

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BRICKLAYERS & 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.	02/05/2025	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 2486
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 855 6a(2) 788 6b 0 6c 1930 6d 2718 6e 46 6f 2764 6g(1) 6g(2) 2764 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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	94012	Yes ☐ No ☒	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	26547	Yes ☐ No ☒	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/CONSULT IN	34410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	CONSULTING	9000	Yes ☐ No ☒	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	50361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

9440 W. SAHARA AVE 225
702-248-4121
LAS VEGAS, NV 89117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	42887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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
(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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
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	599182120416
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions	1b(1)	407238366229
	(2) Participant contributions	1b(2)	
	(3) Other	1b(3)	9973318281
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	30307272633273
	(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)	1891837724905834
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
	(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22965497	28344033
Liabilities			
g Benefit claims payable	1g	71421	51746
h Operating payables	1h	26127	19301
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	97548	71047
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22867949	28272986

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)	4534881	
(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)		4534881
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	118453	
(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)		118453
(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)	114329	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		114329
(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)	2770412	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10317
c Other income	2c		6594
d Total income. Add all income amounts in column (b) and enter total	2d		7554986

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1857306	
(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)		1857306
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	94011	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	26547	
(5) Investment advisory and investment management fees	2i(5)	42887	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	52400	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	76798	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		292643
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2149949

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5405037
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LAYTON LAYTON & TOBLER LLP, CPA'S**

(2) EIN: **88-0176927**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

YEARS ENDED MAY 31, 2024 AND 2023

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
DEFINED CONTRIBUTION PENSION PLAN
YEARS ENDED MAY 31, 2024 AND 2023

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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 net assets available for benefits as of May 31, 2024 and 2023, and the related statements of changes in 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, 2024 and 2023, 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.

Members of:

Private Companies Practice Section of the American Institute of Certified Public Accountants
Nevada Society of Certified Public Accountants

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.

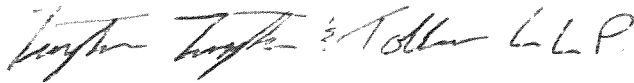
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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.

A handwritten signature in black ink, appearing to read "Taylor Toller", followed by the text "Toller LLP".

January 20, 2025
Las Vegas, Nevada

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
DEFINED CONTRIBUTION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2024 AND 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 27,539,107	\$ 21,949,104
Receivables:		
Employer contributions receivables	366,229	407,238
Due from other fund	306,363	
Accrued interest and dividends	<u>11,918</u>	<u>9,973</u>
Total receivables	<u>684,510</u>	<u>417,211</u>
Cash	<u>120,416</u>	<u>599,182</u>
Total assets	<u>28,344,033</u>	<u>22,965,497</u>

LIABILITIES

Current liabilities:		
Accounts payable	19,301	26,127
Outstanding benefit checks	<u>51,746</u>	<u>71,421</u>
Total current liabilities	<u>71,047</u>	<u>97,548</u>
Total liabilities	<u>71,047</u>	<u>97,548</u>
Net assets available for benefits	<u>\$ 28,272,986</u>	<u>\$ 22,867,949</u>

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, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 232,784	\$ 475,102
Net appreciation (depreciation) in the fair value of investments	2,770,412	(252,483)
Realized gain (loss) on sale of investments	10,317	(698,333)
Less investment expenses	<u>(42,887)</u>	<u>(46,339)</u>
Total investment income	2,970,626	(522,053)
Employer contributions:	4,534,881	3,567,392
Other income:		
Collection costs recovered, liquidated damages, delinquent interest, and reimbursements	<u>6,594</u>	<u>16,987</u>
Total additions	<u>7,512,101</u>	<u>3,062,326</u>
Deductions from net assets attributed to:		
Benefits:		
Benefits paid to participants	<u>1,857,306</u>	<u>2,654,271</u>
Administrative expenses:		
Administration fees	94,012	102,508
Audit fees - payroll	34,801	16,469
Audit fees	26,547	25,359
Consultant fees	8,654	9,386
Insurance, bond, and office expenses	35,332	28,371
Legal fees	<u>50,412</u>	<u>69,822</u>
Total administrative expenses	<u>249,758</u>	<u>251,915</u>
Total deductions	<u>2,107,064</u>	<u>2,906,186</u>
Net increase	5,405,037	156,140
Net assets available for benefits:		
Beginning of year	<u>22,867,949</u>	<u>22,711,809</u>
End of year	<u><u>\$ 28,272,986</u></u>	<u><u>\$ 22,867,949</u></u>

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, 2024 AND 2023

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 \$10.54 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.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2024 AND 2023

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, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 16,682,455	\$ 13,918,377
Limited Partnerships	8,223,792	5,000,000
Money market	2,632,860	3,030,727
	<u>\$ 27,539,107</u>	<u>\$ 21,949,104</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2024 AND 2023

3. Investments (continued):

The Plan's investments (including investments bought, sold, and held during the year) changed in value during fiscal 2024 and 2023, as follows:

	<u>2024</u>	<u>2023</u>
Mutual funds and limited partnerships, appreciation (depreciation):	\$ <u>2,770,412</u>	\$ <u>(252,483)</u>

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, 2024 and 2023 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.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2024 AND 2023

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

Mutual funds and limited partnerships (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 of 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, 2024 and 2023:

		Fair Value Measurements at Report Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair value			
<u>May 31, 2024</u>				
Mutual funds	\$ 16,682,455	\$ 9,082,610	\$	\$ 7,599,845
Limited partnerships	8,223,792	7,059,532		1,164,260
Money market	<u>2,632,860</u>	<u>2,632,860</u>		
Total investments	<u>\$ 27,539,107</u>	<u>\$ 18,775,002</u>	<u>\$</u>	<u>\$ 8,764,105</u>
<u>May 31, 2023</u>				
Mutual funds	\$ 18,918,377	\$ 12,477,370	\$	\$ 6,441,007
Money market	<u>3,030,727</u>	<u>3,030,727</u>		
Total investments	<u>\$ 21,949,104</u>	<u>\$ 15,508,097</u>	<u>\$</u>	<u>\$ 6,441,007</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

DEFINED CONTRIBUTION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2024 AND 2023

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, 2024.

	<u>Level 3 Investments</u>
Balance, beginning of the year	\$ 6,441,007
Purchases:	1,200,000
Unrealized gains (losses) relating to instruments still held at the reporting date	<u>1,123,098</u>
Balance, end of the year	<u>\$ 8,764,105</u>

6. Insurance, bond, and office expenses:

	<u>2024</u>	<u>2023</u>
Bond and insurance	\$ 8,687	\$ 6,979
Postage and printing expenses	6,680	5,500
Miscellaneous expense	11,385	7,235
Bank fees	<u>8,580</u>	<u>8,657</u>
Total insurance, bond, and office expenses	<u>\$ 35,332</u>	<u>\$ 28,371</u>

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.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
DEFINED CONTRIBUTION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED
MAY 31, 2024 AND 2023

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 20, 2025, 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, 2024

(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	\$ 1,191,450	\$ 886,027
	Beach Point Loan Fund LP	Limited Partnership	1,600,000	1,840,753
	Blackrock Liquidity Funds Fedfund Portfolio	Mutual funds	412	412
	BNY Mellon Global Real Return Fund	Mutual funds	2,174,968	2,338,526
	Columbia Short Term Bond Fund	Mutual funds	36	36
	Comerica Trowel Trades S&P Index Fund	Mutual funds	2,537,692	6,713,818
	Dodge & Cox International Stock Fd	Mutual funds	1,272,727	1,557,957
	Federated Hermes Government Obligations Fun	Mutual funds	2,632,860	2,632,860
	Federated Institutional High Yield Bond Fund	Mutual funds	27	28
	Intercontinental US Real Estate Investment Fun	Limited Partnership	1,200,000	1,164,260
	IR&M Core Bond Collective Fund	Limited Partnership	5,000,000	5,218,779
	RBC Emerging Markets Equity Fund	Mutual funds	1,117,809	1,178,911
	T Rowe Price International Discovery Fund CL I	Mutual funds	1,413,582	1,554,389
	Vanguard Small-Cap Index Fund	Mutual funds	1,961,839	2,447,640
	Vanguard Total Bd Mkt Index Fd	Mutual funds	4,803	4,711
			<u>\$ 22,108,205</u>	<u>\$ 27,539,107</u>

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

See accompanying independent auditor's report

NV Bricklayers 13 Pension Fund

Account Number: XXXXXXXXXX
Statement Period: 06/01/23 through 05/31/24

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
Equity				
Equity Funds				
	- BNY Mellon Global Real Return Fund Class I #6280 05587N828			
06/02/23	Purchased 20833.333 Shs 06/01/23	0.00	0.00	- 300,000.00
12/29/23	Recd 217.721 Shs As A Reinvested Div of \$ 14.940 Per Sh	0.00	0.00	- 3,252.75
		0.00	0.00	- 303,252.75
	- Dodge & Cox International Stock Fund CI I 256206103			
12/19/23	Recd 673.916 Shs As A Reinvested Div of \$ 48.160 Per Sh	0.00	0.00	- 32,455.81
	- RBC Emerging Markets Equity Fund Class I #1828 74926P316			
12/21/23	Recd 1466.977 Shs As A Reinvested Div of \$ 12.140 Per Sh	0.00	0.00	- 17,809.10
	- T Rowe Price International Discovery Fund Class I #436 77956H377			
12/15/23	Recd 334.137 Shs As A Reinvested Div of \$ 61.370 Per Sh	0.00	0.00	- 20,505.99
12/15/23	Recd 127.589 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 7,830.13
12/15/23	Recd 56.001 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 3,436.80
		0.00	0.00	- 31,772.92
	- Vanguard Small Cap Index Fund Adm #548 922908686			
06/23/23	Recd 88.907 Shs As A Reinvested Div of \$ 92.570 Per Sh	0.00	0.00	- 8,230.13

NV Bricklayers 13 Pension Fund

Account Number: XXXXXXXXXX
Statement Period: 06/01/23 through 05/31/24

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
09/21/23	Recd 86.886 Shs As A Reinvested Div of \$ 92.140 Per Sh	0.00	0.00	- 8,005.67
12/21/23	Recd 117.516 Shs As A Reinvested Div of \$ 100.160 Per Sh	0.00	0.00	- 11,770.42
03/25/24	Recd 69.238 Shs As A Reinvested Div of \$ 107.360 Per Sh	0.00	0.00	- 7,433.39
		0.00	0.00	- 35,439.61
	Total Equity Funds	0.00	0.00	- 420,730.19
	Total Equity	0.00	0.00	- 420,730.19
	Fixed Income			
	Fixed Income Funds			
	- Columbia Short Term Bond Fund Adv 19766B315			
06/02/23	Recd 3.632 Shs As A Reinvested Div At \$ 9.430 Per Sh	0.00	0.00	- 34.25
07/05/23	Recd .013 Shs As A Reinvested Div At \$ 9.380 Per Sh	0.00	0.00	- 0.12
08/02/23	Recd .013 Shs As A Reinvested Div At \$ 9.410 Per Sh	0.00	0.00	- 0.12
09/05/23	Recd .013 Shs As A Reinvested Div At \$ 9.430 Per Sh	0.00	0.00	- 0.12
10/03/23	Recd .013 Shs As A Reinvested Div At \$ 9.390 Per Sh	0.00	0.00	- 0.12
11/02/23	Recd .012 Shs As A Reinvested Div At \$ 9.360 Per Sh	0.00	0.00	- 0.11
12/04/23	Recd .013 Shs As A Reinvested Div At \$ 9.500 Per Sh	0.00	0.00	- 0.12
01/03/24	Recd .012 Shs As A Reinvested Div At \$ 9.620 Per Sh	0.00	0.00	- 0.12
02/02/24	Recd .012 Shs As A Reinvested Div At \$ 9.660 Per Sh	0.00	0.00	- 0.12
03/04/24	Recd .012 Shs As A Reinvested Div At \$ 9.620 Per Sh	0.00	0.00	- 0.12
04/02/24	Recd .013 Shs As A Reinvested Div At \$ 9.640 Per Sh	0.00	0.00	- 0.13

NV Bricklayers 13 Pension Fund

Account Number: XXXXXXXXXX
Statement Period: 06/01/23 through 05/31/24

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
05/02/24	Recd .014 Shs As A Reinvested Div At \$ 9.590 Per Sh	0.00	0.00	- 0.13
		0.00	0.00	- 35.58
	- Federated Hermes Institutional High Yield Bond Fund 31420B300			
06/02/23	Recd 3.033 Shs As A Reinvested Div At \$ 8.370 Per Sh	0.00	0.00	- 25.39
07/05/23	Recd .015 Shs As A Reinvested Div At \$ 8.470 Per Sh	0.00	0.00	- 0.13
08/02/23	Recd .015 Shs As A Reinvested Div At \$ 8.570 Per Sh	0.00	0.00	- 0.13
09/05/23	Recd .015 Shs As A Reinvested Div At \$ 8.560 Per Sh	0.00	0.00	- 0.13
10/03/23	Recd .015 Shs As A Reinvested Div At \$ 8.410 Per Sh	0.00	0.00	- 0.13
11/02/23	Recd .016 Shs As A Reinvested Div At \$ 8.250 Per Sh	0.00	0.00	- 0.13
12/04/23	Recd .016 Shs As A Reinvested Div At \$ 8.580 Per Sh	0.00	0.00	- 0.14
01/03/24	Recd .018 Shs As A Reinvested Div At \$ 8.840 Per Sh	0.00	0.00	- 0.16
02/02/24	Recd .016 Shs As A Reinvested Div At \$ 8.790 Per Sh	0.00	0.00	- 0.14
03/04/24	Recd .014 Shs As A Reinvested Div At \$ 8.730 Per Sh	0.00	0.00	- 0.12
04/02/24	Recd .015 Shs As A Reinvested Div At \$ 8.790 Per Sh	0.00	0.00	- 0.13
05/02/24	Recd .016 Shs As A Reinvested Div At \$ 8.650 Per Sh	0.00	0.00	- 0.14
		0.00	0.00	- 26.87
	- Vanguard Total Bd Mkt Idx Instl Cl #222 921937504			
06/01/23	Recd 484.722 Shs As A Reinvested Div At \$ 9.610 Per Sh	0.00	0.00	- 4,658.18
07/03/23	Recd 1.249 Shs As A Reinvested Div At \$ 9.550 Per Sh	0.00	0.00	- 11.93

NV Bricklayers 13 Pension Fund

Account Number: XXXXXXXXXX
Statement Period: 06/01/23 through 05/31/24

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
08/01/23	Recd 1.301 Shs As A Reinvested Div At \$ 9.520 Per Sh	0.00	0.00	- 12.39
09/01/23	Recd 1.335 Shs As A Reinvested Div At \$ 9.440 Per Sh	0.00	0.00	- 12.60
10/02/23	Recd 1.366 Shs As A Reinvested Div At \$ 9.180 Per Sh	0.00	0.00	- 12.54
11/01/23	Recd 1.459 Shs As A Reinvested Div At \$ 9.010 Per Sh	0.00	0.00	- 13.15
12/01/23	Recd 1.394 Shs As A Reinvested Div At \$ 9.390 Per Sh	0.00	0.00	- 13.09
01/02/24	Recd 1.411 Shs As A Reinvested Div At \$ 9.710 Per Sh	0.00	0.00	- 13.71
02/01/24	Recd 1.434 Shs As A Reinvested Div At \$ 9.660 Per Sh	0.00	0.00	- 13.85
03/01/24	Recd 1.399 Shs As A Reinvested Div At \$ 9.500 Per Sh	0.00	0.00	- 13.29
04/01/24	Recd 1.491 Shs As A Reinvested Div At \$ 9.550 Per Sh	0.00	0.00	- 14.24
05/01/24	Recd 1.513 Shs As A Reinvested Div At \$ 9.290 Per Sh	0.00	0.00	- 14.05
		0.00	0.00	- 4,803.02
	Total Fixed Income Funds	0.00	0.00	- 4,865.47
	Total Fixed Income	0.00	0.00	- 4,865.47
	Other Assets			
	Limited Partnerships			
	- Beach Point Loan Fund LP 07332A937			
06/01/23	Initial Purchase	0.00	0.00	- 1,600,000.00
	- Intercontinental US Real Estate Investment Fund 45853A928			
01/23/24	Reversed on 06/07/2024 Initial Purchase	0.00	0.00	- 1,200,000.00

NV Bricklayers 13 Pension Fund

Account Number: [REDACTED]
Statement Period: 06/01/23 through 05/31/24

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
05/01/24	To Reverse Entry of 01/23/24	0.00	0.00	1,200,000.00
05/01/24	Initial Purchase			
05/01/24	Purchased 977.901 Shs 05/01/24	0.00	0.00	- 1,200,000.00
		0.00	0.00	- 1,200,000.00
	Total Limited Partnerships	0.00	0.00	- 2,800,000.00
	Total Other Assets	0.00	0.00	- 2,800,000.00
	Cash Equivalent			
	- Blackrock Liquidity Funds Fedfund Portfolio <i>CF1030844</i>			
07/01/23	Purchased 780.900 Units 07/01/23	0.00	0.00	- 780.90
11/01/23	Purchased 2509.040 Units 11/01/23	0.00	0.00	- 2,509.04
02/01/24	Purchased 2.100 Units 02/01/24	0.00	0.00	- 2.10
02/01/24	Purchased 2700 Units 02/01/24	0.00	0.00	- 2,700.00
02/01/24	Purchased 3.730 Units 02/01/24	0.00	0.00	- 3.73
02/01/24	Purchased 2.100 Units 02/01/24	0.00	0.00	- 2.10
04/01/24	Purchased 2.170 Units 04/01/24	0.00	0.00	- 2.17
04/01/24	Purchased 2400 Units 04/01/24	0.00	0.00	- 2,400.00
04/01/24	Purchased 2.710 Units 04/01/24	0.00	0.00	- 2.71
04/01/24	Purchased 1.740 Units 04/01/24	0.00	0.00	- 1.74
		0.00	0.00	- 8,404.49
	- Federated Hermes Government <i>60934N104</i>			
05/31/24	Purchases (27) 06/01/23 To 05/31/24	0.00	0.00	- 4,866,096.60
	Total Cash Equivalent	0.00	0.00	- 4,874,501.09
	Total Purchases	0.00	0.00	- 8,100,096.75

NV Bricklayers 13 Pension Fund

Account Number: XXXXXXXXXX
Statement Period: 06/01/23 through 05/31/24

Sales

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash	Cost	Realized Gain/Loss
Equity						
Equity Funds						
- T Rowe Price International Discovery Fund Class I #436 77956H377						
12/15/23	Long Term Capital Gains Dist of \$.347 Per Sh on 22,506 Sh	0.00	0.00	7,830.13	0.00	7,830.13
12/15/23	Short Term Capital Gains Dist of \$.152 Per Sh on 22,506 Sh	0.00	0.00	3,436.80	0.00	3,436.80
		<u>0.00</u>	<u>0.00</u>	<u>11,266.93</u>	<u>0.00</u>	<u>11,266.93</u>
Total Equity Funds						
		<u>0.00</u>	<u>0.00</u>	<u>11,266.93</u>	<u>0.00</u>	<u>11,266.93</u>
Total Equity						
		<u>0.00</u>	<u>0.00</u>	<u>11,266.93</u>	<u>0.00</u>	<u>11,266.93</u>
Real Estate						
- Abs Allegiance Real Estate Fund RE1139659						
11/01/23	Sold 1.339 11/01/23	0.00	0.00	2,500.00	- 2,665.70	- 165.70
02/01/24	Sold 1.506 02/01/24	0.00	0.00	2,700.00	- 2,996.30	- 296.30
04/01/24	Sold 1.451 04/01/24	0.00	0.00	2,400.00	- 2,888.22	- 488.22
		<u>0.00</u>	<u>0.00</u>	<u>7,600.00</u>	<u>- 8,550.22</u>	<u>- 950.22</u>
Total Real Estate						
		<u>0.00</u>	<u>0.00</u>	<u>7,600.00</u>	<u>- 8,550.22</u>	<u>- 950.22</u>
Cash Equivalent						
- Blackrock Liquidity Funds Fedfund Portfolio CF1030844						
11/01/23	Sold 2813.530 Units 11/01/23	0.00	0.00	2,813.53	- 2,813.53	0.00
02/01/24	Sold 2697.310 Units 02/01/24	0.00	0.00	2,697.31	- 2,697.31	0.00
04/01/24	Sold 2481.200 Units 04/01/24	0.00	0.00	2,481.20	- 2,481.20	0.00

NV Bricklayers 13 Pension Fund

Account Number: XXXXXXXXXX
Statement Period: 06/01/23 through 05/31/24

Sales

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash	Cost	Realized Gain/Loss
		<u>0.00</u>	<u>0.00</u>	<u>7,992.04</u>	<u>- 7,992.04</u>	<u>0.00</u>
05/31/24	- Federated Hermes Government 60934N104 Sales (184) 06/01/23 To 05/31/24	0.00	0.00	5,263,964.36	- 5,263,964.36	0.00
	Total Cash Equivalent	<u>0.00</u>	<u>0.00</u>	<u>5,271,956.40</u>	<u>- 5,271,956.40</u>	<u>0.00</u>
	Total Sales	0.00	0.00	5,290,823.33	- 5,280,506.62	10,316.71

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 PENSION**EIN # 88-0399044****PLAN NUMBER: 001****SCHEDULE H, LINE 4j****SCHEDULE OF REPORTABLE TRANSACTIONS (5%)****MAY 31, 2024**

(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)
	Beach Point Loan Fund	\$ 1,600,000	\$	\$	\$	\$ 1,600,000	\$ 1,600,000	\$
	Intercontinental US Real Estate Fund	1,200,000				1,200,000	1,200,000	
	Federated Hermes Government	4,866,097				4,866,097	4,866,097	
	Federated Hermes Government		5,263,964			5,263,964	5,263,964	
		<u>\$ 7,666,097</u>	<u>\$ 5,263,964</u>	<u>\$</u>	<u>\$</u>	<u>\$ 12,930,061</u>	<u>\$ 12,930,061</u>	<u>\$</u>

See accompanying independent auditor's report

Federal Statements

FYE: 5/31/2024 **Bricklayers & Allied Craftworkers Local 13 Defined Plan: 001**

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	See attached		\$	\$