

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 05/01/2023 and ending 04/30/2024	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

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.	02/11/2025	LUPE ALDACO, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2025	CASEY RICKS
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2616
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) 2616 6a(2) 2505 6b 0 6c 0 6d 2505 6e 0 6f 2505 6g(1) 2616 6g(2) 2505 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 101

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

2C

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 05/01/2023 and ending 04/30/2024

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

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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	
FRANKLIN TEMPLETON INVESTMENTS	
80-0733663	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
RBC GLOBAL MANAGEMENT	50 SOUTH SIXTH STREET SUITE 2350 MINNEAPOLIS, MN 55402

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

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

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

BENESYS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	81709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE WAGNER LAW GROUP

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	39412	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 72	NONE	18148	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

EIDE BAILLY LLP

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV EMERGING MARKETS

155 NORTH WACKER DRIVE
SUITE 4600
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	15000	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)

FIDUCIARY TRUST INTL' OF THE SOUTH

65-0080824

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	8450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	6667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES, LL

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	6667	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

JAMS, INC.

68-0542699

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
FIDUCIARY TRUST INT'L OF THE SOUTH 65-0080824	28 50 51	SERVICE PROVIDER FAILED TO PROVIDE AMOUNT OF INDIRECT COMPENSATION, IF ANY.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024					
A Name of plan SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA				D Employer Identification Number (EIN) 95-6835541	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO SL STOCK INDEX					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 25-6078093-340		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7919269	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
A Name of plan SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA	D Employer Identification Number (EIN) 95-6835541	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	479843	88504
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	98427	88838
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1801	1962
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	116869	130927
(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)	3481936	4341114
(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)	6457348	7919269
(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)	21747198	21902911
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	4494023	3584878

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	36877445	38058403
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	22559	19474
i Acquisition indebtedness	1i		
j Other liabilities	1j	9638	8215
k Total liabilities (add all amounts in lines 1g through 1j)	1k	32197	27689
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	36845248	38030714

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)	1046608	
(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)		1046608
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7539	
(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)		7539
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	152840	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	731529	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		884369
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6777306	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6631061	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		146245
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1636276	
(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)		107
(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)		147567
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3868711

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2433467	
(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)		2433467
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)	78396	
(3) Recordkeeping fees.....	2i(3)	17299	
(4) IQPA audit fees.....	2i(4)	28278	
(5) Investment advisory and investment management fees	2i(5)	35557	
(6) Bank or trust company trustee/custodial fees	2i(6)	6163	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	60662	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1026	
(11) Other expenses	2i(11)	22397	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		249778
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2683245

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1185466
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

d The opinion of an independent qualified public accountant is **not attached** 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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
A Name of plan SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA	D Employer Identification Number (EIN) 95-6835541	

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	81

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	1046608	
	b Enter the amount contributed by the employer to the plan for this plan year	6b	1046608	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	0	
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND
Financial Statements
April 30, 2024 and 2023
With Independent Auditor's Reports

Southern California Bricklayers Pension Fund
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April 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Southern California Bricklayers Pension Fund:

Opinion

We have audited the financial statements of Southern California Bricklayers Pension Fund, 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 April 30, 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 accompanying financial statements present fairly, in all material respects the net assets available for benefits of Southern California Bricklayers Pension Fund as of April 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Southern California Bricklayers Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern California Bricklayers Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

A handwritten signature in blue ink that reads 'Withum Smith & Brown, PC'.

January 30, 2025

Southern California Bricklayers Pension Fund
Statements of Net Assets Available for Benefits
April 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Money market funds	\$ 130,927	\$ 116,869
Mutual funds	21,902,911	21,747,198
Common collective trusts	7,919,269	6,457,348
Real estate investment trusts	4,341,114	3,481,936
Limited liability companies	<u>3,584,878</u>	<u>4,494,023</u>
Total investments	<u>37,879,099</u>	<u>36,297,374</u>
Receivables		
Employer contributions	88,838	98,427
Other receivables	<u>631</u>	<u>856</u>
Total receivables	<u>89,469</u>	<u>99,283</u>
Prepaid expenses and other	<u>1,331</u>	<u>945</u>
Cash	<u>88,504</u>	<u>479,843</u>
Total assets	<u>38,058,403</u>	<u>36,877,445</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	19,474	22,559
Due to related entities	1,304	4,211
Reciprocity payable	<u>6,911</u>	<u>5,427</u>
Total liabilities	<u>27,689</u>	<u>32,197</u>
Net assets available for benefits		
Participant accounts	<u>\$ 38,030,714</u>	<u>\$ 36,845,248</u>

The Notes to Financial Statements are an integral part of these statements.

Southern California Bricklayers Pension Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended April 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Additions to net assets attributed to investment income		
Net appreciation (depreciation) in fair value of investments	\$ 1,930,195	\$ (645,096)
Interest and dividends	<u>891,908</u>	<u>736,286</u>
	2,822,103	91,190
Less: Investment expenses	<u>(35,557)</u>	<u>(28,913)</u>
Investment income - net	2,786,546	62,277
Employer contributions, net of reciprocal payments	<u>1,046,608</u>	<u>1,330,178</u>
Total additions	<u>3,833,154</u>	<u>1,392,455</u>
 Deductions		
Benefits paid to participants	2,433,467	3,006,953
Administrative expenses	<u>214,221</u>	<u>212,344</u>
Total deductions	<u>2,647,688</u>	<u>3,219,297</u>
 Net change in net assets available for benefits	1,185,466	(1,826,842)
 Net assets available for benefits		
Participant accounts		
Beginning of year	<u>36,845,248</u>	<u>38,672,090</u>
 End of year	<u>\$ 38,030,714</u>	<u>\$ 36,845,248</u>

The Notes to Financial Statements are an integral part of these statements.

Southern California Bricklayers Pension Fund
Notes to Financial Statements
April 30, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis Method of Accounting

The accompanying financial statements of the Southern California Bricklayers Pension Fund (the "Plan") are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation, Transactions and Income Recognition

General

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

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

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

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

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

Inputs and Valuation Methods

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

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

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

Real Estate Investment Trusts, Common Collective Trusts and Limited Liability Companies: The fair value of real estate investment trusts, common collective trusts and limited liability companies is determined based on net asset value or its equivalent. The net asset value is determined based on the fair value of the underlying investments. The net asset value is being used as a practical expedient to estimate fair value.

Southern California Bricklayers Pension Fund
Notes to Financial Statements
April 30, 2024 and 2023

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

Transactions and Income Recognition: Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable

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

Cash

Cash includes demand-deposit checking accounts.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Estimates

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

Payment of Benefits

Benefit Payments to participants are recorded upon distribution.

Risks and Uncertainties

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

Accounting Pronouncements Currently Adopted

In June 2016, the FASB issued an Accounting Standards Update ("ASU") amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure, and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective May 1, 2023, using the modified retrospective approach. Comparative prior periods were not adjusted upon adoption. Upon adoption, there was no cumulative-effect adjustment to the opening fund balance.

Southern California Bricklayers Pension Fund
Notes to Financial Statements
April 30, 2024 and 2023

2. DESCRIPTION OF THE PLAN

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

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

Participation and Vesting

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

Participation and Accounts

Each participant's account is credited with employer contributions received on their behalf, plus a proportionate share of net investment earnings or losses of the Plan. Expenses incurred for investing funds shall be charged to participants based on a proportionate basis based on the size of their account compared to the total assets invested. Expenses incurred for administering the Plan will be charged to participant accounts on a per capita basis.

Benefits

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

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

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

Participants should refer to the summary Plan description for more complete information.

3. PRIORITIES UPON TERMINATION

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

Southern California Bricklayers Pension Fund
Notes to Financial Statements
April 30, 2024 and 2023

4. TAX STATUS

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

Accounting principles generally accepted in the United States of America require management to evaluate the tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed the tax positions taken by the Plan and has concluded that, as of April 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. FUNDING POLICY

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

6. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at April 30, 2024 and 2023, are as follows:

Description	April 30, 2024	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market funds	\$ 130,927	\$ -	\$ 130,927
Mutual funds	21,902,911	21,902,911	-
Total assets in the fair value hierarchy	22,033,838	\$ 21,902,911	\$ 130,927
Investments measured at net asset value			
Common collective trusts	7,919,269		
Real estate investment trusts	4,341,114		
Limited liability companies	3,584,878		
Total investments measured at net asset value	15,845,261		
Total investments at fair value	\$ 37,879,099		

Southern California Bricklayers Pension Fund
Notes to Financial Statements
April 30, 2024 and 2023

Description	April 30, 2023	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market funds	\$ 116,869	\$ -	\$ 116,869
Mutual funds	21,747,198	21,747,198	-
Total assets in the fair value hierarchy	21,864,067	\$ 21,747,198	\$ 116,869
Investments measured at net asset value			
Common collective trusts	6,457,348		
Real estate investment trusts	3,481,936		
Limited liability companies	4,494,023		
Total investments measured at net asset value	14,433,307		
Total investments at fair value	\$ 36,297,374		

7. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE

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

Investment Type	Fair Value as of April 30,		Redemption Frequency (If Currently Eligible)
	2024	2023	
Common collective trusts			
BNY AFL CIO Index	7,919,269	6,457,348 (a)	Daily
Total common collective trusts	7,919,269	6,457,348	
Real estate investment trusts			
Prime Property Fund LLC	2,230,640	2,400,000 (d)	See (d) below
RREEF American REIT II Inc.	2,110,474	1,081,936 (e)	Quarterly
Total real estate investment trusts	4,341,114	3,481,936	
Limited liability companies			
Beach Point Dynamic Offshore Fund Ltd	2,573,284	2,327,493 (b)	Monthly
RBC Emerging-Markets Equity Series	1,011,594	2,166,530 (c)	Daily
Total limited liability companies	3,584,878	4,494,023	
	\$ 15,845,261	\$ 14,433,307	

As of April 30, 2024, there were no unfunded commitments. There was an unfunded commitment to the RREEF American REIT II Inc. of \$1,200,000 as of April 30, 2023.

Southern California Bricklayers Pension Fund
Notes to Financial Statements
April 30, 2024 and 2023

- (a) This investment is a direct filing entity with the Department of Labor; therefore, information regarding the investment's strategy is not disclosed.
- (b) The investment objective is to generate attractive levels of current income by investing in securities that offer favorable yields. There is no assurance that the fund will achieve its investment objective through its investment.
- (c) The series seeks to provide long-term capital growth primarily by investing, under normal circumstances, in equity securities of issuers tied to emerging-market countries that are considered by the series to have the potential to provide long-term capital growth.
- (d) The principal investment objective of RREEF America REIT II, Inc. is to generate attractive, predictable investment returns from a target portfolio of low-risk equity investments in income-producing real estate while maximizing the total return to shareholders through cash dividends and appreciation in the value of REIT shares.
- (e) Prime Property Fund, LLC, acquires, owns, hold for investment and ultimately dispose of investments in real estate and real estate-related assets with the intention of achieving current income, capital appreciation or both. The ability to redeem funds is subject to the availability of cash arising from net investment income, allocations, and the sale of investments in the normal course of business. To the extent that redemption requests exceed such available cash, the adviser has uniform procedures to provide for cash payments, which may be deferred for such period as the adviser considers necessary to protect the interest of other clients or to obtain the funds to be redeemed.

8. RELATED-PARTY TRANSACTIONS

The Plan, Brick Masons' Pension Trust Fund, Brick Masons' Bond Trust Fund, Brick Masons' Health and Welfare Trust Fund, and Brick Masons' Apprenticeship and Training Trust Fund (collectively, the "Brick Masons") share common trustees. The Plan enters into operational and administrative transactions with the Brick Masons in the normal course of operations. As of April 30, 2024 and 2023, the Plan owed \$1,304 and \$4,211 respectively, to related entities.

9. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after April 30, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through January 30, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Southern California Bricklayers Pension Fund:

We have audited the financial statements of Southern California Bricklayers Pension Fund (the "Plan") for the years ended April 30, 2024 and 2023, and have issued our report thereon dated January 30, 2025, which expressed an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying schedules of administrative expenses and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

January 30, 2025

Southern California Bricklayers Pension Fund
Schedules of Administrative Expenses
Years Ended April 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administrative fees	\$ 78,396	\$ 73,956
Audit and accounting fees		
Financial audit fees	28,278	26,064
Payroll compliance review	17,299	15,722
Bank fees	6,163	7,584
Insurance	12,635	14,886
Legal fees	60,662	57,966
Miscellaneous	4,849	3,281
Printing and postage	4,913	5,692
Travel and meeting	<u>1,026</u>	<u>7,193</u>
 Total administrative expenses	 <u>\$ 214,221</u>	 <u>\$ 212,344</u>

See Independent Auditor's Report on Supplementary Information.

Southern California Bricklayers Pension Fund
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
EIN #95-6835541, Plan #002
April 30, 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
<u>Money Market Funds</u>				
	TO ADJUST CUSTODIAL VALUE TO REFLECT FINANCIAL STATEMENTS AS OF 4/30/24	See attached	\$ 137,150	\$ 137,150
		See attached	(6,223)	(6,223)
			<u>130,927</u>	<u>130,927</u>
<u>Common Collective Trusts</u>				
	BNY AFL-CIO PER ATTACHED US BANK CUSTODIAN STATEMENTS	470,309 shares	<u>6,000,586</u>	<u>7,919,269</u>
<u>Registered Investment Companies</u>				
	DFA US SMALL PER ATTACHED US BANK CUSTODIAN STATEMENTS	94,781 shares	3,256,485	3,983,094
	DODGE COX INTL STOCK PER ATTACHED US BANK CUSTODIAN STATEMENTS	144,374 shares	5,677,363	6,396,437
	BLACKROCK STRATEGIC INCOME PER ATTACHED US BANK CUSTODIAN STATEMENTS	501,172 shares	5,190,722	4,858,269
	DODGE COX INCOME PER ATTACHED US BANK CUSTODIAN STATEMENTS	383,440 shares	5,482,084	4,849,470
	VANGUARD INFLATION PROTECTED SECS PER ATTACHED US BANK CUSTODIAN STATEMENTS	77,105 shares	<u>2,147,243</u>	<u>1,815,641</u>
			<u>21,753,896</u>	<u>21,902,911</u>
<u>Other</u>				
<u>Real Estate Investment Trusts</u>				
	RREEF AMERICA II REIT PER ATTACHED US BANK CUSTODIAN STATEMENTS	7,338 shares	2,433,074	2,110,474
	PRIME PROPERTY FUND LLC PER ATTACHED US BANK CUSTODIAN STATEMENTS	2,400,000 shares	<u>2,515,118</u>	<u>2,230,640</u>
			<u>4,948,192</u>	<u>4,341,114</u>
<u>Limited Liability Companies</u>				
	BEACH POINT DYNAMIC OFFSHORE FD PER ATTACHED US BANK CUSTODIAN STATEMENTS	1,401 shares	2,100,000	2,573,284
	RBC EMERGING MARKETS EQUITIES PER ATTACHED US BANK CUSTODIAN STATEMENTS	1,900,000 shares	<u>645,000</u>	<u>1,011,594</u>
			<u>2,745,000</u>	<u>3,584,878</u>
	Total other		<u>7,693,192</u>	<u>7,925,992</u>
	Total investments		<u>\$ 35,578,602</u>	<u>\$ 37,879,099</u>

See Independent Auditor's Report on Supplementary Information.

Southern California Bricklayers Pension Fund
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
EIN #95-6835541, Plan #002
Year Ended April 30, 2024

(a) Identity of	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(n) Current Value of Asset on Transaction Date	(l) Net Gain or (Loss)
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See attached

See Independent Auditor's Report on Supplementary Information.

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SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

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Period from May 1, 2023 to April 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					36,304,118.30		
COMPARATIVE VALUE (5%)					1,815,205.91		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 95MSC9C83 - Prime Property Fund LLC - Investors							
05/31/2023	B	107.289	22,369.4880		- 2,400,000 *	2,400,000	
6746055111							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
Issue: 95MSC86T6 - Bny Afl Cio Index							
05/31/2023	S	- 11.558	13.3795		155	147	7
6746055101							
Issue: 95MSC9C83 - Prime Property Fund LLC - Investors							
05/31/2023	B	107.289	22,369.4880		- 2,400,000 *	2,400,000	
6746055111							
Issue: 95MSC9C83 - Prime Property Fund LLC - Investors							
05/31/2023	B	1.084	21,873.4963		- 23,711	23,711	
6746055111							
Issue: 95MSC64E5 - Rreef American Reit II Inc							
06/30/2023	S	- 12.266	143.5276		1,761	2,017	- 256
6746055110							
Issue: 95MSC64E5 - Rreef American Reit II Inc							
06/30/2023	B	54.986	147.4468		- 8,107	8,107	
6746055110							
Issue: 95MSC9C83 - Prime Property Fund LLC - Investors							
06/30/2023	B	1.106	21,165.0723		- 23,409	23,409	
6746055111							

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SO CAL BRICKLAYERS - CONSOLIDATED
ACCOUNT 6746055199

Page 67 of 78
Period from May 1, 2023 to April 30, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/29/2023 6746055101	Issue: 95MSC86T6 - Bny Afl Cio Index S	- 11.025	14.7501		163	141	22
09/29/2023 6746055111	Issue: 95MSC9C83 - Prime Property Fund LLC - Investors B	1.094	20,915.0914		- 22,881	22,881	
10/02/2023 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc B	4,180.378	143.5277		- 600,000	600,000	
10/31/2023 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc S	- 12.373	139.1627		1,722	1,940	- 218
10/31/2023 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc B	56.891	143.5278		- 8,165	8,165	
12/29/2023 6746055101	Issue: 95MSC86T6 - Bny Afl Cio Index S	- 11.126	15.7100		175	142	33
12/29/2023 6746055104	Issue: 97MSCXK87 - Rbc Emerging Markets Equities S	- 600,000.000	1.0000		600,000	600,000	
01/02/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc B	4,311.498	139.1628		- 600,000	600,000	
01/24/2024 6746055104	Issue: 97MSCXK87 - Rbc Emerging Markets Equities S	- 300,000.000	1.0000		300,000	300,000	
01/31/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc S	- 4,180.378	143.5277		600,000	600,000	
01/31/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc B	4,311.498	139.1628		- 600,000	600,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc B	58.126	139.1627		- 8,089	8,089	
01/31/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc S	- 20.119	129.6827		2,609	3,031	- 422
03/18/2024 6746055104	Issue: 97MSCXK87 - Rbc Emerging Markets Equities S	- 230,000.000	1.0000		230,000	230,000	
03/29/2024 6746055101	Issue: 95MSC86T6 - Bny Afl Cio Index S	- 10.299	17.0997		176	131	45
04/25/2024 6746055104	Issue: 97MSCXK87 - Rbc Emerging Markets Equities S	- 125,000.000	1.0000		125,000	125,000	
04/30/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc S	- 4,311.498	139.1628		600,000	600,000	
04/30/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc B	4,626.679	129.6826		- 600,000	600,000	
04/30/2024 6746055110	Issue: 95MSC64E5 - Rreef American Reit II Inc S	- 27.165	128.0855		3,479	4,011	- 532
04/30/2024 6746055111	Issue: 95MSC9C83 - Prime Property Fund LLC - Investors B	1.125	20,247.1467		- 22,778	22,778	
04/30/2024 6746055111	Issue: 95MSC9C83 - Prime Property Fund LLC - Investors B	1.130	19,769.5575		- 22,340	22,340	
Total For Direct From Issuer				0	7,404,720	7,406,040	- 1,321

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	7,404,720	7,406,040	- 1,321

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

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

05/02/2023 6746055100	B	215.040	1.0000		- 215	215	
05/02/2023 6746055101	B	32.350	1.0000		- 32	32	
05/02/2023 6746055102	B	.070	1.0000				
05/02/2023 6746055103	B	249.920	1.0000		- 250	250	
05/02/2023 6746055108	B	.090	1.0000				
05/02/2023 6746055109	B	23.800	1.0000		- 24	24	
06/02/2023 6746055100	B	234.190	1.0000		- 234	234	
06/02/2023 6746055101	B	7.810	1.0000		- 8	8	
06/02/2023 6746055102	B	.070	1.0000				
06/02/2023 6746055103	B	244.760	1.0000		- 245	245	
06/02/2023 6746055108	B	.100	1.0000				
06/02/2023 6746055109	B	25.920	1.0000		- 26	26	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/30/2023 6746055100	B	6,492.760	1.0000		- 6,493	6,493	
07/05/2023 6746055100	B	231.370	1.0000		- 231	231	
07/05/2023 6746055101	B	7.690	1.0000		- 8	8	
07/05/2023 6746055102	B	.070	1.0000				
07/05/2023 6746055103	B	240.900	1.0000		- 241	241	
07/05/2023 6746055108	B	.100	1.0000				
07/05/2023 6746055109	B	25.510	1.0000		- 26	26	
07/10/2023 6746055100	B	27.280	1.0000		- 27	27	
08/02/2023 6746055100	B	269.810	1.0000		- 270	270	
08/02/2023 6746055101	B	8.080	1.0000		- 8	8	
08/02/2023 6746055102	B	.080	1.0000				
08/02/2023 6746055103	B	253.030	1.0000		- 253	253	
08/02/2023 6746055108	B	.110	1.0000				
08/02/2023 6746055109	B	26.790	1.0000		- 27	27	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/09/2023 6746055103	B	325,000.000	1.0000		- 325,000	325,000	
08/10/2023 6746055103	B	59,732.340	1.0000		- 59,732	59,732	
09/05/2023 6746055100	B	281.100	1.0000		- 281	281	
09/05/2023 6746055101	B	8.420	1.0000		- 8	8	
09/05/2023 6746055102	B	.080	1.0000				
09/05/2023 6746055103	B	255.100	1.0000		- 255	255	
09/05/2023 6746055108	B	.110	1.0000				
09/05/2023 6746055109	B	27.910	1.0000		- 28	28	
09/11/2023 6746055102	B	250,000.000	1.0000		- 250,000	250,000	
09/18/2023 6746055101	B	162.620	1.0000		- 163	163	
10/02/2023 6746055103	B	600,000.000	1.0000		- 600,000	600,000	
10/03/2023 6746055100	B	273.650	1.0000		- 274	274	
10/03/2023 6746055101	B	8.410	1.0000		- 8	8	
10/03/2023 6746055102	B	106.960	1.0000		- 107	107	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/03/2023 6746055103	B	256.580	1.0000		- 257	257	
10/03/2023 6746055108	B	.110	1.0000				
10/03/2023 6746055109	B	27.170	1.0000		- 27	27	
10/03/2023 6746055110	B	595,819.620	1.0000		- 595,820	595,820	
11/02/2023 6746055100	B	284.940	1.0000		- 285	285	
11/02/2023 6746055101	B	8.540	1.0000		- 9	9	
11/02/2023 6746055102	B	.530	1.0000		- 1	1	
11/02/2023 6746055103	B	267.150	1.0000		- 267	267	
11/02/2023 6746055108	B	.110	1.0000				
11/02/2023 6746055109	B	28.290	1.0000		- 28	28	
11/02/2023 6746055110	B	595.200	1.0000		- 595	595	
12/04/2023 6746055100	B	277.870	1.0000		- 278	278	
12/04/2023 6746055101	B	8.320	1.0000		- 8	8	
12/04/2023 6746055102	B	.540	1.0000		- 1	1	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/04/2023 6746055103	B	260.520	1.0000		- 261	261	
12/04/2023 6746055108	B	.110	1.0000				
12/04/2023 6746055109	B	27.590	1.0000		- 28	28	
12/04/2023 6746055110	B	2.480	1.0000		- 2	2	
01/02/2024 6746055110	B	600,000.000	1.0000		- 600,000	600,000	
01/03/2024 6746055100	B	288.040	1.0000		- 288	288	
01/03/2024 6746055101	B	8.630	1.0000		- 9	9	
01/03/2024 6746055102	B	.560	1.0000		- 1	1	
01/03/2024 6746055103	B	270.060	1.0000		- 270	270	
01/03/2024 6746055108	B	.110	1.0000				
01/03/2024 6746055109	B	28.600	1.0000		- 29	29	
01/03/2024 6746055110	B	2.660	1.0000		- 3	3	
01/25/2024 6746055104	B	300,000.000	1.0000		- 300,000	300,000	
02/02/2024 6746055100	B	288.280	1.0000		- 288	288	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/02/2024 6746055101	B	8.640	1.0000		- 9	9	
02/02/2024 6746055102	B	.560	1.0000		- 1	1	
02/02/2024 6746055103	B	270.280	1.0000		- 270	270	
02/02/2024 6746055104	B	42.860	1.0000		- 43	43	
02/02/2024 6746055108	B	.110	1.0000				
02/02/2024 6746055109	B	28.620	1.0000		- 29	29	
02/02/2024 6746055110	B	2.660	1.0000		- 3	3	
03/04/2024 6746055100	B	269.220	1.0000		- 269	269	
03/04/2024 6746055101	B	8.060	1.0000		- 8	8	
03/04/2024 6746055102	B	.520	1.0000		- 1	1	
03/04/2024 6746055103	B	252.420	1.0000		- 252	252	
03/04/2024 6746055104	B	.170	1.0000				
03/04/2024 6746055108	B	.110	1.0000				
03/04/2024 6746055109	B	26.730	1.0000		- 27	27	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/04/2024 6746055110	B	2.480	1.0000		- 2	2	
03/18/2024 6746055104	B	230,000.000	1.0000		- 230,000	230,000	
04/02/2024 6746055100	B	288.870	1.0000		- 289	289	
04/02/2024 6746055101	B	8.650	1.0000		- 9	9	
04/02/2024 6746055102	B	.560	1.0000		- 1	1	
04/02/2024 6746055103	B	270.840	1.0000		- 271	271	
04/02/2024 6746055104	B	32.830	1.0000		- 33	33	
04/02/2024 6746055108	B	.110	1.0000				
04/02/2024 6746055109	B	28.680	1.0000		- 29	29	
04/02/2024 6746055110	B	2.660	1.0000		- 3	3	
04/25/2024 6746055104	B	125,000.000	1.0000		- 125,000	125,000	
Total For Buys				0	3,099,778	3,099,778	0
08/09/2023 6746055103	S	- 384,732.340	1.0000		384,732	384,732	
09/14/2023 6746055102	S	- 250,000.000	1.0000		250,000	250,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/27/2023 6746055101	S	- 162.620	1.0000		163	163	
10/02/2023 6746055103	S	- 600,000.000	1.0000		600,000	600,000	
10/10/2023 6746055110	S	- 595,819.620	1.0000		595,820	595,820	
01/02/2024 6746055110	S	- 600,000.000	1.0000		600,000	600,000	
01/26/2024 6746055104	S	- 300,000.000	1.0000		300,000	300,000	
03/19/2024 6746055104	S	- 230,000.000	1.0000		230,000	230,000	
04/29/2024 6746055104	S	- 125,000.000	1.0000		125,000	125,000	
Total For Sells				0	3,085,715	3,085,715	0

Total First Am Govt Ob Fd Cl Z				0	6,185,493	6,185,493	0
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Issue: 95MSC64E5 - Rreef American Reit II Inc

06/30/2023 6746055110	B	54.986	147.4468		- 8,107	8,107	
10/02/2023 6746055110	B	4,180.378	143.5277		- 600,000	600,000	
10/31/2023 6746055110	B	56.891	143.5278		- 8,165	8,165	
01/02/2024 6746055110	B	4,311.498	139.1628		- 600,000	600,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2024 6746055110	B	4,311.498	139.1628		- 600,000	600,000	
01/31/2024 6746055110	B	58.126	139.1627		- 8,089	8,089	
04/30/2024 6746055110	B	4,626.679	129.6826		- 600,000	600,000	
04/30/2024 6746055110	B	103.022	129.6827		- 13,360	13,360	
Total For Buys				0	2,437,721	2,437,721	0
06/30/2023 6746055110	S	- 12.266	143.5276		1,761	2,017	- 256
10/31/2023 6746055110	S	- 12.373	139.1627		1,722	1,940	- 218
01/31/2024 6746055110	S	- 4,180.378	143.5277		600,000	600,000	
01/31/2024 6746055110	S	- 20.119	129.6827		2,609	3,031	- 422
04/30/2024 6746055110	S	- 4,311.498	139.1628		600,000	600,000	
04/30/2024 6746055110	S	- 27.165	128.0855		3,479	4,011	- 532
Total For Sells				0	1,209,571	1,210,999	- 1,428
Total Rreef American Reit II Inc				0	3,647,292	3,648,720	- 1,428

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2023 6746055111	B	107.289	22,369.4880		- 2,400,000 *	2,400,000	
05/31/2023 6746055111	B	1.084	21,873.4963		- 23,711	23,711	
06/30/2023 6746055111	B	1.106	21,165.0723		- 23,409	23,409	
09/29/2023 6746055111	B	1.094	20,915.0914		- 22,881	22,881	
04/30/2024 6746055111	B	1.125	20,247.1467		- 22,778	22,778	
04/30/2024 6746055111	B	1.130	19,769.5575		- 22,340	22,340	
Total For Buys				0	2,515,119	2,515,119	0
Total Prime Property Fund LLC - Investors				0	2,515,119	2,515,119	0
GRAND TOTAL				0	12,347,904	12,349,332	- 1,428

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

Broker: Direct From Issuer

Issue: 95MSC9C83 - Prime Property Fund LLC - Investors							
05/31/2023 6746055111	B	107.289	22,369.4880		- 2,400,000 *	2,400,000	
Total For Direct From Issuer				0	7,404,720	7,406,040	- 1,321

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 05/01/2023 and ending 04/30/2024	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan Southern California Bricklayers Pension Fund
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 05/01/1984
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE SOUTHERN CALIFORNIA 1050 LAKES DRIVE, SUITE 120 WEST COVINA CA 91790-2930
2b	Employer Identification Number (EIN) 95-6835541
2c	Plan Sponsor's telephone number (626) 646-1090
2d	Business code (see instructions) 238100

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	<i>Lupe Aldaco Jr.</i>	2/12/2025	LUPE ALDACO, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Casey Ricks</i>	2/12/2025	CASEY RICKS
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2,616
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) 2,616 6a(2) 2,505 6b 0 6c 0 6d 2,505 6e 0 6f 2,505 6g(1) 2,616 6g(2) 2,505 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 101

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

2C

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

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

a Pension Schedules

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

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

EIN 95-6835541

Plan No. 002

Plan Year Ended April 30,2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

EIN 95-6835541

Plan No. 002

Plan Year Ended April 30,2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND

EIN 95-6835541

Plan No. 002

Plan Year Ended April 30,2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion