323.40 60,000	54,544.80 90.9080	0.66 %	- 20,778.60	73,602.60 122.67
APPLIED MATERIALS INC CALL 04/01/2035 @ 100.000 UNSC 05.100% DUE 10/01/2035 RATING: A2 (038222AK1)	53,049.49 41,000	41,486.26 101.1860	0.50 %	- 11,563.23	56,272.50 137.25
BURLINGTON NORTH SANTA FE SERIES 2006-1 05.720% DUE 01/15/2024 RATING: AA2 (05568BAA6)	619.43 596.930	598.61 100.2810	0.01 %	- 20.82	696.32 116.65

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	BANCO SANTANDER SA SEDOL ISIN US05964HAR66 05.147% DUE 08/18/2025 RATING: BAA1 (05964HAR6)	16,000.00 16,000	15,822.88 98.8930	0.20 %	- 177.12	16,000.00 100.00
	BANK OF AMERICA CORP SER GMTN SUB 04.450% DUE 03/03/2026 RATING: BAA1 (06051GFU8)	52,846.08 48,000	47,033.76 97.9870	0.57 %	- 5,812.32	55,318.08 115.25
	BANK OF AMERICA SER MTN SER MTN CALL 07/23/2029 VAR% DUE 07/23/2030 RATING: A2 (06051GHV4)	68,548.35 65,000	55,905.20 86.0080	0.68 %	- 12,643.15	68,804.15 105.85
	BOEING CO CALL 11/01/2049 UNSC 05.805% DUE 05/01/2050 RATING: BAA2 (097023CW3)	21,666.08 16,000	14,834.88 92.7180	0.18 %	- 6,831.20	21,816.00 136.35
	BOEING CO CALL 02/04/2023 UNSC 02.196% DUE 02/04/2026 RATING: BAA2 (097023DG7)	64,984.40 65,000	59,056.40 90.8560	0.72 %	- 5,928.00	65,332.80 100.51
	BURLINGTN NORTH SANTA FE DEBENTURES CALL 3/15/41 @100 04.950% DUE 09/15/2041 RATING: A3 (12189LAG6)	53,741.10 42,000	40,177.20 95.6600	0.49 %	- 13,563.90	57,027.60 135.78
	COMM MTG TRUST SERIES 2015-PC1 CLASS A5 VAR% DUE 07/10/2050 RATING: AAA (12593GAF9)	22,380.12 21,000	20,118.00 95.8000	0.25 %	- 2,262.12	21,629.95 103.00
	CSX TRANS ASSET BKD 06.251% DUE 01/15/2023 RATING: AA3 (126410LM9)	3,057.28 2,910.923	2,911.88 100.0330	0.04 %	- 145.40	2,910.92 100.00
	CAPITAL ONE FINANCIAL CO CALL 12/31/2027 UNSC 03.800% DUE 01/31/2028 RATING: BAA1 (14040HBW4)	46,812.81 43,000	40,190.81 93.4670	0.49 %	- 6,622.00	48,883.26 113.68
	DUKE ENERGY PROGRESS INC CALL 09/15/2042 MORT 04.100% DUE 03/15/2043 RATING: AA3 (144141DD7)	69,319.80 60,000	50,250.00 83.7500	0.61 %	- 19,069.80	71,383.20 118.97
	CITIGROUP INC BDS 06.625% DUE 06/15/2032 RATING: BAA2 (172967BL4)	61,023.60 46,000	48,440.76 105.3060	0.59 %	- 12,582.84	64,998.22 141.30
	CROWN CASTLE INTL CORP CALL 12/01/2026 UNSC 04.000% DUE 03/01/2027 RATING: BAA3 (22822VAE1)	43,473.20 40,000	38,146.00 95.3650	0.46 %	- 5,327.20	40,176.80 100.44

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	DXC TECHNOLOGY CO CALL 07/15/2028 UNSC 02.375% DUE 09/15/2028 RATING: BAA2 (23355LAM8)	31,281.28 32,000	26,933.12 84.1660	0.33 %	- 4,348.16	31,776.00 99.30
	WALT DISNEY COMPANY/THE UNSC 01.850% DUE 07/30/2026 RATING: A2 (25468PDM5)	2,016.86 2,000	1,807.36 90.3680	0.03 %	- 209.50	1,957.94 97.90
	WALT DISNEY COMPANY/THE CALL 07/13/2050 COGT 03.600% DUE 01/13/2051 RATING: A2 (254687FZ4)	23,748.27 21,000	15,990.24 76.1440	0.20 %	- 7,758.03	24,117.24 114.84
	DUKE ENERGY CORP CALL 05/15/2027 UNSC 03.150% DUE 08/15/2027 RATING: BAA2 (26441CAX3)	52,591.00 50,000	46,135.50 92.2710	0.56 %	- 6,455.50	49,763.50 99.53
	DUKE ENERGY CORP CALL 08/15/2025 UNSC 00.900% DUE 09/15/2025 RATING: BAA2 (26441CBJ3)	29,152.20 30,000	26,805.30 89.3510	0.33 %	- 2,346.90	29,568.00 98.56
	EBAY INC CALL 12/11/2029 UNSC 02.700% DUE 03/11/2030 RATING: BAA1 (278642AW3)	30,663.90 30,000	25,484.10 84.9470	0.31 %	- 5,179.80	30,696.00 102.32
	FAIRFAX FINL HLDGS LTD SEDOL ISIN US303901BB79 04.850% DUE 04/17/2028 RATING: BAA3 (303901BB7)	38,931.20 35,000	33,078.15 94.5090	0.40 %	- 5,853.05	38,738.35 110.68
	FEDERAL HOME LOAN MTG CORP SERIES 2701 CLASS AC 05.000% DUE 11/15/2023 RATING: N/A (31394LN57)	214.92 208.793	207.81 99.5270	0.01 %	- 7.11	228.89 109.63
	GENERAL MOTORS FINL CO CALL 02/10/2028 UNSC 02.400% DUE 04/10/2028 RATING: BAA3 (37045XDH6)	44,181.28 44,000	37,007.08 84.1070	0.45 %	- 7,174.20	44,624.36 101.42
	GOLDMAN SACHS GROUP INC UNSC 03.625% DUE 01/22/2023 RATING: A2 (38141GRD8)	66,940.25 65,000	64,945.40 99.9160	0.79 %	- 1,994.85	68,402.10 105.23
	GOVERNMENT NATIONAL MORTGAGE A SERIES 2011 136 CLASS GA 02.000% DUE 05/20/2040 RATING: N/A (38377YTL4)	354.37 352.771	349.40 99.0450	0.01 %	- 4.97	356.74 101.13
	GOVERNMENT NATIONAL MORTGAGE A SERIES 2013 19 CLASS BA 02.500% DUE 12/20/2042 RATING: N/A (38378FYN4)	2,337.34 2,293.700	2,115.32 92.2230	0.03 %	- 222.02	2,382.94 103.89

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HCA INC CALL 01/15/2051 SECR 03.500% DUE 07/15/2051 RATING: BAA3 (404119CB3)	30,584.10 30,000	19,247.10 64.1570	0.24 %	- 11,337.00	30,426.00 101.42
INTERCONTINENTAL EXCHANGE CALL 03/15/2040 UNSC 02.650% DUE 09/15/2040 RATING: A3 (45866FAP9)	35,907.02 37,000	25,723.14 69.5220	0.31 %	- 10,183.88	35,453.03 95.82
INTL PAPER CO BNDS 07.300% DUE 11/15/2039 RATING: BAA2 (460146CF8)	27,579.60 18,000	19,820.34 110.1130	0.24 %	- 7,759.26	26,906.22 149.48
KELLOGG CO DEB DTD 03/29/2001 SER B 07.450% 04/01/2031 RATING: BAA2 (487836AT5)	29,559.50 25,000	28,482.75 113.9310	0.35 %	- 1,076.75	29,559.50 118.24
LINCOLN NATIONAL CORP SR UNSEC 06.300% DUE 10/09/2037 RATING: BAA1 (534187AW9)	41,967.00 30,000	29,324.40 97.7480	0.36 %	- 12,642.60	40,922.10 136.41
LOCKHEED MARTIN CORP SER 10YR CALL 10/15/25 @100 UNSC 03.550% DUE 01/15/2026 RATING: A3 (539830BH1)	1,082.50 1,000	971.40 97.1400	0.02 %	- 111.10	995.56 99.56
MARRIOTT INTERNATIONAL SER WI CALL 04/01/2034 04.500% DUE 10/01/2034 RATING: BAA2 (571903AX1)	13,551.72 12,000	10,161.72 84.6810	0.13 %	- 3,390.00	13,324.80 111.04
MARTIN MARIETTA MATERIAL CALL 09/15/2027 UNSC 03.500% DUE 12/15/2027 RATING: BAA2 (573284AT3)	59,150.85 55,000	50,897.00 92.5400	0.62 %	- 8,253.85	61,039.00 110.98
METLIFE INC SR UNSEC 05.875% DUE 02/06/2041 RATING: A3 (59156RAY4)	33,964.56 24,000	24,650.40 102.7100	0.30 %	- 9,314.16	33,850.32 141.04
ORACLE CORP SR UNSEC 06.125% DUE 07/08/2039 RATING: BAA2 (68389XAH8)	19,881.60 15,000	14,920.05 99.4670	0.18 %	- 4,961.55	20,180.55 134.54
PNC FINANCIAL SERVICES SER S CALL 11/01/2026 VAR% DUE 12/31/2089 RATING: BAA2 (693475AQ8)	31,856.40 30,000	25,935.00 86.4500	0.32 %	- 5,921.40	32,925.00 109.75
RALPH LAUREN CORP CALL 03/15/2030 UNSC 02.950% DUE 06/15/2030 RATING: A3 (731572AB9)	25,012.56 24,000	20,691.36 86.2140	0.25 %	- 4,321.20	24,519.36 102.16

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	REINSURANCE GRP OF AMER CALL 02/15/2029 UNSC 03.900% DUE 05/15/2029 RATING: BAA1 (759351AN9)	56,860.44 52,000	47,575.84 91.4920	0.58 %	- 9,284.60	59,733.44 114.87
	STARBUCKS CORP CALL 08/15/2030 UNSC 02.550% DUE 11/15/2030 RATING: BAA1 (855244AZ2)	57,111.60 56,000	47,083.68 84.0780	0.57 %	- 10,027.92	55,699.84 99.46
	TENCENT HOLDINGS LTD SEDOL BYVW165 ISIN US88032WAG15 03.595% DUE 01/19/2028 RATING: A1 (88032WAG1)	47,767.05 45,000	41,284.80 91.7440	0.50 %	- 6,482.25	44,065.80 97.92
	UNITED AIR 2016-1 AA PTT SER AA PASS 03.100% DUE 01/07/2030 RATING: A2 (90931LAA6)	3,786.93 3,680.880	3,318.28 90.1490	0.04 %	- 468.65	3,686.38 100.15
	US BANCORP SER MTN CALL 08/11/24 @ 100 NTS 03.600% DUE 09/11/2024 RATING: A2 (91159HHK9)	6,372.78 6,000	5,873.10 97.8850	0.08 %	- 499.68	5,976.42 99.61
	VERIZON COMMUNICATIONS SR UNSEC 04.750% DUE 11/01/2041 RATING: BAA1 (92343VBE3)	45,709.06 37,000	33,733.64 91.1720	0.41 %	- 11,975.42	45,186.25 122.13
	WELLS FARGO & COMPANY SER MTN CALL 10/30/29 @ 100 VAR% DUE 10/30/2030 RATING: A1 (95000U2G7)	72,771.30 70,000	59,458.70 84.9410	0.72 %	- 13,312.60	72,089.50 102.99
	WELLS FARGO & COMPANY SER MTN CALL 04/04/50 @ 100 VAR% DUE 04/04/2051 RATING: A1 (95000U2M4)	24,579.54 18,000	15,855.84 88.0880	0.20 %	- 8,723.70	25,032.60 139.07
	Total corporate debt	**$1,920,137.97**	**$1,565,361.23**	**18.82 %**	**- $354,776.74**	**$1,934,835.74**

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Corporate stock - common

Description (Symbol)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit
ACCENTURE PLC CLASS A (ACN) SEDOL B4BNMY3 ISIN IE00B4BNMY34	$29,018.50 70	$18,678.80 $266.8400	0.23 %	- $10,339.70	$11,399.69 $162.85
MEDTRONIC PLC (MDT) SEDOL BTN1Y11 ISIN IE00BTN1Y115	19,862.40 192	14,922.24 77.7200	0.18 %	- 4,940.16	21,887.12 114.00
APTIV PLC-WHEN ISSUED (APTV) SEDOL B783TY6 ISIN JE00B783TY65	8,412.45 51	4,749.63 93.1300	0.06 %	- 3,662.82	6,052.98 118.69
CHUBB LTD (CB) SEDOL B3BQMF6 ISIN CH0044328745	16,044.73 83	18,309.80 220.6000	0.23 %	2,265.07	12,840.44 154.70
LYONDELLBASELL INDUSTRIES N.V. (LYB) ISIN NL0009434992 SEDOL B3SPXZ3	10,329.76 112	9,299.36 83.0300	0.12 %	- 1,030.40	8,489.92 75.80
AT&T INC (T)	13,530.00 550	10,125.50 18.4100	0.13 %	- 3,404.50	14,280.84 25.97
ABBOTT LABORATORIES INC (ABT)	16,044.36 114	12,516.06 109.7900	0.16 %	- 3,528.30	10,457.76 91.73
ACTIVISION BLIZZARD INC (ATVI)	37,234.34 502	38,428.10 76.5500	0.47 %	1,193.76	37,234.34 74.17
ADOBE INC (ADBE)	31,755.36 56	18,845.68 336.5300	0.23 %	- 12,909.68	19,048.25 340.15
ADVANCED MICRO DEVICES INC (AMD)	43,596.53 473	30,636.21 64.7700	0.37 %	- 12,960.32	38,372.40 81.13
AFFIRM HOLDINGS INC (AFRM)	30,838.02 418	4,042.06 9.6700	0.05 %	- 26,795.96	27,993.06 66.97
AKAMAI TECHNOLOGIES (AKAM)	36,633.52 313	26,385.90 84.3000	0.32 %	- 10,247.62	34,377.07 109.83
ALPHABET INC/CA-CL C (GOOG)	54,978.21 380	33,717.40 88.7300	0.41 %	- 21,260.81	26,235.53 69.04
ALPHABET INC/CA-CL A (GOOGL)	96,905.99 669	59,025.87 88.2300	0.71 %	- 37,880.12	46,195.95 69.05
AMAZON COM INC (AMZN)	118,762.15 723	60,732.00 84.0000	0.74 %	- 58,030.15	79,095.21 109.40
AMERICAN AIRLINES GROUP INC (AAL)	26,711.96 1,575	20,034.00 12.7200	0.25 %	- 6,677.96	26,207.82 16.64
AMERICAN TOWER CORP (AMT)	11,115.00 38	8,050.68 211.8600	0.10 %	- 3,064.32	8,910.84 234.50
AMGEN INC (AMGN)	12,598.32 56	14,707.84 262.6400	0.18 %	2,109.52	13,223.07 236.13
ELEVANCE HEALTH INC (ELV)	11,124.96 24	12,311.28 512.9700	0.15 %	1,186.32	7,186.33 299.43
APPLE INC (AAPL)	181,476.54 1,022	132,788.46 129.9300	1.60 %	- 48,688.08	94,344.39 92.31

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APPLIED MATERIALS INC (AMAT)	13,060.88 83	8,082.54 97.3800	0.10 %	- 4,978.34	11,460.77 138.08
ARCHER DANIELS MIDLAND CO (ADM)	12,168.99 155	14,391.75 92.8500	0.18 %	2,222.76	12,168.99 78.51
BANK OF AMERICA CORP (BAC)	23,998.07 522	17,288.64 33.1200	0.21 %	- 6,709.43	19,185.07 36.75
BECTON DICKINSON & CO (BDX)	12,825.48 51	12,969.30 254.3000	0.16 %	143.82	13,032.28 255.53
BERKSHIRE HATHAWAY INC (BRKB) CLASS B	16,445.00 55	16,989.50 308.9000	0.21 %	544.50	12,760.23 232.00
BIO RAD LABORATORIES INC (BIO) CLASS A	8,212.12 14	5,886.86 420.4900	0.08 %	- 2,325.26	8,212.12 586.58
BIOGEN INC (BIIB)	16,314.56 68	18,830.56 276.9200	0.23 %	2,516.00	18,566.48 273.04
BIO-TECHNE CORP (TECH)	8,898.86 80	6,630.40 82.8800	0.08 %	- 2,268.46	8,898.86 111.24
BLACKROCK INC (BLK)	31,864.64 36	25,510.68 708.6300	0.31 %	- 6,353.96	21,074.29 585.40
BOEING CO (BA)	27,693.86 134	25,525.66 190.4900	0.31 %	- 2,168.20	29,669.80 221.42
BOSTON SCIENTIFIC CORP (BSX)	12,361.68 291	13,464.57 46.2700	0.17 %	1,102.89	10,972.60 37.71
BRISTOL MYERS SQUIBB CO (BMY)	13,841.70 222	15,972.90 71.9500	0.20 %	2,131.20	13,826.48 62.28
BROADCOM INC (AVGO)	31,274.27 47	26,279.11 559.1300	0.32 %	- 4,995.16	14,968.20 318.47
COTERRA ENERGY INC (CTRA)	6,707.00 353	8,673.21 24.5700	0.11 %	1,966.21	6,040.24 17.11
CAPITAL ONE FINANCIAL CORP (COF)	7,544.68 52	4,833.92 92.9600	0.06 %	- 2,710.76	5,341.55 102.72
CATERPILLAR INC (CAT)	18,606.60 90	21,560.40 239.5600	0.26 %	2,953.80	16,441.33 182.68
CHEVRON CORPORATION (CVX)	20,349.04 155	27,820.95 179.4900	0.34 %	7,471.91	20,520.41 132.39
CISCO SYSTEMS INC (CSCO)	20,286.79 366	17,436.24 47.6400	0.21 %	- 2,850.55	20,286.79 55.43
CITIGROUP INC (C)	27,296.28 452	20,443.96 45.2300	0.25 %	- 6,852.32	32,917.29 72.83
COINBASE GLOBAL INC -CLASS A (COIN)	21,834.67 103	3,645.17 35.3900	0.05 %	- 18,189.50	21,834.67 211.99
COMCAST CORPORATION CL A (CMCSA)	10,770.62 214	7,483.58 34.9700	0.09 %	- 3,287.04	11,664.56 54.51
CONOCOPHILLIPS (COP)	8,661.60 120	14,160.00 118.0000	0.18 %	5,498.40	7,318.50 60.99
CONSTELLATION BRANDS INC (STZ) CL A	12,799.47 51	11,819.25 231.7500	0.15 %	- 980.22	9,697.49 190.15
CORTEVA INC-W/I (CTVA)	7,328.40 155	9,110.90 58.7800	0.11 %	1,782.50	5,076.11 32.75
COSTCO WHOLESALE CORP (COST)	35,765.10 63	28,759.50 456.5000	0.35 %	- 7,005.60	20,933.22 332.27
CUMMINS INC (CMI)	22,817.36 115	27,863.35 242.2900	0.34 %	5,045.99	22,817.36 198.41
DEERE & CO (DE)	18,173.17 53	22,724.28 428.7600	0.28 %	4,551.11	18,706.49 352.95
DENTSPLY SIRONA INC (XRAY)	6,903.92 223	7,100.32 31.8400	0.09 %	196.40	6,903.92 30.96
DEXCOM INC (DXCM)	12,112.29 116	13,135.84 113.2400	0.16 %	1,023.55	12,112.29 104.42
DIGITAL RLTY TR INC (DLR)	43,753.90 282	28,276.14 100.2700	0.35 %	- 15,477.76	37,573.86 133.24
DISNEY WALT CO (DIS)	63,685.60 409	35,533.92 86.8800	0.43 %	- 28,151.68	61,325.50 149.94
DOW INC (DOW)	23,652.24 417	21,012.63 50.3900	0.26 %	- 2,639.61	21,658.27 51.94

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DRAFTKINGS INC (DKNG)		32,588.95	15,034.80	0.19 %	- 17,554.15	45,207.99
		1,320	11.3900			34.25
DUPONT DE NEMOURS INC-WI (DD)		11,147.64	9,470.94	0.12 %	- 1,676.70	8,537.00
		138	68.6300			61.86
EOG RES INC (EOG)		4,413.35	4,533.20	0.06 %	119.85	4,413.35
		35	129.5200			126.10
EQT CORPORATION (EQT)		8,044.38	6,495.36	0.08 %	- 1,549.02	8,044.38
		192	33.8300			41.90
EBAY INC (EBAY)		25,868.50	16,131.83	0.20 %	- 9,736.67	24,173.02
		389	41.4700			62.14
EDWARDS LIFESCIENCES CORP (EW)		10,823.37	8,207.10	0.10 %	- 2,616.27	8,883.00
		110	74.6100			80.75
ELECTRONIC ART (EA)		7,249.74	6,353.36	0.08 %	- 896.38	7,249.74
		52	122.1800			139.42
EMBECTA CORP-W/I (EMBC)		302.35	252.90	0.01 %	- 49.45	302.34
		10	25.2900			30.23
ENPHASE ENERGY INC (ENPH)		20,051.11	33,649.92	0.41 %	13,598.81	18,519.53
		127	264.9600			145.82
EPAM SYSTEMS INC (EPAM)		9,163.97	9,832.20	0.12 %	668.23	9,163.97
		30	327.7400			305.47
EQUINIX INC (EQIX)		29,036.42	23,581.08	0.29 %	- 5,455.34	26,694.57
		36	655.0300			741.52
ETSY INC (ETSY)		19,482.04	12,696.68	0.16 %	- 6,785.36	17,887.58
		106	119.7800			168.75
EXACT SCIENCES CORP (EXAS)		9,886.35	10,446.61	0.13 %	560.26	9,886.35
		211	49.5100			46.85
EXXON MOBIL CORP (XOM)		19,825.56	35,737.20	0.43 %	15,911.64	15,334.83
		324	110.3000			47.33
META PLATFORMS INC (META)		75,352.77	36,222.34	0.44 %	- 39,130.43	60,918.11
		301	120.3400			202.39
FEDEX CORPORATION (FDX)		15,777.04	10,565.20	0.13 %	- 5,211.84	9,414.65
		61	173.2000			154.34
FIDELITY NATIONAL INFORMATION (FIS)		11,133.30	6,920.70	0.09 %	- 4,212.60	14,518.03
		102	67.8500			142.33
FORD MOTOR COMPANY (F)		35,736.95	20,747.92	0.25 %	- 14,989.03	24,806.13
		1,784	11.6300			13.90
FREEPORT-MCMORAN INC (FCX)		18,964.85	18,430.00	0.23 %	- 534.85	18,964.85
		485	38.0000			39.10
GENERAC HOLDINGS INC (GNRC)		15,647.88	15,501.64	0.19 %	- 146.24	15,647.88
		154	100.6600			101.61
GENERAL MOTORS CO (GM)		17,839.63	10,966.64	0.14 %	- 6,872.99	17,653.42
		326	33.6400			54.15
GLOBAL PAYMENTS INC-W/I (GPN)		12,443.32	8,938.80	0.11 %	- 3,504.52	14,667.88
		90	99.3200			162.98
GOLDMAN SACHS GROUP INC (GS)		16,449.65	14,765.34	0.18 %	- 1,684.31	10,053.19
		43	343.3800			233.80
HCA HEALTHCARE INC (HCA)		13,102.92	12,237.96	0.15 %	- 864.96	11,037.51
		51	239.9600			216.42
HALLIBURTON CO (HAL)		4,894.18	8,420.90	0.11 %	3,526.72	5,145.55
		214	39.3500			24.04
HOME DEPOT INC (HD)		63,638.66	54,327.92	0.66 %	- 9,310.74	46,250.70
		172	315.8600			268.90
HONEYWELL INTL INC (HON)		14,485.02	15,429.60	0.19 %	944.58	13,528.33
		72	214.3000			187.89
INCYTE CORPORATION (INCY)		11,514.49	11,485.76	0.14 %	- 28.73	11,514.49
		143	80.3200			80.52
INTEL CORP (INTC)		34,686.52	18,448.14	0.23 %	- 16,238.38	37,205.09
		698	26.4300			53.30
IQVIA HOLDINGS INC (IQV)		5,642.80	4,097.80	0.05 %	- 1,545.00	5,165.27
		20	204.8900			258.26
JPMORGAN CHASE & CO (JPM)		49,088.50	41,571.00	0.50 %	- 7,517.50	43,330.96
		310	134.1000			139.78
JACOBS SOLUTIONS INC (J)		21,302.19	18,370.71	0.23 %	- 2,931.48	16,374.37
		153	120.0700			107.02

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JOHNSON & JOHNSON (JNJ)		29,252.97	30,207.15	0.37 %	954.18	25,153.97
		171	176.6500			147.10
KLA CORP (KLAC)		12,903.30	11,310.90	0.14 %	- 1,592.40	11,607.40
		30	377.0300			386.91
LAM RESEARCH CORP (LRCX)		15,821.30	9,246.60	0.12 %	- 6,574.70	14,356.12
		22	420.3000			652.55
LEIDOS HOLDINGS INC-W/I (LDOS)		30,279.13	32,714.09	0.40 %	2,434.96	31,056.08
		311	105.1900			99.86
LENNAR CORP (LEN) CLASS A		21,838.08	17,014.00	0.21 %	- 4,824.08	17,893.01
		188	90.5000			95.18
ELI LILLY & CO (LLY)		11,325.02	14,999.44	0.19 %	3,674.42	6,773.69
		41	365.8400			165.21
LINCOLN NATIONAL CORP (LNC)		26,342.49	11,735.04	0.15 %	- 14,607.45	25,169.37
		382	30.7200			65.89
LIVE NATION ENTERTAINMENT INC (LYV)		12,341.11	9,484.64	0.12 %	- 2,856.47	12,341.11
		136	69.7400			90.74
LOWES COMPANIES INC (LOW)		14,733.36	11,356.68	0.14 %	- 3,376.68	6,879.13
		57	199.2400			120.69
MARKETAXESS HLDGS INC (MKTX)		20,152.23	13,665.61	0.17 %	- 6,486.62	22,974.88
		49	278.8900			468.88
MARRIOTT INTERNATIONAL INC (MAR) CL A		7,879.93	7,444.50	0.09 %	- 435.43	7,879.93
		50	148.8900			157.60
MASCO CORP (MAS)		8,285.96	5,507.06	0.07 %	- 2,778.90	6,677.25
		118	46.6700			56.59
MASTERCARD INC CL A (MA)		13,294.84	12,866.01	0.16 %	- 428.83	11,464.40
		37	347.7300			309.85
MERCK & CO INC (MRK)		28,663.36	41,495.30	0.50 %	12,831.94	30,432.72
		374	110.9500			81.37
MICROSOFT CORP (MSFT)		169,841.60	121,109.10	1.46 %	- 48,732.50	84,981.72
		505	239.8200			168.28
MICRON TECHNOLOGY INC (MU)		42,034.84	29,588.16	0.36 %	- 12,446.68	37,852.09
		592	49.9800			63.94
MODERNA INC (MRNA)		10,667.16	7,544.04	0.10 %	- 3,123.12	16,275.89
		42	179.6200			387.52
MORGAN STANLEY (MS)		17,570.64	15,218.58	0.19 %	- 2,352.06	9,388.81
		179	85.0200			52.45
MOSAIC CO/THE (MOS)		19,115.31	16,319.64	0.20 %	- 2,795.67	15,531.08
		372	43.8700			41.75
NETAPP INC (NTAP)		14,902.38	9,729.72	0.12 %	- 5,172.66	9,773.79
		162	60.0600			60.33
NETFLIX INC (NFLX)		48,772.60	44,526.88	0.54 %	- 4,245.72	44,191.05
		151	294.8800			292.66
NORTHROP GRUMMAN CORPORATION (NOC)		8,902.61	12,549.03	0.16 %	3,646.42	8,135.74
		23	545.6100			353.73
NUCOR CORP (NUE)		16,209.30	18,717.02	0.23 %	2,507.72	13,515.80
		142	131.8100			95.18
NVIDIA CORP (NVDA)		77,844.48	44,572.70	0.54 %	- 33,271.78	54,607.71
		305	146.1400			179.04
OCCIDENTAL PETROLEUM CORP (OXY)		17,464.37	15,810.49	0.20 %	- 1,653.88	17,464.37
		251	62.9900			69.58
OLD DOMINION FGHT LINES INC (ODFL)		5,933.53	5,959.38	0.08 %	25.85	5,933.53
		21	283.7800			282.55
ORACLE CORP (ORCL)		12,927.29	15,775.82	0.19 %	2,848.53	12,927.29
		193	81.7400			66.98
PNC FINANCIAL SERVICES GROUP INC (PNC)		28,505.65	21,795.72	0.27 %	- 6,709.93	25,435.77
		138	157.9400			184.32
PPG INDUSTRIES INC (PPG)		22,589.64	16,471.94	0.20 %	- 6,117.70	17,843.80
		131	125.7400			136.21
PAYPAL HOLDINGS INC-W/I (PYPL)		38,847.48	14,671.32	0.18 %	- 24,176.16	36,206.80
		206	71.2200			175.76
PELOTON INTERACTIVE INC-A (PTON)		8,046.00	1,786.50	0.03 %	- 6,259.50	11,119.14
		225	7.9400			49.42
PENN ENTERTAINMENT INC (PENN)		22,347.35	12,800.70	0.16 %	- 9,546.65	30,453.39
		431	29.7000			70.66

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	PFIZER INC (PFE)	11,987.15	10,401.72	0.13 %	- 1,585.43	8,902.55
		203	51.2400			43.85
	PINTEREST INC- CLASS A (PINS)	12,468.05	8,328.04	0.11 %	- 4,140.01	21,587.07
		343	24.2800			62.94
	PROCTER & GAMBLE CO (PG)	13,526.21	14,852.88	0.18 %	1,326.67	13,526.20
		98	151.5600			138.02
	PRUDENTIAL FINANCIAL, INC. (PRU)	17,318.40	15,913.60	0.20 %	- 1,404.80	15,113.39
		160	99.4600			94.46
	QUALCOMM (QCOM)	30,539.29	18,359.98	0.23 %	- 12,179.31	18,602.73
		167	109.9400			111.39
	RAYTHEON TECHNOLOGIES CORP COM (RTX)	19,707.74	23,110.68	0.28 %	3,402.94	21,196.74
		229	100.9200			92.56
	REGENERON PHARMACEUTICALS INC (REGN)	6,896.58	7,936.39	0.10 %	1,039.81	6,639.05
		11	721.4900			603.55
	SVB FINANCIAL GROUP (SIVB)	15,827.61	11,967.28	0.15 %	- 3,860.33	15,827.61
		52	230.1400			304.38
	SALESFORCE INC (CRM)	17,604.71	12,728.64	0.16 %	- 4,876.07	17,965.08
		96	132.5900			187.14
	SCHLUMBERGER LTD (SLB) SEDOL 2779201 ISIN AN8068571086	5,823.90 162	8,660.52 53.4600	0.11 %	2,836.62	5,823.90 35.95
	SERVICE NOW INC (NOW)	39,154.99	26,014.09	0.32 %	- 13,140.90	26,404.13
		67	388.2700			394.09
	SKYWORKS SOLUTIONS INC (SWKS)	11,480.36	6,743.62	0.09 %	- 4,736.74	12,499.44
		74	91.1300			168.91
	SOFI TECHNOLOGIES INC (SOFI)	9,871.60	4,757.52	0.06 %	- 5,114.08	9,871.59
		1,032	4.6100			9.57
	SOUTHWEST AIRLINES CO (LUV)	7,239.96	5,690.23	0.07 %	- 1,549.73	9,328.60
		169	33.6700			55.20
	SPLUNK INC (SPLK)	8,518.22	8,436.82	0.11 %	- 81.40	8,518.22
		98	86.0900			86.92
	BLOCK INC (SQ)	19,381.20	7,540.80	0.10 %	- 11,840.40	29,319.89
		120	62.8400			244.33
	STANLEY BLACK & DECKER INC (SWK)	33,893.41	14,798.64	0.18 %	- 19,094.77	35,407.79
		197	75.1200			179.73
	SYNCHRONY FINANCIAL (SYF)	16,256.66	12,421.08	0.15 %	- 3,835.58	16,630.09
		378	32.8600			43.99
	T-MOBILE US INC (TMUS)	9,605.32	11,900.00	0.15 %	2,294.68	9,566.08
		85	140.0000			112.54
	TAKE TWO INTERACTIVE SOFTWARE (TTWO)	27,661.73	18,951.66	0.23 %	- 8,710.07	27,791.13
	CDT	182	104.1300			152.70
	TARGET CORP (TGT)	19,165.83	13,860.72	0.17 %	- 5,305.11	19,165.83
		93	149.0400			206.08
	TELEFLEX INC (TFX)	9,525.92	7,239.27	0.09 %	- 2,286.65	10,750.01
		29	249.6300			370.69

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TERADYNE INCORPORATED (TER)		27,679.96	16,247.10	0.20 %	- 11,432.86	23,278.13
		186	87.3500			125.15
TESLA INC (TSLA)		133,020.68	48,779.28	0.59 %	- 84,241.40	86,816.11
		396	123.1800			219.23
TEXAS INSTRUMENTS INC (TXN)		17,527.71	15,365.46	0.19 %	- 2,162.25	11,981.17
		93	165.2200			128.83
THERMO FISHER SCIENTIFIC INC (TMO)		46,275.47	40,751.06	0.50 %	- 5,524.41	37,966.83
		74	550.6900			513.07
3M COMPANY (MMM)		14,920.92	10,073.28	0.13 %	- 4,847.64	14,694.18
		84	119.9200			174.93
TRUIST FINANCIAL CORP (TFC)		13,115.20	9,638.72	0.12 %	- 3,476.48	12,517.23
		224	43.0300			55.88
TYLER TECHNOLOGIES INC (TYL)		18,641.96	15,153.27	0.19 %	- 3,488.69	18,641.96
		47	322.4100			396.64
UBER TECHNOLOGIES INC (UBER)		30,562.29	25,323.52	0.31 %	- 5,238.77	30,657.29
		1,024	24.7300			29.94
UNDER ARMOUR INC CLASS A (UAA)		42,497.83	22,616.16	0.28 %	- 19,881.67	43,182.64
		2,226	10.1600			19.40
UNION PACIFIC CORP (UNP)		32,247.04	26,504.96	0.32 %	- 5,742.08	24,128.57
		128	207.0700			188.50
UNITED AIRLINES HOLDINGS INC (UAL)		10,288.30	8,859.50	0.11 %	- 1,428.80	20,668.08
		235	37.7000			87.95
UNITEDHEALTH GROUP INC (UNH)		29,124.12	30,750.44	0.37 %	1,626.32	17,121.37
		58	530.1800			295.20
VERIZON COMMUNICATIONS INC (VZ)		10,916.08	11,386.60	0.14 %	470.52	10,916.08
		289	39.4000			37.77
VISA INC (V) CLASS A SHARES		18,203.64	17,451.84	0.21 %	- 751.80	16,242.87
		84	207.7600			193.37
VORNADO REALTY TRUST (VNO)		7,785.96	3,870.66	0.05 %	- 3,915.30	8,330.22
		186	20.8100			44.79
WALMART INC (WMT)		6,933.69	7,514.87	0.10 %	581.18	6,624.35
		53	141.7900			124.99
WARNER BROS DISCOVERY INC - A (WBD)		22,362.02	7,925.28	0.10 %	- 14,436.74	29,558.66
		836	9.4800			35.36
WELLS FARGO & COMPANY (WFC)		10,507.62	9,042.51	0.11 %	- 1,465.11	11,571.75
		219	41.2900			52.84
WEST PHARMACEUTICAL SVCS INC (WST)		11,936.56	10,120.05	0.13 %	- 1,816.51	11,936.56
		43	235.3500			277.59
WEYERHAEUSER CO (WY)		11,242.14	8,463.00	0.11 %	- 2,779.14	9,352.95
		273	31.0000			34.26
WHIRLPOOL CORP (WHR)		15,689.42	12,872.86	0.16 %	- 2,816.56	15,689.42
		91	141.4600			172.41
ZILLOW GROUP INC (ZG) CLASS A		11,510.70	5,773.85	0.07 %	- 5,736.85	15,846.13
		185	31.2100			85.65
ZIMMER BIOMET HOLDINGS, INC (ZBH)		12,831.04	12,877.50	0.16 %	46.46	14,758.75
		101	127.5000			146.13
Total corporate stock - common		$3,825,476.84	$2,909,364.16	34.98 %	- $916,112.68	$3,213,508.34