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 06/01/2022 and ending 05/31/2023

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 & ALLIED CRAFTWORKERS LOCAL 13 DEFINED CONTRIBUTION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1997

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)
BRICKLAYERS & ALLIED CRAFTWORKERS

2250 SOUTH RANCHO DRIVE, SUITE 295
LAS VEGAS, NV 89102-4409

2b Employer Identification Number (EIN) 88-0399044

2c Plan Sponsor's telephone number 702-734-8601

2d Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/14/2024	RICHARD CRAWFORD, TRUST CHAIRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 DEFINED CONT PENSION PLAN

2250 SOUTH RANCHO DRIVE, SUITE 295
LAS VEGAS, NV 89102-4409

3b Administrator's EIN: 88-0399044

3c Administrator's telephone number: 702-734-8601

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**	2586
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)**	900
a(2) Total number of active participants at the end of the plan year	**6a(2)**	855
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	1598
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2453
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	50
f Total. Add lines **6d** and **6e**	**6f**	2503
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2503
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**	53

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 06/01/2022 and ending 05/31/2023

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 DEFINED CONTRIBUTION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRICKLAYERS & ALLIED CRAFTWORKERS

D Employer Identification Number (EIN)
88-0399044

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ZENITH AMERICAN SOLUTIONS

2250 SOUTH RANCHO DRIVE,
LAS VEGAS, NV 89102

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?
38 31 18 50 49 15 13	THIRD-PARTY ADMIN	102508	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAYTON LAYTON & TOBLER LLP

606 SOUTH NINTH STREET
LAS VEGAS, NV 89101-7013

88-0176927

(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	AUDITOR	25359	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUBINBROWN

7881 WEST CHARLESTON BLVD
LAS VEGAS, NV 89117

43-0765316

(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?
16 10	PAYROLL AUDITOR/CONSULTAN	10114	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

H.G. SAND AND ASSOC.

P. O. BOX 68
SUN RIVER, MT 59483-0068

81-0350794

(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	PAYROLL AUDITOR	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAEL & LETSON

35 NO. LAKE AVE, SUITE810
PASADENA, CA 91101

94-2602731

(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?
17 16	CONSULTANT	8250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVARA TESIJA & CATENACCI, PLLC

2000 TOWN CENTER, 2370
SOUTHFIELD, MI 48075

38-3763096

(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	ATTORNEY	69882	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BRANSTETTER, STRANCH, & JENNINGS

703 SOUTH 8TH STREET
615-254-8801
LAS VEGAS, NV 89101

(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?
16	CONSULTANT	6355	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL BENZ

333 WEST 34TH STREET
212-251-5000
NEW YORK, NY 10001

(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?
16	CONSULTANT	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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 06/01/2022 and ending 05/31/2023

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 DEFINED CONTRIBUTION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRICKLAYERS & ALLIED CRAFTWORKERS

D Employer Identification Number (EIN)
88-0399044

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	159852	599182
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	275022	407238
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23314	9973
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	425412	3030727
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	21884631	18918377
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22768231	22965497
Liabilities			
g Benefit claims payable	1g	39498	71421
h Operating payables	1h	13446	26127
i Acquisition indebtedness	1i		
j Other liabilities	1j	3478	
k Total liabilities (add all amounts in lines 1g through1j)	1k	56422	97548
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22711809	22867949

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)	3567391	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3567391
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18100	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18100
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	457002	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		457002
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-252483	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-252483

		(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)		-698332
c Other income	2c		16987
d Total income. Add all **income** amounts in column (b) and enter total	2d		3108665
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2654271	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2654271
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)	121036	
(2) Contract administrator fees	2i(2)	102508	
(3) Investment advisory and management fees	2i(3)	46339	
(4) Other	2i(4)	28371	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		298254
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2952525
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		156140
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: LAYTON LAYTON & TOBLER LLP, CPA'S **(2)** EIN: 88-0176927

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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

YEARS ENDED MAY 31, 2023 AND 2022

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

YEARS ENDED MAY 31, 2023 AND 2022

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Stephen D. Waldron, CPA
Francine M. Miller, CPA

Independent Auditor's Report

Board of Trustees
Bricklayers and Allied Craftworkers Local 13
Defined Contribution Pension Plan
Las Vegas, Nevada

Opinion

We have audited the accompanying financial statements of Bricklayers and Allied Craftworkers Local 13 Defined Contribution Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of May 31, 2023 and 2022, and the related statement of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Bricklayers and Allied Craftworkers Local 13 Defined Contribution Pension Plan as of May 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with the 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. 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 Craftworkers Local 13 Defined Contribution Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Bricklayers and Allied Craftworkers Local 13 Defined Contribution Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bricklayers and Allied Craftworkers Local 13 Defined Contribution Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Bricklayers and Allied Craftworkers Local 13 Defined Contribution Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of the year, assets acquired and disposed of during the year, and schedule of reportable transactions (transactions in excess of 5 percent of the current value of plan assets), together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's 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 generally accepted auditing standards.

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

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

Jayte Taylor & Fuller LLP

January 18, 2024
Las Vegas, Nevada

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2023 AND 2022

ASSETS

	2023	2022
Investments, at fair value	$ 21,949,104	$ 22,310,043
Receivables:		
Employer contributions receivables	407,238	275,022
Accrued interest and dividends	9,973	23,314
Total receivables	417,211	298,336
Cash	599,182	159,852
Total assets	22,965,497	22,768,231

LIABILITIES

Current liabilities:		
Accounts payable	26,127	13,446
Due to other fund		3,478
Outstanding benefit checks	71,421	39,498
Total current liabilities	97,548	56,422
Total liabilities	97,548	56,422
Net assets available for benefits	$ 22,867,949	$ 22,711,809

The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2023 AND 2022

	2023	2022
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 475,102	$ 386,238
Net appreciation (depreciation) in the fair value of investments	(252,483)	(2,493,179)
Realized gain (loss) on sale of investments	(698,333)	586,262
Less investment expenses	(46,339)	(45,798)
Total investment income	(522,053)	(1,566,477)
Employer contributions:	3,567,392	2,216,647
Other income:		
Collection costs recovered, liquidated damages, delinquent interest, and reimbursements	16,987	8,913
Total additions	3,062,326	659,083
Deductions from net assets attributed to:		
Benefits:		
Benefits paid to participants	2,654,271	1,628,967
Administrative expenses:		
Administration fees	102,508	94,008
Audit fees - payroll	16,469	5,581
Audit fees	25,359	26,259
Consultant fees	9,386	18,342
Insurance, bond and office expenses	28,371	30,815
Legal fees	69,822	53,044
Total administrative expenses	251,915	228,049
Total deductions	2,906,186	1,857,016
Net increase	156,140	(1,197,933)
Net assets available for benefits:		
Beginning of year	22,711,809	23,909,742
End of year	$ 22,867,949	$ 22,711,809

The accompanying notes are an integral part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

MAY 31, 2023 AND 2022

1. Description of the plan:

The following description of the Bricklayers and Allied Craftworkers Local 13 Defined Contribution Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was established on June 1, 1997, as a defined contribution plan. All members of the Bricklayers and Allied Craftworkers Local 13 who work in covered employment become participants in the Plan at such time as a contribution is paid or is required to be paid on their behalf. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

The employer makes contributions on behalf of each participant for each hour paid at rates per hour of $0.50 to $5.00 as set forth in the various collective bargaining agreements.

Participant accounts:

A participant account is maintained on behalf of each participant until such an account is distributed in accordance with the terms of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Payment of benefits:

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant’s vested interest in his or her account in one of the following ways: a specified monthly amount until the account is exhausted, a specified lump sum amount with the remaining funds to be taken monthly, quarterly, semi-annually or annually, a full lump sum amount equal to his accrued benefit, or a purchase of an annuity. In compliance with IRS regulations permitting early distributions or for termination of services due to other reasons, a participant may receive up to the value of the vested interest in his or her account as a lump sum distribution.

Vesting:

Participants are 100 percent vested in the value of the assets in their account, which is non-forfeitable from the time that such participant’s account is established.

2. Summary of significant accounting policies:

Basis of accounting:

The accompanying financial statements of Bricklayers and Allied Craftworkers Local 13 Defined Contribution Pension Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Accordingly, the financial statements reflect all significant receivables, payables, and other liabilities.

Investments held by a defined contribution plan are required to be reported at fair value.

Use of 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.

Valuation of investments:

The Plan's investments are stated at fair value. Securities traded on national securities exchanges are reported at the last reported sales price on the last business day of the plan year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Collection costs recovered and common expenses:

Recovered collection costs and certain common expenses are allocated between the BAC Local 13 Pension, Health Benefits, and Defined Contribution Pension Plans by allocations established by the Joint Trustees of all three Plans.

3. Investments:

The Plan's investments are held in a bank-administered trust fund. The following presents investments at fair value as determined by quoted market price on May 31, 2023 and 2022.

	2023	2022
Mutual funds	$ 18,918,377	$ 21,884,631
Money market	3,030,727	425,412
	$ 21,949,104	$ 22,310,043

3. Investments (continued):

The Plan's investments (including investments bought, sold, and held during the year) changed in value during fiscal 2023 and 2022, as follows:

	2023	2022
Mutual funds – appreciation (depreciation)	$ (252,483)	$ (2,493,179)

4. Concentration of credit risk:

Due to fluctuations in funds on deposit, cash and cash equivalents in bank accounts periodically exceed the FDIC-insured limit. The Plan's cash and cash equivalents in bank accounts at May 31, 2023 and 2022 did not exceed the insured limit.

5. Fair value measurements:

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

5. Fair value measurements, (continued):

The asset 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.

Mutual funds and money market funds (level 1): Valued at the net asset value (NAV) of shares held by the plan at year-end.

Mutual funds (level 3): Valued using broker quote due to the broker being recognized as the market participant.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2023 and 2022:

		Fair Value Measurements at Report Date Using:		
	Fair value	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
May 31, 2023				
Mutual funds	$ 18,918,377	$ 13,677,370	$	$ 5,241,007
Money market	3,030,727	3,030,727		
Total investments	$ 21,949,104	$ 16,708,097	$	$ 5,241,007
May 31, 2022				
Mutual funds	$ 21,884,631	$ 18,657,738	$	$ 3,226,893
Money market	425,412	425,412		
Total investments	$ 22,310,043	$ 19,083,150	$	$ 3,226,893

5. Fair value measurements, (continued):

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended May 31, 2023.

	Mutual Funds
Balance, beginning of the year	$ 3,226,893
Unrealized gains relating to instruments still held at the reporting date	2,014,114
Balance, end of the year	$ 5,241,007

6. Insurance, bond and office expenses:

	2023	2022
Bond and insurance	$ 6,979	$ 4,013
Postage and printing expenses	5,500	15,449
Miscellaneous expense	7,235	2,295
Bank fees	8,657	9,058
Total insurance, bond and office expenses	$ 28,371	$ 30,815

7. Plan termination:

Although it has not expressed any intent to do so, the Board of Trustees has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. Tax status:

The Internal Revenue Service has determined and informed the Plan by letter dated March 8, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan was amended and restated as of January 1, 2022. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

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

9. Transactions with parties in interest:

Parties-in-interest transactions include the investment in the funds of the trustees, and the related dividend income, interest and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

10. Subsequent events & date of management's review:

Management has evaluated subsequent events through January 18, 2024, the date on which the financial statements were available to be issued. Based on this evaluation, no subsequent events have occurred that would have an effect on these statements.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 PENSION
EIN # 88-0399044
PLAN NUMBER: 001
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
MAY 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Abs Allegiance Real Estate Fund	Mutual funds	$ 1,200,000	$ 1,200,000
	BNY Mellon Global Real Return Fund	Mutual funds	1,871,715	1,835,769
	Comerica Trowel Trades S&P Index Fund	Mutual funds	2,537,692	5,241,007
	Dodge & Cox International Stock Fd	Mutual funds	1,240,271	1,286,693
	Federated Government Obligations Fund	Mutual funds	3,030,728	3,030,728
	IR&M Core Bond Collective Fund	Mutual funds	5,000,000	5,000,000
	RBC Emerging Markets Equity Fund	Mutual funds	1,100,000	1,049,066
	T Rowe Price International Discovery Fund CL I	Mutual funds	1,381,809	1,313,725
	Vanguard Small-Cap Index Fund	Mutual funds	1,926,399	1,992,116
			$ 19,288,614	$ 21,949,104

Note: Column (a) parties-in-interest.

See accompanying independent auditor's report

Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
	Equity			
	Equity Funds			
	- BNY Mellon Global Real Return Fund Class I #6280 *05587N828*			
12/30/22	Recd 4127.285 Shs As A Reinvested Div of $ 14.600 Per Sh	0.00	0.00	- 60,258.36
03/06/23	Purchased 164609.053 Shs 03/03/23	0.00	0.00	- 2,400,000.00
		0.00	**0.00**	**- 2,460,258.36**
	- Dodge & Cox International Stock Fund Cl I *256206103*			
12/20/22	Recd 334.618 Shs As A Reinvested Div of $ 42.550 Per Sh	0.00	0.00	- 14,237.99
01/13/23	Purchased 13683.753 Shs 01/12/23	0.00	0.00	- 630,000.00
		0.00	**0.00**	**- 644,237.99**
	- Gateway Fund Class N #6102 *367829777*			
06/27/22	Recd 31.373 Shs As A Reinvested Div of $ 35.990 Per Sh	0.00	0.00	- 1,129.13
09/27/22	Recd 30.073 Shs As A Reinvested Div of $ 34.390 Per Sh	0.00	0.00	- 1,034.21
12/22/22	Recd 29.814 Shs As A Reinvested Div of $ 35.750 Per Sh	0.00	0.00	- 1,065.85
		0.00	**0.00**	**- 3,229.19**
	- MFS International Intrinsic Value Fund Class I #887 *55273E822*			
12/09/22	Recd 150.482 Shs As A Reinvested Div of $ 38.640 Per Sh	0.00	0.00	- 5,814.61
12/09/22	Recd 1812.561 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 70,037.36
		0.00	**0.00**	**- 75,851.97**





Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
	- RBC Emerging Markets Equity Fund Class I #1828 *74926P316*			
01/13/23	Purchased 89358.245 Shs 01/12/23	0.00	0.00	- 1,100,000.00
	- T Rowe Price International Discovery Fund Class I #436 *77956H377*			
12/15/22	Recd 129.004 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 7,527.37
01/13/23	Purchased 18214.936 Shs 01/12/23	0.00	0.00	- 1,100,000.00
		0.00	**0.00**	**- 1,107,527.37**
	- Comerica Trowel Trades Large Cap Equity Index Fund *89724R207*			
03/06/23	Additional Purchase	0.00	0.00	- 1,850,000.00
04/04/23	Purchased 5.139 Shs 04/04/23	0.00	0.00	- 227.27
		0.00	**0.00**	**- 1,850,227.27**
	- Vanguard Developed Markets Index Fund - Adm #127 *921943809*			
06/21/22	Recd 598.998 Shs As A Reinvested Div of $ 12.950 Per Sh	0.00	0.00	- 7,757.03
09/19/22	Recd 138.132 Shs As A Reinvested Div of $ 12.680 Per Sh	0.00	0.00	- 1,751.51
12/19/22	Recd 542.662 Shs As A Reinvested Div of $ 13.420 Per Sh	0.00	0.00	- 7,282.53
		0.00	**0.00**	**- 16,791.07**
	- Vanguard Institutional Index Fd #94 *922040100*			
06/23/22	Recd 25.690 Shs As A Reinvested Div of $ 318.330 Per Sh	0.00	0.00	- 8,177.93
09/23/22	Recd 27.386 Shs As A Reinvested Div of $ 318.070 Per Sh	0.00	0.00	- 8,710.54
12/29/22	Recd 30.351 Shs As A Reinvested Div of $ 316.860 Per Sh	0.00	0.00	- 9,616.87

Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
12/29/22	Recd 61.918 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 19,619.31
		0.00	**0.00**	**- 46,124.65**
	- Vanguard Small Cap Index Fund Adm #548 *922908686*			
06/23/22	Recd 25.323 Shs As A Reinvested Div of $ 83.380 Per Sh	0.00	0.00	- 2,111.43
09/23/22	Recd 28.192 Shs As A Reinvested Div of $ 84.920 Per Sh	0.00	0.00	- 2,394.10
12/22/22	Recd 41.118 Shs As A Reinvested Div of $ 88.610 Per Sh	0.00	0.00	- 3,643.44
01/13/23	Purchased 14965.259 Shs 01/12/23	0.00	0.00	- 1,400,000.00
03/23/23	Recd 93.171 Shs As A Reinvested Div of $ 86.470 Per Sh	0.00	0.00	- 8,056.49
		0.00	**0.00**	**- 1,416,205.46**
	- Vanguard Mid Cap Index Fund Class I #864 *922908835*			
06/23/22	Recd 58.554 Shs As A Reinvested Div of $ 53.230 Per Sh	0.00	0.00	- 3,116.83
09/23/22	Recd 79.694 Shs As A Reinvested Div of $ 53.520 Per Sh	0.00	0.00	- 4,265.22
12/22/22	Recd 106.160 Shs As A Reinvested Div of $ 56.190 Per Sh	0.00	0.00	- 5,965.14
		0.00	**0.00**	**- 13,347.19**
	Total Equity Funds	**0.00**	**0.00**	**- 8,733,800.52**
	Total Equity	**0.00**	**0.00**	**- 8,733,800.52**
	Fixed Income			
	Fixed Income Funds			

Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
	- Columbia Short Term Bond Fund Adv *19766B315*			
06/02/22	Recd 369.300 Shs As A Reinvested Div At $ 9.640 Per Sh	0.00	0.00	- 3,560.05
07/05/22	Recd 416.548 Shs As A Reinvested Div At $ 9.500 Per Sh	0.00	0.00	- 3,957.21
08/02/22	Recd 458.978 Shs As A Reinvested Div At $ 9.570 Per Sh	0.00	0.00	- 4,392.40
09/02/22	Recd 535.480 Shs As A Reinvested Div At $ 9.500 Per Sh	0.00	0.00	- 5,087.06
10/04/22	Recd 602.333 Shs As A Reinvested Div At $ 9.340 Per Sh	0.00	0.00	- 5,625.79
11/02/22	Recd 683.614 Shs As A Reinvested Div At $ 9.270 Per Sh	0.00	0.00	- 6,337.10
12/05/22	Recd 767.061 Shs As A Reinvested Div At $ 9.340 Per Sh	0.00	0.00	- 7,164.35
01/09/23	Recd 860.306 Shs As A Reinvested Div At $ 9.340 Per Sh	0.00	0.00	- 8,035.26
02/06/23	Recd 924.045 Shs As A Reinvested Div At $ 9.480 Per Sh	0.00	0.00	- 8,759.95
03/02/23	Recd 974.998 Shs As A Reinvested Div At $ 9.400 Per Sh	0.00	0.00	- 9,164.97
04/04/23	Recd 94.591 Shs As A Reinvested Div At $ 9.460 Per Sh	0.00	0.00	- 894.83
05/02/23	Recd 3.714 Shs As A Reinvested Div At $ 9.470 Per Sh	0.00	0.00	- 35.17
		0.00	**0.00**	**- 63,014.14**
	- Columbia Total Return Bond Fund Adv *19766M774*			
06/06/22	Recd 135.820 Shs As A Reinvested Div At $ 32.700 Per Sh	0.00	0.00	- 4,441.29
07/05/22	Recd 158.086 Shs As A Reinvested Div At $ 31.680 Per Sh	0.00	0.00	- 5,008.20
08/02/22	Recd 175.714 Shs As A Reinvested Div At $ 32.550 Per Sh	0.00	0.00	- 5,719.49
09/02/22	Recd 215.490 Shs As A Reinvested Div At $ 31.560 Per Sh	0.00	0.00	- 6,800.86
10/04/22	Recd 230.078 Shs As A Reinvested Div At $ 29.540 Per Sh	0.00	0.00	- 6,796.50

Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
11/02/22	Recd 264.671 Shs As A Reinvested Div At $ 28.620 Per Sh	0.00	0.00	- 7,574.88
12/05/22	Recd 239.627 Shs As A Reinvested Div At $ 29.750 Per Sh	0.00	0.00	- 7,128.90
01/04/23	Recd 238.736 Shs As A Reinvested Div At $ 29.580 Per Sh	0.00	0.00	- 7,061.80
02/06/23	Recd 166.845 Shs As A Reinvested Div At $ 30.780 Per Sh	0.00	0.00	- 5,135.47
03/02/23	Recd 131.217 Shs As A Reinvested Div At $ 29.880 Per Sh	0.00	0.00	- 3,920.77
		0.00	**0.00**	**- 59,588.16**
	- Federated Hermes Institutional High Yield Bond Fund *31420B300*			
06/02/22	Recd 462.437 Shs As A Reinvested Div At $ 8.970 Per Sh	0.00	0.00	- 4,148.06
07/05/22	Recd 500.221 Shs As A Reinvested Div At $ 8.340 Per Sh	0.00	0.00	- 4,171.84
08/02/22	Recd 479.922 Shs As A Reinvested Div At $ 8.770 Per Sh	0.00	0.00	- 4,208.92
09/02/22	Recd 480.273 Shs As A Reinvested Div At $ 8.500 Per Sh	0.00	0.00	- 4,082.32
10/04/22	Recd 467.190 Shs As A Reinvested Div At $ 8.100 Per Sh	0.00	0.00	- 3,784.24
11/02/22	Recd 461.505 Shs As A Reinvested Div At $ 8.320 Per Sh	0.00	0.00	- 3,839.72
12/05/22	Recd 512.470 Shs As A Reinvested Div At $ 8.420 Per Sh	0.00	0.00	- 4,315.00
01/09/23	Recd 595.755 Shs As A Reinvested Div At $ 8.310 Per Sh	0.00	0.00	- 4,950.72
02/06/23	Recd 544.385 Shs As A Reinvested Div At $ 8.580 Per Sh	0.00	0.00	- 4,670.82
03/02/23	Recd 531.824 Shs As A Reinvested Div At $ 8.420 Per Sh	0.00	0.00	- 4,477.96
04/04/23	Recd 87.547 Shs As A Reinvested Div At $ 8.470 Per Sh	0.00	0.00	- 741.52
05/02/23	Recd 3.095 Shs As A Reinvested Div At $ 8.520 Per Sh	0.00	0.00	- 26.37
		0.00	**0.00**	**- 43,417.49**

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Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
	- TCW Emerging Markets Income Fund Class I #4721 *87234N765*			
06/06/22	Recd 487.281 Shs As A Reinvested Div of $ 6.610 Per Sh	0.00	0.00	- 3,220.93
07/05/22	Recd 566.110 Shs As A Reinvested Div of $ 6.110 Per Sh	0.00	0.00	- 3,458.93
08/02/22	Recd 546.747 Shs As A Reinvested Div of $ 6.280 Per Sh	0.00	0.00	- 3,433.57
09/02/22	Recd 570.892 Shs As A Reinvested Div of $ 6.180 Per Sh	0.00	0.00	- 3,528.11
10/04/22	Recd 576.354 Shs As A Reinvested Div of $ 5.680 Per Sh	0.00	0.00	- 3,273.69
11/03/22	Recd 555.426 Shs As A Reinvested Div of $ 5.700 Per Sh	0.00	0.00	- 3,165.93
12/05/22	Recd 563.069 Shs As A Reinvested Div of $ 6.080 Per Sh	0.00	0.00	- 3,423.46
01/03/23	Recd 573.076 Shs As A Reinvested Div of $ 6.070 Per Sh	0.00	0.00	- 3,478.57
02/06/23	Recd 634.607 Shs As A Reinvested Div of $ 6.260 Per Sh	0.00	0.00	- 3,972.64
03/02/23	Recd 628.227 Shs As A Reinvested Div of $ 6.090 Per Sh	0.00	0.00	- 3,825.90
04/05/23	Recd 2.874 Shs As A Reinvested Div of $ 6.100 Per Sh	0.00	0.00	- 17.53
05/02/23	Recd 2.882 Shs As A Reinvested Div of $ 6.110 Per Sh	0.00	0.00	- 17.61
		0.00	**0.00**	**- 34,816.87**
	- Vanguard Total Bd Mkt Idx Instl Cl #222 *921937504*			
06/01/22	Recd 365.810 Shs As A Reinvested Div At $ 10.080 Per Sh	0.00	0.00	- 3,687.36
07/01/22	Recd 375.240 Shs As A Reinvested Div At $ 9.910 Per Sh	0.00	0.00	- 3,718.63
08/01/22	Recd 381.154 Shs As A Reinvested Div At $ 10.120 Per Sh	0.00	0.00	- 3,857.28
09/01/22	Recd 403.592 Shs As A Reinvested Div At $ 9.820 Per Sh	0.00	0.00	- 3,963.27

Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
10/03/22	Recd 418.983 Shs As A Reinvested Div At $ 9.390 Per Sh	0.00	0.00	- 3,934.25
11/01/22	Recd 447.272 Shs As A Reinvested Div At $ 9.240 Per Sh	0.00	0.00	- 4,132.79
12/01/22	Recd 437.394 Shs As A Reinvested Div At $ 9.560 Per Sh	0.00	0.00	- 4,181.49
01/03/23	Recd 464.373 Shs As A Reinvested Div At $ 9.480 Per Sh	0.00	0.00	- 4,402.26
02/01/23	Recd 458.977 Shs As A Reinvested Div At $ 9.760 Per Sh	0.00	0.00	- 4,479.62
03/01/23	Recd 445.432 Shs As A Reinvested Div At $ 9.490 Per Sh	0.00	0.00	- 4,227.15
04/03/23	Recd 482.931 Shs As A Reinvested Div At $ 9.710 Per Sh	0.00	0.00	- 4,689.26
05/01/23	Recd 474.797 Shs As A Reinvested Div At $ 9.740 Per Sh	0.00	0.00	- 4,624.52
		0.00	**0.00**	**- 49,897.88**
	- Vanguard Sht Term Invt Grade Adm #539 *922031836*			
06/01/22	Recd 397.229 Shs As A Reinvested Div At $ 10.230 Per Sh	0.00	0.00	- 4,063.65
07/01/22	Recd 428.244 Shs As A Reinvested Div At $ 10.080 Per Sh	0.00	0.00	- 4,316.70
08/01/22	Recd 430.492 Shs As A Reinvested Div At $ 10.210 Per Sh	0.00	0.00	- 4,395.32
09/01/22	Recd 440.855 Shs As A Reinvested Div At $ 10.060 Per Sh	0.00	0.00	- 4,435.00
10/03/22	Recd 473.703 Shs As A Reinvested Div At $ 9.840 Per Sh	0.00	0.00	- 4,661.24
11/01/22	Recd 487.078 Shs As A Reinvested Div At $ 9.790 Per Sh	0.00	0.00	- 4,768.49
12/01/22	Recd 512.545 Shs As A Reinvested Div At $ 9.960 Per Sh	0.00	0.00	- 5,104.95
01/03/23	Recd 533.619 Shs As A Reinvested Div At $ 9.950 Per Sh	0.00	0.00	- 5,309.51
02/01/23	Recd 545.292 Shs As A Reinvested Div At $ 10.090 Per Sh	0.00	0.00	- 5,502.00
03/01/23	Recd 585.567 Shs As A Reinvested Div At $ 9.940 Per Sh	0.00	0.00	- 5,820.54

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Purchases

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash
		0.00	0.00	- 48,377.40
	Total Fixed Income Funds	0.00	0.00	- 299,111.94
	Total Fixed Income	0.00	0.00	- 299,111.94
	Real Estate			
	- Abs Allegiance Real Estate Fund *RE1139659*			
03/29/23	Initial Purchase	0.00	0.00	- 1,200,000.00
	Total Real Estate	0.00	0.00	- 1,200,000.00
	Other Assets			
	Limited Partnerships			
	46264A937			
03/06/23	Wire To Purchase IR&M Core Bond Collective Fund	0.00	0.00	- 5,000,000.00
	Total Limited Partnerships	0.00	0.00	- 5,000,000.00
	Total Other Assets	0.00	0.00	- 5,000,000.00
	Cash Equivalent			
	- Federated Hermes Government *60934N104*			
05/31/23	Purchases (38) 06/01/22 To 05/31/23	0.00	0.00	- 15,444,366.25
	Total Cash Equivalent	0.00	0.00	- 15,444,366.25
	Total Purchases	0.00	0.00	- 30,677,278.71

Sales

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash	Cost	Realized Gain/Loss
	Equity					
	Equity Funds					
	- BNY Mellon Global Real Return Fund Class I #6280 *05587N828*					
03/29/23	Sold 83507.307 Shs 03/28/23	0.00	0.00	1,200,000.00	- 1,241,918.15	- 41,918.15
	- Columbia Emerging Markets Fund - Adv #6562 *19766M469*					
01/12/23	Sold 30101.900 Shs 01/11/23	0.00	0.00	370,554.39	- 620,972.23	- 250,417.84
	- Gateway Fund Class N #6102 *367829777*					
03/06/23	Sold 12141.763 Shs 03/03/23	0.00	0.00	446,452.63	- 403,663.41	42,789.22
	- MFS International Intrinsic Value Fund Class I #887 *55273E822*					
12/09/22	Long Term Capital Gains Dist of $ 4.883 Per Sh on 14,340 Sh	0.00	0.00	70,037.36	0.00	70,037.36
01/12/23	Sold 16303.823 Shs 01/11/23	0.00	0.00	653,294.19	- 743,561.53	- 90,267.34
		0.00	**0.00**	**723,331.55**	**- 743,561.53**	**- 20,229.98**
	- T Rowe Price International Discovery Fund Class I #436 *77956H377*					
12/15/22	Long Term Capital Gains Dist of $ 1.808 Per Sh on 4,162 Sh	0.00	0.00	7,527.37	0.00	7,527.37
	- Vanguard Developed Markets Index Fund - Adm #127 *921943809*					
01/12/23	Sold 47017.007 Shs 01/11/23	0.00	0.00	665,760.82	- 597,462.87	68,297.95
	- Vanguard Institutional Index Fd #94 *922040100*					
12/06/22	Sold 147.202 Shs 12/05/22	0.00	0.00	50,000.00	- 35,918.76	14,081.24

3200337 0012813 00094X001013 8128 00026 of 00025

Sales

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash	Cost	Realized Gain/Loss
12/29/22	Long Term Capital Gains Dist of $ 3.226 Per Sh on 6,081 Sh	0.00	0.00	19,619.31	0.00	19,619.31
01/12/23	Sold 6173.891 Shs 01/11/23	0.00	0.00	2,053,930.06	- 1,616,921.34	437,008.72
		0.00	**0.00**	**2,123,549.37**	**- 1,652,840.10**	**470,709.27**
	- Vanguard Mid Cap Index Fund Class I #864 *922908835*					
01/12/23	Sold 19555.598 Shs 01/11/23	0.00	0.00	1,141,460.26	- 671,316.39	470,143.87
	Total Equity Funds	**0.00**	**0.00**	**6,678,636.39**	**- 5,931,734.68**	**746,901.71**
	Total Equity	**0.00**	**0.00**	**6,678,636.39**	**- 5,931,734.68**	**746,901.71**
	Fixed Income					
	Fixed Income Funds					
	- Columbia Short Term Bond Fund Adv *19766B315*					
03/06/23	Sold 279428.884 Shs 03/03/23	0.00	0.00	2,623,837.22	- 2,804,921.78	- 181,084.56
05/31/23	Sold 1073.303 Shs 05/30/23	0.00	0.00	10,110.51	- 10,094.97	15.54
		0.00	**0.00**	**2,633,947.73**	**- 2,815,016.75**	**- 181,069.02**
	- Columbia Total Return Bond Fund Adv *19766M774*					
03/06/23	Sold 59766.359 Shs 03/03/23	0.00	0.00	1,782,232.83	- 2,230,071.02	- 447,838.19
	- Federated Hermes Institutional High Yield Bond Fund *31420B300*					
03/06/23	Sold 104229.535 Shs 03/03/23	0.00	0.00	880,739.57	- 1,008,629.23	- 127,889.66
05/31/23	Sold 622.466 Shs 05/30/23	0.00	0.00	5,210.04	- 5,245.85	- 35.81
		0.00	**0.00**	**885,949.61**	**- 1,013,875.08**	**- 127,925.47**

Sales

Date	Description *Asset ID (CUSIP)*	Commission	Other Costs	Net Cash	Cost	Realized Gain/Loss
	- TCW Emerging Markets Income Fund Class I #4721 *87234N765*					
03/06/23	Sold 137622.221 Shs 03/03/23	0.00	0.00	833,990.66	- 1,075,839.74	- 241,849.08
05/31/23	Sold 633.983 Shs 05/30/23	0.00	0.00	3,829.26	- 3,861.04	- 31.78
		0.00	**0.00**	**837,819.92**	**- 1,079,700.78**	**- 241,880.86**
	- Vanguard Total Bd Mkt Idx Instl Cl #222 *921937504*					
05/31/23	Sold 194512.761 Shs 05/30/23	0.00	0.00	1,863,432.25	- 2,103,190.25	- 239,758.00
	- Vanguard Sht Term Invt Grade Adm #539 *922031836*					
03/06/23	Sold 259785.799 Shs 03/03/23	0.00	0.00	2,579,672.98	- 2,786,435.66	- 206,762.68
	Total Fixed Income Funds	**0.00**	**0.00**	**10,583,055.32**	**- 12,028,289.54**	**- 1,445,234.22**
	Total Fixed Income	**0.00**	**0.00**	**10,583,055.32**	**- 12,028,289.54**	**- 1,445,234.22**
	Cash Equivalent					
	- Federated Hermes Government *60934N104*					
05/31/23	Sales (170) 06/01/22 To 05/31/23	0.00	0.00	12,839,050.84	- 12,839,050.84	0.00
	Total Cash Equivalent	**0.00**	**0.00**	**12,839,050.84**	**- 12,839,050.84**	**0.00**
	Total Sales	**0.00**	**0.00**	**30,100,742.55**	**- 30,799,075.06**	**- 698,332.51**

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 PENSION
EIN # 88-0399044
PLAN NUMBER: 001
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS (5%)
MAY 31, 2023

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Federated Hermes Government	15,444,366				15,444,366	15,444,366	
	Federated Hermes Government		12,839,051			12,839,051	12,839,051	
		$ 17,149,478	$ 15,607,863	$	$	$ 32,757,341	$ 32,757,341	$

See accompanying independent auditor's report

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 PENSION
EIN # 88-0399044
PLAN NUMBER: 001
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
MAY 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Abs Allegiance Real Estate Fund	Mutual funds	$ 1,200,000	$ 1,200,000
	BNY Mellon Global Real Return Fund	Mutual funds	1,871,715	1,835,769
	Comerica Trowel Trades S&P Index Fund	Mutual funds	2,537,692	5,241,007
	Dodge & Cox International Stock Fd	Mutual funds	1,240,271	1,286,693
	Federated Government Obligations Fund	Mutual funds	3,030,728	3,030,728
	IR&M Core Bond Collective Fund	Mutual funds	5,000,000	5,000,000
	RBC Emerging Markets Equity Fund	Mutual funds	1,100,000	1,049,066
	T Rowe Price International Discovery Fund CL I	Mutual funds	1,381,809	1,313,725
	Vanguard Small-Cap Index Fund	Mutual funds	1,926,399	1,992,116
			$ 19,288,614	$ 21,949,104

Note: Column (a) parties-in-interest.

See accompanying independent auditor's report

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 PENSION
EIN # 88-0399044
PLAN NUMBER: 001
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS (5%)
MAY 31, 2023

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Federated Hermes Government	15,444,366				15,444,366	15,444,366	
	Federated Hermes Government		12,839,051			12,839,051	12,839,051	
		$ 17,149,478	$ 15,607,863	$	$	$ 32,757,341	$ 32,757,341	$

See accompanying independent auditor's report