

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
--	---	---

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 BRICK MASONS' PENSION TRUST FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/23/1963
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 BRICK MASONS' PENSION TRUST 1050 LAKES DRIVE, SUITE 120 WEST COVINA, CA 91790-2910
2b	Employer Identification Number (EIN) 95-6093333
2c	Plan Sponsor's telephone number 626-464-1090
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.	02/12/2025	LUPE ALDACO, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2025	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 1958
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) 655 6a(2) 655 6b 837 6c 314 6d 1806 6e 164 6f 1970 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 89

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

1B

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

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BRICK MASONS' PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE BRICK MASONS' PENSION TRUST	D Employer Identification Number (EIN) 95-6093333

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 05 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 145505153
(2) Actuarial value of assets for funding standard account	1b(2) 152299375
c (1) Accrued liability for plan using immediate gain methods	1c(1) 167442686
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 167442686
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 274777266
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3611743
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 13049291
(3) Expected plan disbursements for the plan year	1d(3) 13018003

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	02/07/2025
Signature of actuary JOHN R. BOTSFORD	Date 20-06305
Type or print name of actuary MILLIMAN, INC.	Most recent enrollment number 415-394-3740
Firm name 2175 N CALIFORNIA BLVD, SUITE 810, WALNUT CREEK, CA 94596	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	145505153
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	994	148182774
(2) For terminated vested participants	387	61098666
(3) For active participants:		
(a) Non-vested benefits		1585105
(b) Vested benefits		63910721
(c) Total active	407	65495826
(4) Total	1788	274777266
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.95 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/30/2024	4233455				
Totals ►			3(b)	4233455	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	91.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.75 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9	9	
(2) Females	6c(2)	9	9	
d Valuation liability interest rate	6d	6.85 %	6.85 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.85 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.1 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	578954		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3043298	309760

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2142179

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	61189581	7867573
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 685668**e** Total charges. Add lines 9a through 9d**9e** 10695420**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 33217820**g** Employer contributions. Total from column (b) of line 3**9g** 4233455**h** Amortization credits as of valuation date

Outstanding balance

9h 12828450 2358664**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2568312**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 61224011**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 96807462**(3)** FFL credit**9j(3)** 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 42378251**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 31682831**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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 BRICK MASONS' PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BRICK MASONS' PENSION TRUST	D Employer Identification Number (EIN) 95-6093333	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BNY AFL-CIO
25-6078093

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
RBC GLOBAL MANAGEMENT	345 CALIFORNIA STREET SAN FRANCISCO, CA 94104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PRIME PROPERTY	1585 BROADWAY, 37TH FLOOR NEW YORK, NY 10036

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

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

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

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

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

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

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

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

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

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

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	239174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RREEF

58-2364506

(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	80508	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	64671	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	62614	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	56667	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	52140	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)

MILLIMAN INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	48893	Yes ☐ No ☒	Yes ☐ No ☐		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	47096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

8403 COLESVILLE ROAD
13TH FLOOR
SILVER SPRING, MD 20910

(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	46459	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)

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	43180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-3112180

(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	32521	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	26667	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)

FIDUCIARY TRUST INT'L 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	18974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON CAPITAL MANAGEMENT

1200 SIXTH AVENUE
SUITE 700
SEATTLE, WA 98101

(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	8231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐

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 BRICK MASONS' PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BRICK MASONS' PENSION TRUST	D Employer Identification Number (EIN) 95-6093333

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: BNY AFL-CIO		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-342	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27522688
a Name of MTIA, CCT, PSA, or 103-12 IE: SEGAL, BRYANT & HAMIL COLLECTIVE IN		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 81-0835598-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9739659
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK STRATEGIC INCOME OP. FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY		
c EIN-PN 45-3763741-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6918426
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TR		
b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.		
c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3156915
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 BRICK MASONS' PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BRICK MASONS' PENSION TRUST		
		D Employer Identification Number (EIN) 95-6093333

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	1734583	3107059
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	496618	386435
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	75284	80894
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	26050804	23861543
(5) Partnership/joint venture interests	1c(5)	13815717	14568586
(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)	40646361	44180773
(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)	3224525	3156915
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46375767	47664237
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13201341	11075810

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	145621000	148082252
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	105466	89542
i Acquisition indebtedness	1i		
j Other liabilities	1j	10381	2430
k Total liabilities (add all amounts in lines 1g through 1j)	1k	115847	91972
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	145505153	147990280

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)	4233455	
(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)		4233455
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	76179	
(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)	909552	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		985731
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1153352	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1153352
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6728991	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		7141
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2300061
c Other income	2c		18810
d Total income. Add all income amounts in column (b) and enter total	2d		15427541

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12023700	
(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)		12023700
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)	226512	
(3) Recordkeeping fees.....	2i(3)	47096	
(4) IQPA audit fees.....	2i(4)	43180	
(5) Investment advisory and investment management fees	2i(5)	316612	
(6) Bank or trust company trustee/custodial fees	2i(6)	10079	
(7) Actuarial fees	2i(7)	75560	
(8) Legal fees	2i(8)	85921	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1973	
(11) Other expenses	2i(11)	111781	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		918714
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12942414

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2485127
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 531825.

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.
For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
A Name of plan BRICK MASONS' PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE BRICK MASONS' PENSION TRUST		D Employer Identification Number (EIN) 95-6093333
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 0
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
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
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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 **WINEGARDNER MASONRY INC**

b EIN **95-3373824**

c Dollar amount contributed by employer **346716**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **FRANK S. SMITH MASONRY, INC.**

b EIN **95-2621892**

c Dollar amount contributed by employer **272523**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **THE NEW GERNERATION ENGINEERING CONSTRUCTION INC**

b EIN **81-4046233**

c Dollar amount contributed by employer **233778**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **RASCOM GROUP**

b EIN **82-4317369**

c Dollar amount contributed by employer **208111**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **MASONRY CONCEPTS INC**

b EIN **95-3895206**

c Dollar amount contributed by employer **196640**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **DSM CONSTRUCTION INC**

b EIN **33-0568681**

c Dollar amount contributed by employer **187374**

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 **04** Day **30** Year **2026**

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) **6.50**

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

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 **J.T. THORPE & SON, INC.**

b EIN **94-0925270**

c Dollar amount contributed by employer **169832**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **GRANDSTROM MASONRY INC**

b EIN **95-4332791**

c Dollar amount contributed by employer **138686**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **WESTERN WAATERPROOFING**

b EIN **04-3063466**

c Dollar amount contributed by employer **135298**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer **REYES MASONRY CONTRACTORS**

b EIN **77-0002660**

c Dollar amount contributed by employer **130562**

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 **04** Day **30** Year **2026**

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) **6.50**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

1.01

b The corresponding number for the second preceding plan year

15b

1.01

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

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

16a

0

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

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 50.4 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.9 %

High-Yield Debt: 2.6 % Real Assets: 21.6 % Cash or Cash Equivalents: 1.5 % Other: 0.0 %

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

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 _____.

BRICK MASONS' PENSION TRUST FUND
Financial Statements
April 30, 2024 and 2023
With Independent Auditor's Reports

Brick Masons' Pension Trust Fund
Table of Contents
April 30, 2024 and 2023

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-14
Supplementary Information	
Report on Supplementary Information	15
Schedules of Administrative Expenses	16
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	17
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions	18

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Brick Masons' Pension Trust Fund:

Opinion

We have audited the financial statements of Brick Masons' Pension Trust 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, 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 Brick Masons' Pension Trust 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 Brick Masons' Pension Trust 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 our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Brick Masons' Pension Trust 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 Brick Masons' Pension Trust 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 Brick Masons' Pension Trust 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.

Withum Smith & Brown, PC

January 30, 2025

Brick Masons' Pension Trust Fund
Statements of Net Assets Available for Benefits
April 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
Cash and cash equivalents	\$ 2,272,267	\$ 840,300
Mutual funds	45,391,970	45,535,467
Real estate investment funds	23,861,543	26,050,804
Limited partnerships	14,568,586	13,815,717
Common collective trusts	44,180,773	40,646,361
103-12 entities	3,156,915	3,224,525
Limited liability companies	<u>11,075,810</u>	<u>13,201,341</u>
Total investments	<u>144,507,864</u>	<u>143,314,515</u>
Receivables		
Employer contributions	386,435	496,618
Other receivables	<u>10,008</u>	<u>7,720</u>
Total receivables	<u>396,443</u>	<u>504,338</u>
Prepaid expenses		
Pension benefits	70,886	66,605
Insurance	<u>-</u>	<u>959</u>
Total prepaid expenses	<u>70,886</u>	<u>67,564</u>
Cash	<u>3,107,059</u>	<u>1,734,583</u>
Total assets	<u>148,082,252</u>	<u>145,621,000</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	89,542	105,466
Due to related entities	<u>2,430</u>	<u>10,381</u>
Total liabilities	<u>91,972</u>	<u>115,847</u>
Net assets available for benefits	<u>\$ 147,990,280</u>	<u>\$ 145,505,153</u>

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

Brick Masons' Pension Trust Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended April 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation		
in fair value of investments	\$ 9,036,193	\$ 63,763
Interest and dividends	<u>2,139,083</u>	<u>1,818,632</u>
	11,175,276	1,882,395
Less: Investment expenses	<u>(316,612)</u>	<u>(284,712)</u>
Investment income - net	10,858,664	1,597,683
Employer contributions, net		
of reciprocal payments	4,233,455	4,175,625
Miscellaneous income	<u>18,810</u>	<u>32,899</u>
Total additions	<u>15,110,929</u>	<u>5,806,207</u>
 Deductions		
Benefit payments	12,023,700	11,471,741
Administrative expenses	<u>602,102</u>	<u>549,813</u>
Total deductions	<u>12,625,802</u>	<u>12,021,554</u>
 Net change in net assets available for benefits	2,485,127	(6,215,347)
 Net assets available for benefits		
Beginning of year	<u>145,505,153</u>	<u>151,720,500</u>
 End of year	<u>\$ 147,990,280</u>	<u>\$ 145,505,153</u>

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

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The accompanying financial statements of Brick Masons' Pension Trust 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.

Cash and Cash Equivalents: The value of cash and cash equivalents held in short-term investment funds is based on quoted prices for similar assets in active markets (Level 2).

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

Real Estate Investment Funds, Common Collective Trusts, 103-12 Entities and Limited Liability Companies: The fair value of real estate investment funds, common collective trusts, 103-12 entities, 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.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

Limited Partnerships: The fair value of the limited partnerships is generally based on the net asset value or equivalent. The net asset value is based on the underlying assets' fair values, which represent the assets less liabilities divided by the total shares or units outstanding. The net asset value is being used as a practical expedient to estimate fair value.

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

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

Employer Contributions Receivable

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

Prepaid Pension Benefits

Amounts paid in April for May benefits are recorded as prepaid pension benefits.

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.

Cash

Cash includes demand-deposit checking accounts.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

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 could differ from those estimates.

Risk and Uncertainties

The actuarial present value of accumulated Plan benefits is calculated based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the disclosure in the financial statements of the actuarial present value of accumulated Plan benefits.

The Plan invests in cash and cash equivalents, mutual funds, real estate investment funds, limited partnerships, common collective trusts, 103-12 entities, 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 amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

2. DESCRIPTION OF THE PLAN

The Plan provides retirement and death benefits for eligible participants. The Plan is financed entirely by employer contributions, as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Under current provisions of the Plan, participants with at least five years of future service credit may begin receiving benefits at age 62. Participants may also retire as early as age 55. Monthly payments for an early retirement pension will be lower than a regular pension depending on the participant's age and amount of pension credit they have at that time. The Plan also provides pension benefits to participants who become totally disabled and death benefits to surviving beneficiaries upon meeting eligibility requirements in accordance with the Plan.

The monthly amount of a Regular Pension is equal to the sum of:

1. \$80.00 for each full year (and proportionately less for fractional years) of Future Service Credit earned on or after January 1, 2018; and
2. \$60.00 for each full year (and proportionately less for fractional years) of Future Service Credit earned on or after May 1, 2009, and prior to January 1, 2018; and
3. \$80.00 for each full year (and proportionately less for fractional years) of Future Service Credit earned on or after May 1, 2005, and prior to May 1, 2009; and
4. \$125.00 for each full year (and proportionately less for fractional years) of Future Service Credit earned on or after May 1, 1981, and prior to May 1, 2005; and
5. \$80.00 for each full year (and proportionately less for fractional years) of Future Service Credit earned prior to May 1, 1981; and
6. \$6.00 for each full year of Past Service Credit.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

Participants become vested as follows:

1. Accumulating, without an intervening permanent break in covered employment, at least five years of pension credit or five years of vesting service; or
2. Reaching normal retirement age, which is defined as the later of:
 - a. Age 63;
 - b. Fifth anniversary date of Plan participation, if initial participation occurred subsequent to May 1, 1988; or
 - c. Tenth anniversary date of Plan participation, if initial participation occurred prior to May 1, 1988.

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 pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, if the Plan terminates, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC"). Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided, while other benefits may not be provided at all.

4. TAX STATUS

The Plan obtained its latest determination letter, dated July 9, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). 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.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by Milliman, the Plan's actuary, as of April 30, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments	\$ 101,599,540
---	----------------

Other participants	<u>65,054,345</u>
--------------------	-------------------

Total vested benefits	166,653,885
-----------------------	-------------

Non-vested benefits	<u>788,801</u>
---------------------	----------------

Total actuarial present value of accumulated plan benefits	<u>\$ 167,442,686</u>
--	-----------------------

As reported by the actuary, the changes in the present value of accumulated Plan benefits for the year ended April 30, 2024, were as follows:

Actuarial present value of accumulated plan

benefits at beginning of year	<u>\$ 166,414,677</u>
-------------------------------	-----------------------

Increase (decrease) during the year attributed to:

Benefits accumulated, net experience

gain or loss and changes in data	1,100,345
----------------------------------	-----------

Interest	11,399,405
----------	------------

Benefits paid	<u>(11,471,741)</u>
---------------	---------------------

Net increase	<u>1,028,009</u>
--------------	------------------

Actuarial present value of accumulated plan benefits at end of year	<u>\$ 167,442,686</u>
---	-----------------------

The computations of the actuarial present value of accumulated Plan benefits were made as of May 1, 2023. Had the valuations been made as of April 30, 2023, there would be no material differences. No amendments were adopted on May 1, 2023.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

The actuarial valuation was made using the Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the valuation are as follows:

Life expectancy of participants

Non-disabled: PRI-2012 Blue Collar Mortality Table, projected generationally from 2012 under scale MP-2021.

Disabled: PRI-2012 Disabled Retiree Mortality Table, projected generationally from 2012 under scale MP-2021.

	Retirement Probability		
	Age	Eligible for Service Retirement	Not Eligible for Service Retirement
Retirement rates for actives	55	50%	8%
	56–59	20	8
	60–61	20	14
	62	50	50
	63–64	30	30
	65–66	30	30
	67	100	100

Retirement age for inactive

vested participants: Age 55 with 30 or more pension credits; otherwise, age 62.

Investment rate of return: 6.85%

Expenses: \$600,000 per year, payable monthly.

There were no changes to Plan provisions since the prior valuation.

The annual fund operating expense assumption was increased from \$500,000 to \$600,000 to reflect recent experience.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Because information on the accumulated Plan benefits at April 30, 2024, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of April 30, 2024, and the changes in its financial status for the year then ended, but only present the net assets available for benefits and changes therein as of and for the year ended April 30, 2024. The complete financial status is presented as of April 30, 2023.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

6. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of April 30, 2023.

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 ("MPPAA"), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. The Plan's actuary has advised the Plan that, as of April 30, 2023, the Plan has an estimated unfunded vested liability for withdrawal liability purposes totaling \$19,874,863. For the year ended April 30, 2023, no employers have been assessed a withdrawal liability.

7. RELATED-PARTY TRANSACTIONS

The Plan shares common trustees with Southern California Bricklayers Pension Fund, Brick Masons' Bond Trust Fund, Brick Masons' Health and Welfare Trust Fund, and Brick Masons' Apprenticeship & Training Trust Fund (collectively, the Brick Masons). The Plan enters into operational and administrative transactions with the Brick Masons in the normal course of operations. The Plan owed \$2,430 and \$10,381 to related parties, as of April 30, 2024 and 2023, respectively.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

8. 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:

<u>Description</u>	<u>Fair Value Measurements at Reporting Date Using</u>		
	<u>April 30, 2024</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets in the fair value hierarchy			
Cash and cash equivalents	\$ 2,272,267	\$ -	\$ 2,272,267
Mutual funds	<u>45,391,970</u>	<u>45,391,970</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>47,664,237</u>	<u>\$ 45,391,970</u>	<u>\$ 2,272,267</u>
Investments measured at net asset value			
Real estate investment funds	23,861,543		
Limited partnerships	14,568,586		
Common collective trusts	44,180,773		
103-12 entities	3,156,915		
Limited liability companies	<u>11,075,810</u>		
Total investments measured at net asset value	<u>96,843,627</u>		
Total investments at fair value	<u>\$ 144,507,864</u>		

<u>Description</u>	<u>Fair Value Measurements at Reporting Date Using</u>		
	<u>April 30, 2023</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets in the fair value hierarchy			
Cash and cash equivalents	\$ 840,300	\$ -	\$ 840,300
Mutual funds	<u>45,535,467</u>	<u>45,535,467</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>46,375,767</u>	<u>\$ 45,535,467</u>	<u>\$ 840,300</u>
Investments measured at net asset value			
Real estate investment funds	26,050,804		
Limited partnerships	13,815,717		
Common collective trusts	40,646,361		
103-12 entities	3,224,525		
Limited liability companies	<u>13,201,341</u>		
Total investments measured at net asset value	<u>96,938,748</u>		
Total investments at fair value	<u>\$ 143,314,515</u>		

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

9. 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).

	Fair Value as of April 30,			Redemption Frequency	Redemption
	2024	2023		(if currently eligible)	Notice Period
Real estate investment trusts					
RREEF America REIT II, Inc.	\$ 11,533,666	\$ 12,949,622	(a)	Quarterly	45 days
Prime Property Fund, LLC	<u>12,327,877</u>	<u>13,101,182</u>	(b)	See (b) below	See (b) below
Total real estate investment trusts	<u>23,861,543</u>	<u>26,050,804</u>			
Limited partnerships					
LSV Emerging Markets Small Cap Eq Fd	4,060,597	3,016,939	(c)	Monthly	5 days
Mesirow Financial Private Equity Fund VIII	2,869,495	1,787,346	(d)	See (d) below	See (d) below
Schroeder Taft-Hartley Income Fund, L.P.	3,656,694	5,282,214	(e)	See (e) below	90 days
Ullico Infrastructure Tax-Exempt Fund, L.P.	<u>3,981,800</u>	<u>3,729,218</u>	(f)	See (f) below	90 days
Total limited partnerships	<u>14,568,586</u>	<u>13,815,717</u>			
Common collective trusts					
Segal Bryant & Hamill International Small-Cap Trust	9,739,659	8,531,889	(g)	Daily	N/A
AFL-CIO Equity Index Fund	27,522,688	-	(g)	Daily	N/A
BNY AFL- CIO	-	25,540,558	(g)	Daily	N/A
BlackRock Strategic Income Opportunities Bond Fd	<u>6,918,426</u>	<u>6,573,914</u>	(g)	Daily	N/A
Total common collective trusts	<u>44,180,773</u>	<u>40,646,361</u>			
103-12 entities					
Washington Capital Transportation Infrastructure Fd	<u>3,156,915</u>	<u>3,224,525</u>	(g)	Daily	N/A
Limited liability companies					
Beach Point Dynamic Income Offshore Fund Ltd.	8,822,688	7,979,637	(h)	Monthly	60 days
RBC Emerging-Markets Equity Series	<u>2,253,122</u>	<u>5,221,704</u>	(i)	Daily	5 days
Total limited liability companies	<u>11,075,810</u>	<u>13,201,341</u>			
	<u>\$ 96,843,627</u>	<u>\$ 96,938,748</u>			

As of April 30, 2024, there were unfunded commitments to the Mesirow Financial Private Equity Fund VIII of \$2,175,000, to the Schroder Taft-Hartley Income Fund, L.P. of \$1,732,633, with callable distributions of \$1,987,055, and to the Washington Capital Transportation Infrastructure Fund of \$319,678.

- (a) 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.
- (b) Prime Property Fund, LLC elected to acquire, own, 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.

Brick Masons' Pension Trust Fund
Notes to Financial Statements
April 30, 2024 and 2023

- (c) The fund's investment objective is to outperform the MSCI Emerging Markets Small Cap Index, net of dividend withholding taxes, by investing in a portfolio of non-U.S., emerging market, and small cap equities.
- (d) The fund invests in private equity limited partnerships. Redemptions are generally not allowed over the term of the investment, which is twelve years, expiring September 2033, with possible extensions of up to three years.
- (e) The fund's investment objective is to target attractive risk-adjusted returns, primarily by purchasing securities within securitized credit markets in the United States with a focus on asset-backed and mortgage-backed securities and/or by holding, through acquisition or origination, a portfolio of mortgage loan investments. A limited partner may make voluntary withdrawals of all or a portion of its adjusted capital account balance, as of March 31 of each year, upon at least 90 days' prior written notice to the General Partner.
- (f) The fund will invest in a diverse portfolio of infrastructure businesses. The investments will primarily be made in small to mid-market, community-level assets and will generally be made through the purchase of common or preferred stock, debt obligations or other securities. The General Partner will permit a limited partner to redeem all or a portion of its units after the expiration of a four year lock-up period beginning on the limited partner's admission date to the partnership. Upon 45 days' notice to the General Partner, the limited partner will be placed in a redemption queue. A limited partner who is next up in the redemption queue will be able to have all or a portion of its requested units redeemed when funds become available.
- (g) These investments are direct filing entities with the Department of Labor; therefore, information regarding the investment strategy is not disclosed.
- (h) The fund's 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 investments.
- (i) 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.

10. 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
Brick Masons' Pension Trust Fund

We have audited the financial statements of Brick Masons' Pension Trust Fund as of and 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 information, which appears on page 16, and the supplemental schedules, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, 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 additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming 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

Brick Masons' Pension Trust Fund
Schedules of Administrative Expenses
Years Ended April 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial and consulting fees	\$ 75,560	\$ 45,066
Administrative fees	226,512	230,985
Audit and accounting fees		
Financial audit fees	43,180	37,396
Payroll compliance review	47,096	42,801
Bank fees	10,079	26,757
Insurance	90,819	88,003
Legal fees	85,921	60,653
Miscellaneous	6,874	6,727
Printing and postage	14,088	10,611
Travel and meeting	<u>1,973</u>	<u>814</u>
 Total administrative expenses	 <u>\$ 602,102</u>	 <u>\$ 549,813</u>

See Independent Auditor's Report on Supplementary Information.

Brick Masons' Pension Trust Fund
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
ID # 95-6093333 Plan# 001
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
Cash and Cash Equivalents				
	Money Markets	See attached	\$ 2,272,267	\$ 2,272,267
			<u>2,272,267</u>	<u>2,272,267</u>
Partnership/Joint Venture Interests				
	LSV EMERGING MKTS SMALL CAP EQ FD PER ATTACHED US BANK CUSTODIAN STATEMENTS	12,078 shares	2,953,450	4,060,597
	ULLICO INFRASTRUCTURE TAX-EXEMPT FD PER ATTACHED US BANK CUSTODIAN STATEMENTS	14,667 shares	2,624,443	3,981,800
	SCHRODER TAFT HARTLEY INCOME FUND, L.P. PER ATTACHED US BANK CUSTODIAN STATEMENT	3,656,694 shares	3,656,694	3,656,694
	MESIOW FINANCIAL PRIV EQ FUND VIII PER ATTACHED US BANK CUSTODIAN STATEMENTS	2,869,495 shares	<u>2,869,495</u>	<u>2,869,495</u>
			<u>12,104,082</u>	<u>14,568,586</u>
Common Collective Trusts				
	BNY AFL-CIO PER ATTACHED US BANK CUSTODIAN STATEMENTS	1,634,364 shares	20,854,483	27,522,688
	SEGALL BRYANT & HAMIL INTL SMCAP PER ATTACHED US BANK CUSTODIAN STATEMENTS	645,866 shares	8,545,105	9,739,659
	BLACKROCK STRATEGIC INCOME OPP FD PER ATTACHED US BANK CUSTODIAN STATEMENTS	462,485 shares	5,997,909	6,918,435
	TO ADJUST CUSTODIAL NET ASSET VALUE TO REFLECT FINANCIAL STATEMENTS AS OF 4/30/24		-	(9)
			<u>35,397,497</u>	<u>44,180,773</u>
103-12 Investment Entities				
	WASHINGTON CAP MGMT JMT TM INFR FD PER ATTACHED US BANK CUSTODIAN STATEMENTS	3,156,915 shares	<u>3,156,915</u>	<u>3,156,915</u>
			<u>3,156,915</u>	<u>3,156,915</u>
Registered Investment Companies				
	DFA US SMALL PER ATTACHED US BANK CUSTODIAN STATEMENTS	328,697 shares	10,317,993	14,390,340
	DODGE COX PER ATTACHED US BANK CUSTODIAN STATEMENTS	1,616,499 shares	<u>30,080,931</u>	<u>31,001,630</u>
			<u>40,398,924</u>	<u>45,391,970</u>
Other				
Real Estate Investment Trust				
	RREEF AMERICA II REIT PER ATTACHED US BANK CUSTODIAN STATEMENTS	90,047 shares	9,357,647	11,533,666
	PRIME PROPERTY FUND LLC PER ATTACHED US BANK CUSTODIAN STATEMENTS	626 shares	10,801,496	12,366,581
	TO ADJUST CUSTODIAL NET ASSET VALUE TO REFLECT FINANCIAL STATEMENTS AS OF 4/30/24		-	(38,704)
			<u>20,159,143</u>	<u>23,861,543</u>
Limited Liability Companies				
	BEACH POINT DYNAMIC OFFSHORE FD PER ATTACHED US BANK CUSTODIAN STATEMENTS	4,805 shares	7,200,000	8,822,688
	RBC EMERGING MARKETS EQUITIES PER ATTACHED US BANK CUSTODIAN STATEMENTS	1,017,219 shares	1,017,219	2,253,113
	TO ADJUST CUSTODIAL NET ASSET VALUE TO REFLECT FINANCIAL STATEMENTS AS OF 4/30/24		-	9
			<u>8,217,219</u>	<u>11,075,810</u>
Total Other			<u>28,376,362</u>	<u>34,937,353</u>
Total Investments			<u>\$ 121,706,047</u>	<u>\$ 144,507,864</u>

See Independent Auditor's Report on Supplementary Information.

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 16 of 108
Period from May 1, 2023 to April 30, 2024

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Govt Ob Fd CI Z 31846V567 Asset Minor Code 1 ACCOUNT 6746012110	8,121.310	8,121.31 1.0000	8,121.31	.00 .00	8,121.31 .00	34.55 5.19
First Am Govt Ob Fd CI Z 31846V567 Asset Minor Code 1 ACCOUNT 6746012111	358.370	358.37 1.0000	358.37	.00 .00	358.37 .00	342.38 5.19
First Am Govt Ob Fd CI Z 31846V567 Asset Minor Code 1 ACCOUNT 6746012115	33,932.860	33,932.86 1.0000	33,932.86	.00 .00	33,932.86 .00	144.37 5.19
First Am Govt Ob Fd CI Z 31846V567 Asset Minor Code 1 ACCOUNT 6746012118	235.010	235.01 1.0000	235.01	.00 .00	235.01 .00	1.00 5.19
First Am Govt Ob Fd CI Z 31846V567 Asset Minor Code 1 ACCOUNT 6746012119	75,239.850	75,239.85 1.0000	75,239.85	.00 .00	75,239.85 .00	320.10 5.19
First Am Govt Ob Fd CI Z 31846V567 Asset Minor Code 1 ACCOUNT 6746012120	2,154,379.960	2,154,379.96 1.0000	2,154,379.96	.00 .00	2,154,379.96 .00	9,165.69 5.19
Total First Am Govt Ob Fd CI Z	2,272,267.360	2,272,267.36	2,272,267.36	.00 .00	2,272,267.36 .00	10,008.09 5.18
Total Money Markets	2,272,267.360	2,272,267.36	2,272,267.36	.00 .00	2,272,267.36 .00	10,008.09 5.18

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 17 of 108
Period from May 1, 2023 to April 30, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Total Cash And Equivalents	2,272,267.360	2,272,267.36	2,272,267.36	.00	2,272,267.36	10,008.09
				.00	.00	5.18
Mutual Funds						
Mutual Funds-Equity						
Dfa US Small Cap Portfolio 233203843 Asset Minor Code 98 ACCOUNT 6746012101	328,696.668	14,390,340.13 43.7800	10,317,992.78	4,072,347.35 1,371,261.67	12,833,134.44 1,557,205.69	.00 1.16
Dodge Cox International Stock Fd I 256206103 Asset Minor Code 98 ACCOUNT 6746012107	300,351.914	15,023,602.74 50.0200	12,576,387.77	2,447,214.97 652,026.91	14,092,208.30 931,394.44	.00 2.25
Total Mutual Funds-Equity	629,048.582	29,413,942.87	22,894,380.55	6,519,562.32	26,925,342.74	.00
				2,023,288.58	2,488,600.13	1.71
Mutual Funds-Fixed Income						
Dodge Cox Income 256210105 Asset Minor Code 99 ACCOUNT 6746012107	1,316,147.235	15,978,027.43 12.1400	17,504,543.38	- 1,526,515.95 - 501,091.29	16,479,118.72 - 501,091.29	.00 4.17
Total Mutual Funds-Fixed Income	1,316,147.235	15,978,027.43	17,504,543.38	- 1,526,515.95	16,479,118.72	.00
				- 501,091.29	- 501,091.29	4.16
Total Mutual Funds	1,945,195.817	45,391,970.30	40,398,923.93	4,993,046.37	43,404,461.46	.00
				1,522,197.29	1,987,508.84	2.57

Miscellaneous

Partnerships/Joint Ventures

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 18 of 108
Period from May 1, 2023 to April 30, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Rreef America II Reit *** 75699H1A8 Asset Minor Code 76 Date Last Priced: 03/31/24 ACCOUNT 6746012105	90,046.728	11,533,666.30 128.0853 @	9,357,647.32	2,176,018.98 - 1,747,367.95	13,254,814.39 - 1,721,148.09	.00 0.00
Lsv Emerging Mrkts Small Cap Eq Fd *** 95MSCDPN7 Asset Minor Code 77 ACCOUNT 6746012122	12,078.129	4,060,596.99 336.1942	2,953,450.08	1,107,146.91 1,075,207.70	2,985,051.72 1,075,545.27	.00 0.00
Bny Afl-Cio Eq Ind *** 95MSC87W8 Asset Minor Code 77 ACCOUNT 6746012110	1,634,363.868	27,522,687.54 16.8400	20,854,482.95	6,668,204.59 4,863,809.76	22,439,815.90 5,082,871.64	.00 0.00
Schroder Taft Hartley Income Fund LP *** 96MSCFGG5 Asset Minor Code 77 Date Last Priced: 03/31/24 ACCOUNT 6746012120	3,656,693.990	3,656,693.99 1.0000 @	3,656,693.99	.00 .00	3,348,291.98 308,402.01	.00 0.00
Mesirow Financial Priv Eq Fd VIII A *** 96MSCH755 Asset Minor Code 77 Date Last Priced: 09/30/23 ACCOUNT 6746012121	2,869,495.000	2,869,495.00 1.0000 @	2,869,495.00	.00 .00	2,887,346.00 - 17,851.00	.00 0.00
Ullico Infrastructure Tax-Exempt Fd *** 96MSC0TA7 Asset Minor Code 77 Date Last Priced: 12/31/23 ACCOUNT 6746012112	14,667.176	3,981,799.91 271.4769 @	2,624,442.97	1,357,356.94 365,921.10	3,574,835.36 406,964.55	.00 0.00
Beach Point Dynamic Offshore Fd *** 96MSC4J36 Asset Minor Code 77 ACCOUNT 6746012116	4,804.568	8,822,688.46 1,836.3125	7,200,000.00	1,622,688.46 842,711.16	7,979,977.30 842,711.16	.00 0.00

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 19 of 108
Period from May 1, 2023 to April 30, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Blackrock Strategic Income Opp Fd *** 96MSC6XJ0 Asset Minor Code 77 ACCOUNT 6746012118	462,484.606	6,918,434.87 14.9593	5,997,909.20	920,525.67 344,520.97	6,573,913.90 344,520.97	.00 0.00
Washington Cap Mgmt Jmt Trn Infr Fd *** 96MSC9688 Asset Minor Code 77 Date Last Priced: 12/31/23 ACCOUNT 6746012119	3,156,914.850	3,156,914.85 1.0000 @	3,156,914.85	.00 - 390,005.45	3,147,764.26 9,150.59	.00 0.00
Prime Property Fund, LLC *** 97MSCD4R7 Asset Minor Code 77 Date Last Priced: 03/31/24 ACCOUNT 6746012106	625.514	12,366,580.67 19,770.2700 @	10,801,495.61	1,565,085.06 - 1,280,491.95	13,647,072.62 - 1,280,491.95	.00 0.00
Rbc Emerging Markets Equities *** 97MSCXK61 Asset Minor Code 77 ACCOUNT 6746012111	1,017,218.570	2,253,112.68 2.2150	1,017,218.57	1,235,894.11 231,749.07	1,259,424.41 993,688.27	.00 0.00
Total Partnerships/Joint Ventures	12,919,392.999	87,142,671.26	70,489,750.54	16,652,920.72 4,306,054.41	81,098,307.84 6,044,363.42	.00 0.00
Collective Investment Funds						
Segall Bryant & Hamill Intl Smcap *** 9SPMTJBN1 Asset Minor Code 17 ACCOUNT 6746012109	645,865.958	9,739,658.65 15.0800	8,545,104.98	1,194,553.67 1,207,769.34	8,531,889.31 1,207,769.34	.00 0.00
Total Collective Investment Funds	645,865.958	9,739,658.65	8,545,104.98	1,194,553.67 1,207,769.34	8,531,889.31 1,207,769.34	.00 0.00
Total Miscellaneous	13,565,258.957	96,882,329.91	79,034,855.52	17,847,474.39 5,513,823.75	89,630,197.15 7,252,132.76	.00 0.00

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 20 of 108
Period from May 1, 2023 to April 30, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Total Assets	17,782,722.134	144,546,567.57	121,706,046.81	22,840,520.76 7,036,021.04	135,306,925.97 9,239,641.60	10,008.09 0.89
Adjustments	.000	-38,703.57	.000			
Grand Total	17,782,722.134	144,507,864.00	121,716,054.90			

Brick Masons’ Pension Trust Fund
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
ID # 95-6093333 Plan# 001
Year Ended April 30, 2024

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset (include interest rate and maturity in case of a loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expenses Incurred with Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
See attached	See attached							

See Independent Auditor’s Report on Supplementary Information.

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 97 of 108
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					143,353,903.84		
COMPARATIVE VALUE (5%)					7,167,695.19		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
Issue: 95MSC87W8 - Bny Afl-Cio Eq Ind							
05/31/2023	S	- 45.703	13.3801		612	583	28
6746012110							
Issue: 95MSCDPN7 - Lsv Emerging Mkts Small Cap Eq Fd							
05/31/2023	S	- 24.424	248.6039		6,072	5,972	100
6746012122							
Issue: 75699H1A8 - Rreef America II Reit							
06/30/2023	S	- 146.811	143.5277		21,071	15,088	5,983
6746012105							
Issue: 75699H1A8 - Rreef America II Reit							
06/30/2023	B	658.121	147.4467		- 97,038	97,038	
6746012105							
Issue: 97MSCD4R7 - Prime Property Fund, LLC							
06/30/2023	B	6.132	21,163.6676		- 129,776	129,776	
6746012106							
Issue: 95MSC87W8 - Bny Afl-Cio Eq Ind							
07/31/2023	S	- 62,240.664	14.4600		900,000	794,191	105,809
6746012110							
Issue: 95MSC87W8 - Bny Afl-Cio Eq Ind							
08/31/2023	S	- 54,495.913	14.6800		800,000	695,368	104,632
6746012110							

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 98 of 108
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
08/31/2023 6746012122	Issue: 95MSCDPN7 - Lsv Emerging Mkts Small Cap Eq Fd S	- 35.108	273.5528		9,604	8,585	1,019
09/29/2023 6746012106	Issue: 97MSCD4R7 - Prime Property Fund, LLC B	6.067	20,908.4407		- 126,852	126,852	
09/29/2023 6746012110	Issue: 95MSC87W8 - Bny Afl-Cio Eq Ind S	- 43.578	14.7501		643	556	87
10/31/2023 6746012105	Issue: 75699H1A8 - Rreef America II Reit S	- 148.092	139.1628		20,609	15,269	5,340
10/31/2023 6746012105	Issue: 75699H1A8 - Rreef America II Reit B	680.923	143.5277		- 97,731	97,731	
10/31/2023 6746012110	Issue: 95MSC87W8 - Bny Afl-Cio Eq Ind S	- 58,522.312	13.6700		800,000	746,745	53,255
10/31/2023 6746012112	Issue: 96MSC0TA7 - Ullico Infrastructure Tax-Exempt Fd S	- 61.202	243.7305		14,917	10,951	3,966
10/31/2023 6746012112	Issue: 96MSC0TA7 - Ullico Infrastructure Tax-Exempt Fd S	- 200.600	243.7303		48,892	35,894	12,998
11/30/2023 6746012112	Issue: 96MSC0TA7 - Ullico Infrastructure Tax-Exempt Fd S	- 60.155	260.0458		15,643	10,764	4,879
11/30/2023 6746012122	Issue: 95MSCDPN7 - Lsv Emerging Mkts Small Cap Eq Fd S	- 35.622	292.7660		10,429	8,711	1,718
12/29/2023 6746012110	Issue: 95MSC87W8 - Bny Afl-Cio Eq Ind S	- 50,409.578	15.8700		800,000	643,226	156,774

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 99 of 108
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
12/29/2023 6746012110	S	- 42.087	15.7098		661	537	124
01/30/2024 6746012111	S	- 800,000.000	1.0000		800,000	800,000	
02/01/2024 6746012105	B	695.709	139.1628		- 96,817	96,817	
02/01/2024 6746012105	S	- 152.779	129.6827		19,813	15,842	3,970
02/14/2024 6746012119	S	- 74,751.150	1.0000		74,751	74,751	
02/29/2024 6746012111	S	- 800,000.000	1.0000		800,000	800,000	
02/29/2024 6746012112	S	- 59.915	265.3645		15,899	10,721	5,178
02/29/2024 6746012112	S	- 251.542	265.3644		66,750	45,009	21,741
02/29/2024 6746012122	S	- 33.868	325.8219		11,035	8,282	2,753
03/28/2024 6746012105	B	782.325	129.6826		- 101,454	101,454	
03/28/2024 6746012105	S	- 148.457	128.0853		19,015	15,428	3,588

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 100 of 108
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
03/28/2024 6746012111	Issue: 97MSCXK61 - Rbc Emerging Markets Equities S	- 800,000.000	1.0000		800,000	800,000	
03/29/2024 6746012110	Issue: 95MSC87W8 - Bny Afl-Cio Eq Ind S	- 37.139	17.1001		635	474	161
04/15/2024 6746012121	Issue: 96MSCH755 - Mesirow Financial Priv Eq Fd VIII A B	275,000.000	1.0000		- 275,000	275,000	
04/25/2024 6746012111	Issue: 97MSCXK61 - Rbc Emerging Markets Equities S	- 800,000.000	1.0000		800,000	800,000	
04/30/2024 6746012106	Issue: 97MSCD4R7 - Prime Property Fund, LLC B	6.238	20,243.7432		- 126,280	126,280	
04/30/2024 6746012106	Issue: 97MSCD4R7 - Prime Property Fund, LLC B	6.264	19,771.7114		- 123,850	123,850	
Total For Direct From Issuer				0	8,031,849	7,537,745	494,103
GRAND TOTAL				0	8,031,849	7,537,745	494,103

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

Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
05/02/2023 6746012100	B	.500	1.0000		- 1	1	
05/02/2023 6746012101	B	.140	1.0000				

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 101 of 108
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
05/02/2023 6746012110	B	129.730	1.0000		- 130	130	
05/02/2023 6746012111	B	1.300	1.0000		- 1	1	
05/02/2023 6746012115	B	123.340	1.0000		- 123	123	
05/02/2023 6746012118	B	.850	1.0000		- 1	1	
05/18/2023 6746012107	B	800,000.000	1.0000		- 800,000	800,000	
05/31/2023 6746012100	B	.140	1.0000				
06/02/2023 6746012100	B	.190	1.0000				
06/02/2023 6746012110	B	31.620	1.0000		- 32	32	
06/02/2023 6746012111	B	1.420	1.0000		- 1	1	
06/02/2023 6746012115	B	134.300	1.0000		- 134	134	
06/02/2023 6746012118	B	.930	1.0000		- 1	1	
06/29/2023 6746012107	B	600,000.000	1.0000		- 600,000	600,000	
07/05/2023 6746012100	B	.190	1.0000				
07/05/2023 6746012107	B	81.780	1.0000		- 82	82	

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 102 of 108
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
07/05/2023 6746012110	B	31.140	1.0000		- 31	31	
07/05/2023 6746012110	B	900,000.000	1.0000		- 900,000	900,000	
07/05/2023 6746012111	B	1.400	1.0000		- 1	1	
07/05/2023 6746012115	B	132.180	1.0000		- 132	132	
07/05/2023 6746012118	B	.920	1.0000		- 1	1	
07/24/2023 6746012120	B	1,987,055.000	1.0000		- 1,987,055	1,987,055	
07/28/2023 6746012101	B	800,000.000	1.0000		- 800,000	800,000	
08/02/2023 6746012100	B	.200	1.0000				
08/02/2023 6746012107	B	.300	1.0000				
08/02/2023 6746012110	B	155.290	1.0000		- 155	155	
08/02/2023 6746012111	B	1.470	1.0000		- 1	1	
08/02/2023 6746012115	B	138.830	1.0000		- 139	139	
08/02/2023 6746012118	B	.960	1.0000		- 1	1	
08/02/2023 6746012120	B	2,228.260	1.0000		- 2,228	2,228	

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 103 of 108
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
08/31/2023 6746012100	B	.300	1.0000				
09/05/2023 6746012110	B	34.590	1.0000		- 35	35	
09/05/2023 6746012111	B	1.530	1.0000		- 2	2	
09/05/2023 6746012115	B	144.630	1.0000		- 145	145	
09/05/2023 6746012118	B	1.000	1.0000		- 1	1	
09/05/2023 6746012120	B	8,779.410	1.0000		- 8,779	8,779	
09/18/2023 6746012110	B	642.780	1.0000		- 643	643	
10/03/2023 6746012110	B	34.520	1.0000		- 35	35	
10/03/2023 6746012111	B	1.490	1.0000		- 1	1	
10/03/2023 6746012115	B	140.800	1.0000		- 141	141	
10/03/2023 6746012118	B	.980	1.0000		- 1	1	
10/03/2023 6746012120	B	8,545.870	1.0000		- 8,546	8,546	
10/18/2023 6746012107	B	96,911.000	1.0000		- 96,911	96,911	
11/02/2023 6746012110	B	35.090	1.0000		- 35	35	

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 104 of 108
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
11/02/2023 6746012111	B	1.550	1.0000		- 2	2	
11/02/2023 6746012115	B	146.600	1.0000		- 147	147	
11/02/2023 6746012118	B	1.020	1.0000		- 1	1	
11/02/2023 6746012120	B	8,898.190	1.0000		- 8,898	8,898	
12/04/2023 6746012110	B	34.220	1.0000		- 34	34	
12/04/2023 6746012111	B	1.510	1.0000		- 2	2	
12/04/2023 6746012115	B	142.960	1.0000		- 143	143	
12/04/2023 6746012118	B	.990	1.0000		- 1	1	
12/04/2023 6746012120	B	8,677.390	1.0000		- 8,677	8,677	
12/06/2023 6746012107	B	800,000.000	1.0000		- 800,000	800,000	
12/15/2023 6746012101	B	225,000.000	1.0000		- 225,000	225,000	
01/03/2024 6746012110	B	35.470	1.0000		- 35	35	
01/03/2024 6746012111	B	1.560	1.0000		- 2	2	
01/03/2024 6746012115	B	148.200	1.0000		- 148	148	

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 105 of 108
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
01/03/2024 6746012118	B	1.030	1.0000		- 1	1	
01/03/2024 6746012120	B	8,995.000	1.0000		- 8,995	8,995	
01/25/2024 6746012120	B	.010	1.0000				
01/31/2024 6746012111	B	800,000.000	1.0000		- 800,000	800,000	
02/02/2024 6746012110	B	35.500	1.0000		- 36	36	
02/02/2024 6746012111	B	1.570	1.0000		- 2	2	
02/02/2024 6746012115	B	148.320	1.0000		- 148	148	
02/02/2024 6746012118	B	1.030	1.0000		- 1	1	
02/02/2024 6746012120	B	9,002.620	1.0000		- 9,003	9,003	
02/07/2024 6746012111	B	.210	1.0000				
02/08/2024 6746012120	B	94,061.000	1.0000		- 94,061	94,061	
02/15/2024 6746012119	B	74,751.150	1.0000		- 74,751	74,751	
03/04/2024 6746012110	B	33.150	1.0000		- 33	33	
03/04/2024 6746012111	B	1.460	1.0000		- 1	1	

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 106 of 108
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
03/04/2024 6746012115	B	138.520	1.0000		- 139	139	
03/04/2024 6746012118	B	.960	1.0000		- 1	1	
03/04/2024 6746012119	B	158.960	1.0000		- 159	159	
03/04/2024 6746012120	B	8,701.030	1.0000		- 8,701	8,701	
04/02/2024 6746012110	B	35.570	1.0000		- 36	36	
04/02/2024 6746012111	B	1.570	1.0000		- 2	2	
04/02/2024 6746012115	B	148.630	1.0000		- 149	149	
04/02/2024 6746012118	B	1.030	1.0000		- 1	1	
04/02/2024 6746012119	B	329.610	1.0000		- 330	330	
04/02/2024 6746012120	B	9,436.180	1.0000		- 9,436	9,436	
04/16/2024 6746012107	B	275,000.000	1.0000		- 275,000	275,000	
04/26/2024 6746012111	B	800,000.000	1.0000		- 800,000	800,000	
Total For Buys				0	8,329,601	8,329,601	0
05/18/2023 6746012107	S	- 800,000.000	1.0000		800,000	800,000	

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 107 of 108
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
05/31/2023 6746012101	S	-.140	1.0000				
06/30/2023 6746012107	S	- 600,000.000	1.0000		600,000	600,000	
07/06/2023 6746012110	S	- 900,000.000	1.0000		900,000	900,000	
07/28/2023 6746012101	S	- 800,000.000	1.0000		800,000	800,000	
08/01/2023 6746012100	S	- 46.100	1.0000		46	46	
08/01/2023 6746012107	S	- 81.780	1.0000		82	82	
08/31/2023 6746012107	S	-.300	1.0000				
09/27/2023 6746012110	S	- 642.780	1.0000		643	643	
10/18/2023 6746012107	S	- 96,911.000	1.0000		96,911	96,911	
11/30/2023 6746012100	S	-.500	1.0000		1	1	
12/06/2023 6746012107	S	- 800,000.000	1.0000		800,000	800,000	
12/15/2023 6746012101	S	- 225,000.000	1.0000		225,000	225,000	
01/31/2024 6746012111	S	- 800,000.000	1.0000		800,000	800,000	
02/07/2024 6746012113	S	-.210	1.0000				

00003704
51- -12-B -66C-146-04
1201 -99-03152-04



BRICK MASONS PEN CONSOLIDATED
ACCOUNT 6746012199

Page 108 of 108
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
04/16/2024 6746012107	S	- 275,000.000	1.0000		275,000	275,000	
04/29/2024 6746012111	S	- 800,000.000	1.0000		800,000	800,000	
Total For Sells				0	6,097,683	6,097,683	0
Total First Am Govt Ob Fd Cl Z				0	14,427,284	14,427,284	0
GRAND TOTAL				0	14,427,284	14,427,284	0

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

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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
--	---	---

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 Brick Masons' Pension Trust Fund
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/23/1963
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 BRICK MASON'S' PENSION TRUST 1050 LAKES DRIVE, SUITE 120 WEST COVINA CA 91790-2910
2b	Employer Identification Number (EIN) 95-6093333
2c	Plan Sponsor's telephone number (626) 464-1090
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 1,958
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) 655 6a(2) 655 6b 837 6c 314 6d 1,806 6e 164 6f 1,970 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 89

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

1B

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

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BRICK MASONS' PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE BRICK MASONS' PENSION TRUST FUND	D Employer Identification Number (EIN) 95-6093333

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 05 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	145505153
(2) Actuarial value of assets for funding standard account	1b(2)	152299375
c (1) Accrued liability for plan using immediate gain methods	1c(1)	167442686
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	167442686
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	274777266
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3611743
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13049291
(3) Expected plan disbursements for the plan year	1d(3)	13018003

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		2/7/25
	Signature of actuary	Date
JOHN R. BOTSFORD, F.S.A.		23-06305
	Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.		415-394-3740
	Firm name	Telephone number (including area code)
500 YGNACIO VALLEY ROAD, SUITE 498, WALNUT CREEK, CA 94596		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2023 v. 230728

a Current value of assets (see instructions)		2a	145505153
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		994	148182774
(2) For terminated vested participants		387	61098666
(3) For active participants:			
(a) Non-vested benefits			1585105
(b) Vested benefits			63910721
(c) Total active		407	65495826
(4) Total		1788	274777266
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	52.95%

Contributions made to the plan for the plan year by employer(s) and employee(s)						
(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees	
	4233455					
			Totals ►	3(b)	4233455	3(c)

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in <u>critical status</u> or <u>critical and declining status</u>, and is: - Projected to <u>emerge</u> from <u>critical status</u> within <u>30 years</u>, enter the plan year in which it is projected to emerge; - Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ - Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

a	☐ Attained age normal	b	☐ Entry age normal	c	☒ Accrued benefit (unit credit)	d	☐ Aggregate
e	☐ Frozen initial liability	f	☐ Individual level premium	g	☐ Individual aggregate	h	☐ Shortfall
i	☐ Other (specify):						

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.75 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate.....	6d	6.85 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.85%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.6%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.1%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	578954
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3043298	309760

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2142179

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	61189581	7867573
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**e** Total charges. Add lines 9a through 9d

9d	685668
9e	10695420

Credits to funding standard account:**f** Prior year credit balance, if any**g** Employer contributions. Total from column (b) of line 3

9f	33217820
9g	4233455

h Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

	Outstanding balance	
9h	12828450	2358664
9i	2568312	
9j(1)	61224011	
9j(2)	96807462	
9j(3)		0
9k(1)		0
9k(2)		0
9l	42378251	
9m	31682831	
9n		
9o(1)		0
9o(2)(a)		0
9o(2)(b)		0
9o(3)		0
10	0	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

2023 Attachment #7

Schedule MB, line 8b(3) –

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$3,930,957	\$0	\$3,930,957
2024	3,930,957	0	3,930,957
2025	3,930,957	0	3,930,957
2026	3,930,957	0	3,930,957
2027	3,930,957	0	3,930,957
2028	3,930,957	0	3,930,957
2029	3,930,957	0	3,930,957
2030	3,930,957	0	3,930,957
2031	3,930,957	0	3,930,957
2032	3,930,957	0	3,930,957

2023 Attachment #2

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Cost Method**Interest Rates**

Funding	6.85%
Current Liability (RPA '94)	2.75%
Withdrawal Liability	
Funding interest rate of	6.85%

Mortality Rates

Non-disabled participants – Pri-2012 Blue Collar Mortality Tables, projected generationally from 2012 using Mortality Improvement Scale MP-2021. This reflects an allowance for possible future improvements in mortality.

Disabled participants – Pri-2012 Disabled Retiree Mortality Table, projected generationally from 2012 using Mortality Improvement Scale MP-2021. This reflects an allowance for possible future improvements in mortality.

For Current Liability – The 2023 Current Liability Annuitant/Non-Annuitant Table.

**Termination Rates
Before Retirement**

<u>Age</u>	<u>Rate (%)</u>		
	<u>Death</u>		<u>Disability</u>
	<u>Male</u>	<u>Female</u>	
20	0.07%	0.02%	0.09%
25	0.08	0.03	0.13
30	0.09	0.04	0.17
35	0.11	0.05	0.22
40	0.12	0.07	0.33
45	0.13	0.09	0.54
50	0.17	0.12	0.91
55	0.27	0.19	1.51
60	0.45	0.31	2.44

Mortality rates show are those that apply during the 2023 plan year.

Vested Terminations above the age of 75 are assumed deceased and are therefore excluded from the valuation.

2023 Attachment #2

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Withdrawal Rates

<u>Service</u>	<u>Rate</u>
0-1	10%
2	9
3	8
4	7
5	6
6	5
7-9	4
10-14	3
15 & up	2

Retirement Age*Active*

<u>Age</u>	<u>Retirement Probability</u>	
	Eligible for Service Retirement	Not Eligible
55	50%	8%
56-59	20	8
60-61	20	14
62	50	50
63-64	30	30
65-66	30	30
67	100	100

Inactive

55 with 30 or more Pension Credits; otherwise 62

Payment Form

50% of Married participants elect a Single Life Annuity with 60 months guaranteed and 50% elect a Husband-and-Wife Pension. Participants that are not Married elect a Single Life Annuity.

Administrative Expenses

\$600,000 per year, payable monthly.

Future Benefit Accruals

Same credit as accrued in prior year. Actives as of the valuation date earned an average of 1,280 hours in the prior year.

Contribution Rate

\$6.50 per hour effective May 1, 2020.

Unknown Age

Assumed to be average age of participants with known ages.

2023 Attachment #2

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

<i>Excessive Age</i>	Inactive vested participants who are over 75 years of age are assumed to have died and are excluded.
<i>Marital Status</i>	75% of the participants are assumed to be married. Husbands are assumed to be three years older than their wives.
<i>Reciprocity</i>	No liabilities have been added to anticipate future retirees whose benefit eligibility results from reciprocity.
<i>Actuarial Value of Assets</i>	The asset gain or loss is calculated for the current year and each of the previous four years on a market value basis. Then 20% of the gain or loss is recognized in each of the following five years (including the current year). The actuarial value of the assets is further restricted to be within 80% and 120% of current market value.
<i>Actuarial Cost Method</i>	Unit Credit Actuarial Cost Method Under the Unit Credit Cost Method, the normal cost is the liability for all anticipated benefits due to service credited during the year. The accrued liability on any valuation date is the single sum needed to provide for the payment of all benefits based on service credited up to that date, and the Unfunded Actuarial Accrued Liability is the difference between the actuarial accrued liability and the assets of the Pension Fund.

2023 Attachment #2

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

- Experience gains and losses. After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Certain exceptions apply as noted below.

- Method changes. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years.

- 2008 and 2009 investment losses. The Trustees elected to amortize net investment losses in either or both of the plan years ending after August 31, 2008 over the 30-year period beginning with the loss year as provided by the Pension Relief Act of 2010.

2023 Attachment #3
Schedule MB, line 6 – Summary of Plan Provisions

PLAN SUMMARY

Summary of Principal Plan Provisions

Effective Date May 1, 1963

Most Recent Amendment January 1, 2020

Plan Year May 1 to April 30.

Contributions

Employer Entire Cost of Plan.

Employee None.

Eligibility for Participation Each employee of a participating employer on the first May 1 or November 1 following the completion of at least 1,000 Hours of Covered Service in a 12 month period.

Service Credit

Vesting Service One year of vesting service for each plan year in which a participant is credited with at least 1,000 hours of service with a signatory employer.

Pension Credit Past Service Credit is granted for covered employment prior to the contribution date, up to a maximum of 15 Past Service Credits. Future Service Credit is granted for work in Covered Employment after the contribution date in accordance with the following table:

<u>Hours in Plan Year</u>	<u>Future Service Credit</u>
0-99	0.0
100-199	0.1
200-399	0.2
400-559	0.3
560-699	0.4
Each additional 140 (no upper limit)	0.1

2023 Attachment #3

Schedule MB, line 6 – Summary of Plan Provisions

Eligibility for Retirement

<i>Normal Retirement</i>	Attainment of age 63 and fifth anniversary of participation.
<i>Regular Retirement</i>	Attainment of age 62 and five Pension Credits.
<i>Service Retirement</i>	Attainment of age 55 and thirty Pension Credits.
<i>Early Retirement</i>	Attainment of age 55 and five Pension Credits.
<i>Disability Retirement</i>	Entitlement to Social Security disability benefit and 10 years of Pension Credits. The Participant must be an employee at the onset of disability.

Amount of Retirement Benefits

*Regular, Normal, or
Service Pension*

The benefit earned for each year of Benefit Credit is:

<u>Type of Pension Credit</u>	<u>Monthly Benefit Earned</u>
Past Service	\$ 6
Future Service	
before May 1, 1981	80
from May 1, 1981 to April 30, 2005	125
from May 1, 2005 to April 30, 2009	80
from May 1, 2009 to December 31, 2017	60
after January 1, 2018	80

For Normal Retirements with an effective date later than the Normal Retirement Age, the benefit will be increased for each month following Normal Retirement Age for which the Participant did not work in suspendible service for 40 or more hours. The increase is 1% for the first 60 months after Normal Retirement Age and 1.5% for subsequent months.

Early Retirement Pension

Monthly benefit reduced by $\frac{1}{4}\%$ for each of the first 24 months before age 62 and $\frac{1}{2}\%$ for each month before age 60 that the participant retires.

Disability Pension

Monthly benefit equal to the unreduced Normal Retirement Pension accrued through date of Disability.

2023 Attachment #3

Schedule MB, line 6 – Summary of Plan Provisions

Benefit Forms*Automatic*

Unless otherwise elected by the participant and spouse, a married participant's retirement benefit will be paid in the form of an actuarially reduced joint and 50% survivor annuity. An unmarried participant's retirement benefit will be paid in the form of a single life annuity.

Optional

A married participant and his/her spouse may elect to have his retirement benefit paid in the form of a 5 year certain and continuous annuity or an actuarially reduced joint and 75% survivor annuity.

Pre-Retirement Death Benefit

Monthly benefit to a vested participant's spouse of 50% of the actuarially reduced amount to which the participant would have been entitled if he had terminated on the day before his death and elected to receive his benefit in the form of a joint and 50% survivor annuity commencing upon the participant's eligibility. The surviving spouse's benefit will begin following the month of the Participant's death. Spouse may instead elect to receive 60 monthly payments in the amount of the Participant's regular retirement benefit.

In the event that a non-married Vested Participant dies before his Annuity Starting Date, his designated Beneficiary will receive a lump sum of \$300 for each Year of Vesting Service up to a maximum of \$12,000.

Vesting

Full vesting in accrued retirement benefit after 5 years of vesting service, 5 years of Pension Credit, or upon attainment of Normal Retirement Age.

Reciprocity

The Plan maintains reciprocal agreements with other pension plans in the industry to allow participants with service in both plans to have their eligibility based on their combined service.

Termination of Plan

In the event of termination of the Plan, plan funds are to be distributed to the extent available, in accordance with the requirements of the Pension Benefit Guaranty Corporation.

Administration

By the Board of Trustees.

2023 Attachment #6

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$273,564	\$1,275,141	\$11,465,390	\$13,014,095
2024	737,287	1,508,764	11,114,318	13,360,369
2025	1,145,180	1,710,747	10,739,358	13,595,285
2026	1,516,387	1,924,583	10,344,157	13,785,127
2027	1,832,455	2,099,033	9,949,859	13,881,347
2028	2,061,443	2,293,681	9,557,708	13,912,832
2029	2,290,017	2,459,660	9,170,974	13,920,651
2030	2,517,543	2,513,832	8,780,516	13,811,891
2031	2,688,542	2,604,509	8,387,374	13,680,425
2032	2,811,915	2,744,509	7,992,518	13,548,942
2033	2,908,560	2,876,223	7,596,838	13,381,621
2034	2,985,219	2,920,141	7,201,191	13,106,551
2035	3,052,926	2,979,190	6,806,390	12,838,506
2036	3,119,513	2,998,876	6,413,216	12,531,605
2037	3,168,908	2,979,582	6,022,557	12,171,047
2038	3,217,971	3,036,662	5,635,410	11,890,043
2039	3,254,194	3,098,238	5,252,816	11,605,248
2040	3,269,002	3,095,361	4,875,878	11,240,241
2041	3,276,454	3,086,049	4,505,708	10,868,211
2042	3,275,562	3,048,398	4,143,416	10,467,376
2043	3,259,774	2,983,288	3,790,142	10,033,204
2044	3,244,414	2,911,583	3,447,044	9,603,041
2045	3,226,256	2,841,177	3,115,320	9,182,753
2046	3,183,909	2,761,337	2,796,281	8,741,527
2047	3,126,932	2,673,500	2,491,322	8,291,754
2048	3,057,893	2,580,736	2,201,838	7,840,467
2049	2,969,146	2,478,318	1,929,244	7,376,708
2050	2,898,778	2,364,468	1,674,940	6,938,186
2051	2,812,728	2,255,949	1,440,163	6,508,840
2052	2,710,976	2,142,307	1,225,872	6,079,155
2053	2,606,284	2,018,803	1,032,628	5,657,715
2054	2,490,457	1,891,157	860,518	5,242,132
2055	2,370,813	1,762,847	709,183	4,842,843
2056	2,253,487	1,636,392	577,833	4,467,712
2057	2,130,007	1,512,841	465,322	4,108,170
2058	2,005,293	1,393,101	370,246	3,768,640
2059	1,878,897	1,277,778	291,012	3,447,687

2023 Attachment #6

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	1,753,915	1,167,411	225,920	3,147,246
2061	1,632,259	1,062,397	173,218	2,867,874
2062	1,514,105	963,057	131,169	2,608,331
2063	1,399,023	869,605	98,102	2,366,730
2064	1,287,851	782,150	72,473	2,142,474
2065	1,182,189	700,711	52,889	1,935,789
2066	1,082,301	625,214	38,135	1,745,650
2067	988,297	555,515	27,175	1,570,987
2068	900,220	491,449	19,145	1,410,814
2069	817,989	432,809	13,343	1,264,141
2070	741,411	379,375	9,208	1,129,994
2071	670,265	330,927	6,299	1,007,491
2072	604,275	287,221	4,277	895,773

2023 Attachment #5

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Sch MB, line 8(b)2 – Schedule of Active Participant Data															
YEARS OF CREDITED SERVICE															
Attained Age	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average*		No.	Average*		No.	Average*		No.	Average*		No.	Average*	
		Comp.	Accrued		Comp.	Accrued		Comp.	Accrued		Comp.	Accrued		Comp.	Accrued
	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.
Under 25	0			8			1			0			0		
25 - 29	0			20			7			0			0		
30 - 34	0			11			15			6			1		
35 - 39	0			22			11			6			4		
40 - 44	0			16			14			14			8		
45 - 49	0			23			9			11			8		
50 - 54	0			11			16			12			4		
55 - 59	0			6			8			10			6		
60 - 64	0			1			5			6			9		
65 - 69	0			3			0			0			2		
70 & Up	0			0			0			0			0		

Attained Age	20 to 24			25 to 29			30 to 34			35 to 39			40 & Up		
	No.	Average*		No.	Average*		No.	Average*		No.	Average*		No.	Average*	
		Comp.	Accrued		Comp.	Accrued		Comp.	Accrued		Comp.	Accrued		Comp.	Accrued
	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.	No.	Comp.	Mon. Ben.
Under 25	0			0			0			0			0		
25 - 29	0			0			0			0			0		
30 - 34	0			0			0			0			0		
35 - 39	1			0			0			0			0		
40 - 44	6			1			0			0			0		
45 - 49	3			5			3			1			0		
50 - 54	11			2			6			4			1		
55 - 59	9			9			7			2			4		
60 - 64	5			1			3			3			2		
65 - 69	2			2			0			0			0		
70 & Up	0			0			0			0			0		

*The averages are not shown for plans with fewer than 1,000 active participants.

2023 Attachment #1
Schedule MB, lines 9c and 9h –
Schedule of Funding Standard Account Bases

	Original Date	Original Amount	Original Period (Years)	Remaining Period at 5/1/2023	Outstanding Balance at 5/1/2023	Amortization Payment
Charges						
Assumption change	5/1/1994		30	1	\$96,089	\$96,098
Plan Amendment	5/1/1995		30	2	231,579	119,624
Plan Amendment	5/1/1996		30	3	359,263	127,770
Plan Amendment	5/1/1997	\$99,640	30	4	27,661	7,617
Plan Amendment	5/1/2002	70,070	30	9	37,151	5,303
Assumption change	5/1/2003	591,293	30	10	337,580	44,671
Assumption change	5/1/2007	2,912,339	30	14	2,060,849	218,561
ENIL 09/09	5/1/2009	23,343,701	29	15	17,352,996	1,766,265
ENIL 09/10	5/1/2010	3,127,568	28	15	2,349,608	239,154
ENIL 09/11	5/1/2011	1,550,876	27	15	1,178,548	119,958
Experience loss - other	5/1/2011	318,405	15	3	91,773	32,639
ENIL 09/12	5/1/2012	601,144	26	15	462,559	47,081
Experience loss - other	5/1/2012	1,179,296	15	4	438,029	120,618
Assumption change	5/1/2012	2,255,782	15	4	837,871	230,722
ENIL 09/13	5/1/2013	4,584,195	25	15	3,579,500	364,337
Assumption change	5/1/2013	4,188,400	15	5	1,883,241	428,135
Assumption change	5/1/2014	2,479,168	15	6	1,295,910	253,270
ENIL 09/14	5/1/2014	6,539,626	24	15	5,188,404	528,099
Experience loss	5/1/2015	2,976,710	15	7	1,759,326	303,925
Assumption change	5/1/2015	317,873	15	7	187,865	32,454
Experience loss	5/1/2016	7,653,943	15	8	5,012,410	781,043
Assumption change	5/1/2016	2,318,779	15	8	1,518,522	236,619
Experience loss	5/1/2017	2,120,261	15	9	1,515,044	216,244
Experience loss	5/1/2018	2,401,826	15	10	1,850,200	244,832
Experience loss	5/1/2019	2,201,519	15	11	1,810,670	224,300
Experience loss	5/1/2020	3,803,914	15	12	3,451,264	403,420
Assumption change	5/1/2020	1,160,941	15	12	1,053,314	123,122
Assumption change	5/1/2021	2,376,992	15	13	2,179,057	119,624
Experience Loss	5/1/2023	3,043,298	15	15	<u>3,043,298</u>	<u>309,760</u>
Total Charges					\$61,189,581	\$7,867,573

	Original Date	Original Amount	Original Period (Years)	Remaining Period at 5/1/2023	Outstanding Balance at 5/1/2023	Amortization Payment
Credits						
Experience gain - other	5/1/2013	\$2,403,845	15	5	\$1,080,848	\$245,719
Experience gain - other	5/1/2014	6,264,315	15	6	3,274,482	639,958
Method Change	5/1/2018	7,686,591	10	5	4,481,792	1,018,887
Assumption Change	5/1/2019	1,408,486	15	11	1,158,428	143,502
Experience gain	5/1/2021	2,226,543	15	13	2,041,137	226,628
Experience gain	5/1/2022	824,974	15	14	<u>791,763</u>	<u>83,970</u>
Total Credits					\$12,828,450	\$2,358,664

2022 Attachment #8

Schedule MB, line 11- Justification for Change in Actuarial Assumptions.

RPA Interest Assumption

The RPA interest assumption was changed from 2.21% to 2.75% in order to remain within the permitted range.

The change to the RPA interest rate did not affect the Unfunded Actuarial Accrued Liability.

Administrative Expense

The assumed annual fund operating expense has been increased from \$500,000 to \$600,000 based upon recent experience.

The change to the administrative expense did not affect the Unfunded Actuarial Accrued Liability.

2023 Attachment #4
Schedule MB – Footnotes

Footnote to item 3b:

Employer contributions are received periodically throughout the year pursuant to collective bargaining agreements. No employee contributions.

BRICK MASONS' PENSION TRUST FUND

EIN 95-6093333

Plan No. 001

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

BRICK MASONS' PENSION TRUST FUND

EIN 95-6093333

Plan No. 001

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

BRICK MASONS' PENSION TRUST FUND

EIN 95-6093333

Plan No. 001

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