

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND
2b Employer Identification Number (EIN): 88-0476131
2c Plan Sponsor's telephone number: 702-734-8601
2d Business code (see instructions): 525100
9121 WEST RUSSELL ROAD, SUITE 219 LAS VEGAS, NV 89148

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 88-0476131</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	12172307	650	06/01/2024	05/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

RAEL & LETSON **35 N LAKE AVE STE 810**
PASADENA, CA 91101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
		CONSULTANT ONLY	4

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	74650
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 88-0476131</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3209/C4477	650	06/01/2024	05/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	28798
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 88-0476131</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM BLUE CROSS BLUE SHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0747736	11011	280355	650	06/01/2024	05/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	197386
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND		D Employer Identification Number (EIN) 88-0476131

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

SAV-RX

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0527013	44611		650	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	768876
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 88-0476131</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LIBERTY DENTAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
26-4074848	52411		650	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	236610
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND		D Employer Identification Number (EIN) 88-0476131

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
CENTERSTONE INSURANCE AND FINANCING

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4018229	52524		650	06/01/2024	05/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	672064
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND</p>	<p>D Employer Identification Number (EIN) 88-0476131</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRIMECARE BENEFITS GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
87-3855150	52512		650	06/01/2024	05/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	159273
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND	D Employer Identification Number (EIN) 88-0476131	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ZENITH AMERICAN SOLUTIONS

2250 SOUTH RANCHO DRIVE,
LAS VEGAS, NV 89102

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 18 31 38 49 50	THIRD-PARTY ADMINISTRATOR	511153	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAYTON LAYTON & TOBLER LLP

606 SOUTH NINTH STREET
LAS VEGAS, NV 89101-7013

88-0176927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	30400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUBINBROWN

7881 WEST CHARLESTON BLVD
LAS VEGAS, NV 89117

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PAYROLL AUDITING/CONSULTANT	26922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAEL & LETSON

35 NO. LAKE AVE, SUITE810
PASADENA, CA 91101

94-2602731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 11 50	CONSULTANT/ACTUARY	81396	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVARA TESIJA & CATENACCI, P.L.L.C

2000 TOWN CENTER, 2370
SOUTHFIELD, MI 48075

38-3763096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	152618	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEVADA HEALTH SOLUTIONS

PO BOX 61440
702-216-1653
LAS VEGAS, NV 89160

(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 49 50	CONSULTING	80107	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

THE SEGAL COMPANY

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	24500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC, LLC

224 N PARK AVE
FREMONT, NE 68025

86-1323040

(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	INVESTMENT ADVISOR	24845	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLER KAPLAN ARASE, LLP

4123 LANKERSHIM BOULEVARD
818-769-2010
NORTH HOLLYWOOD, CA 91602

(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?
50 49	CLAIMS/SYSTEM AUDITS	8500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 HEALTH BENEFITS FUND	D Employer Identification Number (EIN) 88-0476131

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	-158911	137393
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	760477	697476
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	133560	87903
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5343827	3151487
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15454594	18585199
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21533547	22659458
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	19843641	5189212
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	19843641	5189212
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1689906	17470246

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)	7132110	
(B) Participants.....	2a(1)(B)	84163	
(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)		7216273
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	195444	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		195444
(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)	507817	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		507817
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	40473	
(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)		40473
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	579484	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	14918508
d Total income. Add all income amounts in column (b) and enter total.....	2d	23457999

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	1217405
(3) Other.....	2e(3)	5372323
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	6589728
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)	511153
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	30400
(5) Investment advisory and investment management fees	2i(5)	41151
(6) Bank or trust company trustee/custodial fees	2i(6)	4902
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	153536
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	346789
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1087931
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	7677659

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	15780340
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LAYTON LAYTON & TOBLER, LLP CPAS

(2) EIN: 88-0176927

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Bricklayers and Allied Craftworkers

Local 13

Health Benefits Fund

YEARS ENDED MAY 31, 2025 AND 2024

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

YEARS ENDED MAY 31, 2025 AND 2024

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Stephen D. Waldron, CPA
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Brad Guichard, CPA, CFE

Independent Auditor's Report

Board of Trustees
Bricklayers and Allied Craftworkers Local 13
Health Benefits Fund
Las Vegas, Nevada

Opinion

We have audited the accompanying financial statements of Bricklayers and Allied Craftworkers Local 13 Health Benefits Fund, a nonprofit organization, which comprise the statements of benefit obligations and net assets available for benefits as of May 31, 2025 and 2024, and the related statement of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Bricklayers and Allied Craftworkers Local 13 Health Benefits Fund as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with the accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Bricklayers and Allied Craftworkers Local 13 Health Benefits 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 Bricklayers and Allied Craftworkers Local 13 Health Benefit 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.

Members of:

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bricklayers and Allied Craftworkers Local 13 Health Benefits 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 Bricklayers and Allied Craftworkers Local 13 Health Benefits 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.

Bricklayers and Allied Craftworkers
Local 13 Health Benefits Fund
March 3, 2026
Page 3

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of the year, assets acquired and disposed of during the year, and schedule of reportable transactions (transactions in excess of 5 percent of the current value of plan assets), together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



March 3, 2026

Las Vegas, NV

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 16,279,259	\$ 13,268,700
Limited partnerships	2,305,940	2,185,894
Total investments, at fair value	<u>18,585,199</u>	<u>15,454,594</u>
Receivables:		
Stop loss payments receivable	38,811	81,638
Employer contributions receivable	697,476	760,477
Accrued interest and dividends	49,093	51,922
Total receivables	<u>785,380</u>	<u>894,037</u>
Cash and cash equivalents	<u>3,288,879</u>	<u>5,184,916</u>
Total assets	<u>22,659,458</u>	<u>21,533,547</u>
Liabilities:		
Accounts payable	107,413	10,667
Due to other funds	1,049,575	1,063,802
Due to employers	624	1,372
Total liabilities	<u>1,157,612</u>	<u>1,075,841</u>
Net assets available for benefits	<u>\$ 21,501,846</u>	<u>\$ 20,457,706</u>

The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Additions to net assets attributed to:		
Contributions:		
Employer contributions	\$ 7,132,110	\$ 9,859,969
Participant contributions	84,164	54,951
Total contributions	<u>7,216,274</u>	<u>9,914,920</u>
Investment income:		
Interest	195,444	154,453
Dividends	507,817	392,174
Realized gain on sale of investments	40,473	38,747
Unrealized gain (loss)	579,484	900,625
Total investment income	<u>1,323,218</u>	<u>1,485,999</u>
Other income:		
Stop loss reimbursements	350,594	355,590
Collection costs recovered, liquidated damages, delinquent interest, and reimbursements	159,914	150,880
Total other income	<u>510,508</u>	<u>506,470</u>
Total additions	<u>\$ 9,050,000</u>	<u>\$ 11,907,389</u>

Continued on the next page:

The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Continued from prior page:		
Deductions from net assets attributed to:		
Benefits and insurance premiums:		
Insurance premiums	\$ 704,614	\$ 805,066
Medical claims	4,772,374	4,721,509
Prescriptions	768,876	504,812
Stop loss premiums	672,064	863,756
Total benefits and premiums	<u>6,917,928</u>	<u>6,895,143</u>
Administrative expenses:		
Administration fees	511,153	443,944
Auditing fees	30,400	17,717
Bank fees	54,311	32,318
Conference expense	42,172	17,950
Consultant fees	186,003	153,303
Employer compliance audit fees	29,349	36,438
Excise tax	3,758	2,466
Fiduciary insurance and bond	9,423	27,735
Health claims audit fees	8,500	
Legal fees	153,536	74,198
Postage	17,409	17,258
Printing	39,307	53,928
Storage and shredding fees	2,611	8,801
Total administrative expenses	<u>1,087,932</u>	<u>886,056</u>
Total deductions	<u>8,005,860</u>	<u>7,781,199</u>
Net increase	1,044,140	4,126,190
Net assets available for benefits		
Beginning of year	<u>20,457,706</u>	<u>16,331,516</u>
End of year	<u>\$ 21,501,846</u>	<u>\$ 20,457,706</u>

The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

STATEMENTS OF BENEFIT OBLIGATIONS

MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable:		
Claims payable and claims incurred but not reported	945,100	775,000
Prescriptions payable	64,500	50,800
Accumulated eligibility credits	<u>3,022,000</u>	<u>3,534,000</u>
	<u>4,031,600</u>	<u>4,359,800</u>
Postretirement benefit obligations, net of amounts currently payable:		
Current retirees	1,018,500	2,684,200
Other participants fully eligible for benefits	3,363,500	5,501,900
Participants not fully eligible for benefits	<u>3,180,900</u>	<u>6,221,900</u>
	<u>7,562,900</u>	<u>14,408,000</u>
Total benefit obligations	<u>\$ 11,594,500</u>	<u>\$ 18,767,800</u>

The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED MAY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable:		
Balance at beginning of year	\$ 4,359,800	\$ 4,335,601
Net change in premiums payable		
Net change in claims and prescriptions payable and claims incurred but not reported	183,800	(127,801)
Net change in accumulated eligibility credits	<u>(512,000)</u>	<u>152,000</u>
Balance at end of year	<u>4,031,600</u>	<u>4,359,800</u>
 Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	14,408,000	15,061,900
Changes in actuarial assumptions	(4,652,500)	(1,253,400)
Benefits earned and other changes	<u>(2,192,600)</u>	<u>599,500</u>
Balance at end of year	<u>7,562,900</u>	<u>14,408,000</u>
 Total benefit obligations at end of year	 <u>\$ 11,594,500</u>	 <u>\$ 18,767,800</u>

The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS

YEARS ENDED MAY 31, 2025 AND 2024

1. Description of the plan:

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

General:

The Plan, established January 1, 2001, provides health and death benefits to employees covered by collective bargaining agreements between signatory employers and Bricklayers and Allied Craftworkers Local 13 (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides monthly health benefits and death benefits to covered participants (who have accumulated at least 360 hours for initial qualification and thereafter maintain at least 120 hours of contributions with a maximum of 720 hours) and to their beneficiaries and covered dependents.

Employers signatory to prevailing wage contracts are required to make contributions ranging from \$2.25 to \$12.58 per employee hour worked.

Retired employees are entitled to similar health and death benefits by making premium payments at a cost determined by the Trustees.

Benefits:

The Plan provides health benefits (medical, vision, dental, and prescription drugs), life insurance, and accidental death and dismemberment benefits. The Plan also provides the continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured benefits:

The Plan fully insures the life insurance, dental, and vision benefits by purchasing annual insurance contracts for these benefits.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

1. Description of the plan, continued:

Self-insured benefits:

All other Plan benefits are self-insured. Medical claims case management and processing are performed by third parties under an administrative services arrangement. The Plan utilizes a pharmacy benefit manager for prescription services. Despite the Plan's use of a third-party claims processor, ultimate responsibility for payments to providers and participants remains with the Plan.

Stop loss coverage:

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Contributions:

Contributions to provide benefits are paid by the participating employers in accordance with their bargaining agreements "on a cents-per-hour basis." Qualified participants have the right to elect continued health care coverage if they lose coverage under the Plan as a result of a qualifying event as specified under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). A participant may also elect to continue coverage under the total benefit package at a cost determined by the Trustees.

Effective April 1, 2012, the Trust began subsidizing COBRA rates for all participants on COBRA, or who elect for COBRA coverage, until the expiration of the current Master Labor Agreement or until the Trustees determine otherwise.

Participants also contribute through deductibles and co-payments as outlined in the Plan.

Collection costs recovered and certain expenses:

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

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

1. Description of the plan, continued:

Other:

The Plan's Board of Trustees has the right under the Plan to modify the benefits provided to participants. The Plan may be terminated only by joint agreement between employers and the Union, subject to provisions set forth in ERISA.

2. Summary of significant accounting policies:

Basis of accounting:

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

Use of estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Stop Loss:

Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop loss refunds are listed separately under other income in the accompanying statements of changes in net assets available for benefits.

Valuation of investments:

The Plan's investments are stated at fair value. Securities traded on national securities exchanges are reported at the last reported sales price on the last business day of the plan year. Unrealized gains and losses resulting from the valuation of the securities are recognized in the statement of changes in net assets available for benefits. Purchases and sales of securities are recorded on a trade date basis.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

3. Claims incurred but not reported:

Plan obligations as of May 31, 2025 and May 31, 2024 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based upon claims data provided by the Plan's third-party claims administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

4. Postretirement benefit obligations:

A postretirement benefit obligation has been recognized for retiree health benefits for eligible participants and their covered dependents upon retirement. This benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current and future retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Employers and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their covered dependents, and (b) active employees and their covered dependents after retirement from service.

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

For measurement purposes, the trend rate for medical, drug, and stop-loss benefits were assumed to start at 7.0% in Plan year 2024-2025 and then decrease gradually to an ultimate rate of 4.0% by 2037. The assumed trend for retiree drug subsidy is 4.0% in every year, and the trend rate for dental, vision, and expenses is 2% for all years. These trend assumptions are consistent with those used to measure the benefit obligation as of May 31, 2021. The health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the obligation by \$1,290,300 and \$2,527,000 as of May 31, 2025 and 2024, respectively.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

4. Postretirement benefit obligations, continued:

The following were other significant assumptions used to determine the postretirement benefit obligations as of May 31, 2025 and 2024:

Discount rate – 5.75% and 5.50%, respectively.

Self-pay increase rates - same rate as medical benefit trend.

Retirement rates – various rates ranging from 2.0% at age 55 to 100% at age 65 or later.

Participation rate – 25% upon eligible retirement.

Mortality rates – RP 2000 Blue Collar table for healthy, adjusted 1971 GAM for disabled.

5. Cash, cash equivalents and concentration of credit risk:

For financial statement purposes, the Plan considers all highly liquid investments with maturities of three months or less at purchase to be cash equivalents. The Plan's cash investments on May 31, 2025 and 2024 are in money market mutual funds and not insured by the Federal Deposit Insurance Corporation (FDIC). Due to fluctuations in funds on deposit, cash and cash equivalents in bank accounts periodically exceed the FDIC-insured limit. The Plan's cash and cash equivalents in bank accounts on May 31, 2025 and 2024 did not exceed this limit.

6. Investments:

The Plan's investments are held in a bank-administered trust fund. The mutual fund and limited partnerships investments at fair value were \$18,585,199 and \$15,454,594 on May 31, 2025 and 2024, respectively. The Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$579,484 and \$900,625 during the years ended May 31, 2025 and 2024, respectively.

7. Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

7. Fair value measurements, continued:

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

Level 2 Inputs to the Valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds, Limited Partnerships, and Cash equivalents (level 1): Valued at the net asset value (NAV) of shares held by the plan at year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2025 and 2024:

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

7. Fair value measurements, continued:

May 31, 2025

	<u>Fair value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds				
Equity	\$ 4,911,186	\$ 4,911,186	\$	\$
Fixed income	<u>10,311,835</u>	<u>10,311,835</u>	<u> </u>	<u> </u>
Total mutual funds	15,223,021	15,223,021		
Limited Partnerships	3,362,178	3,362,178		
Money market investments (a)	<u>3,151,487</u>	<u>3,151,487</u>	<u> </u>	<u> </u>
Total assets at fair market	<u>\$ 21,736,686</u>	<u>\$ 21,736,686</u>	<u>\$</u>	<u>\$</u>

May 31, 2024

	<u>Fair value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds				
Equity	\$ 4,446,206	\$ 4,446,206	\$	\$
Fixed income	<u>8,822,494</u>	<u>8,822,494</u>	<u> </u>	<u> </u>
Total mutual funds	13,268,700	13,268,700		
Limited Partnerships	2,185,894	2,185,894		
Money market investments (a)	<u>5,343,827</u>	<u>5,343,827</u>	<u> </u>	<u> </u>
Total assets at fair market	<u>\$ 20,798,421</u>	<u>\$ 20,798,421</u>	<u>\$</u>	<u>\$</u>

(a) Included in cash and cash equivalents on the statements of net assets available for benefits

8. Party-in-interest transactions:

The Plan is related through common governance to several organizations, including the Bricklayers and Allied Craftworkers (BAC) Mountain West Administrative District Council, the BAC Local 13 Vacation Fund, and the BAC Local 13 Defined Contribution Pension Plan.

The Plan has several arrangements with various service providers. These transactions are party-in-interest transactions under ERISA.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

9. Risks and uncertainties:

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

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

10. Administrative expenses:

The Plan pays all administrative expenses. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

11. Income tax status:

The Plan obtained its determination letter dated April 17, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the letter of determination. Plan management and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The federal income tax returns of the Plan are subject to examination by the IRS, generally for 3 years after they are filed.

12. Subsequent events and date of management's review:

Management has evaluated subsequent events through March 3, 2026, the date on which the financial statements were available to be issued.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

HEALTH BENEFITS FUND

NOTES TO THE FINANCIAL STATEMENTS, CONTINUED

YEARS ENDED MAY 31, 2025 AND 2024

13. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets on the financial statements to Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits on financial statements	\$ 21,501,846	\$ 20,457,706
Benefit obligations:		
Postretirement obligations		(14,408,000)
Obligations currently payable (premiums, medical claims and accumulated future eligibility)	<u>(4,031,600)</u>	<u>(4,359,800)</u>
Net assets available for benefits on Form 5500	<u>\$ 17,470,246</u>	<u>\$ 1,689,906</u>

The following is a reconciliation of benefits paid to participants on the financial statements to form 5500:

	<u>2025</u>	<u>2024</u>
Benefits and insurance premiums paid on the financial statements	\$ 6,917,928	\$ 6,895,143
Add (less):		
Net change in postretirement obligation		(653,900)
Net change in claims payable and accumulated future eligibility	<u>(328,200)</u>	<u>24,200</u>
Benefit payments on Form 5500	<u>\$ 6,589,728</u>	<u>\$ 6,265,443</u>

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
EIN # 88-0476131
PLAN NUMBER: 501
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
MAY 31, 2025**

(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
	Beach Point Loan Fund LP	Limited Partnership	\$ 2,900,000	\$ 3,362,178
	BNY Mellon Global Real Return Fund CL I	Mutual funds	812,903	829,491
	Federated Institutional High Yield Bond Fund	Mutual funds	1,487	1,543
	Harbor Core Bond Fund	Mutual funds	8,955,631	8,730,517
	Vanguard Institutional Index	Mutual funds	2,146,417	3,357,382
	Vanguard Short Term Inv't Grade Adm	Mutual funds	1,528,560	1,579,775
	Vanguard Small-Cap Index Fund - Adm	Mutual funds	<u>614,879</u>	<u>724,313</u>
	Total for Mutual funds and Limited Partnerships		16,959,877	18,585,199
	Federated Hermes Gov't Obligations Fd	Money Market	<u>3,151,487</u>	<u>3,151,487</u>
	Total investments		<u>\$ 20,111,364</u>	<u>\$ 21,736,686</u>

See accompanying independent auditor's report

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: ██████
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
Equity				
Equity Funds				
- BNY Mellon Global Real Return Fund Class I #6280 05587N828				
12/31/24	Recd 2717.133 Shs As A Reinvested Div of \$ 15.300 Per Sh	0.00	0.00	- 41,572.14
- Vanguard Institutional Index Fd #94 922040100				
07/01/24	Recd 24.284 Shs As A Reinvested Div of \$ 449.240 Per Sh	0.00	0.00	- 10,909.38
09/30/24	Recd 21.425 Shs As A Reinvested Div of \$ 472.110 Per Sh	0.00	0.00	- 10,114.73
12/31/24	Recd 22.191 Shs As A Reinvested Div of \$ 480.910 Per Sh	0.00	0.00	- 10,672.06
12/31/24	Recd 69.023 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 33,193.84
12/31/24	Recd 3.568 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 1,715.86
03/26/25	Recd 24.168 Shs As A Reinvested Div of \$ 469.360 Per Sh	0.00	0.00	- 11,343.69
03/26/25	Recd 10.351 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 4,858.47
03/26/25	Recd 1.501 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 704.35
		0.00	0.00	- 83,512.38
- Vanguard Small Cap Index Fund Adm #548 922908686				
07/01/24	Recd 25.314 Shs As A Reinvested Div of \$ 104.600 Per Sh	0.00	0.00	- 2,647.86
09/30/24	Recd 19.480 Shs As A Reinvested Div of \$ 113.580 Per Sh	0.00	0.00	- 2,212.49
12/24/24	Recd 24.549 Shs As A Reinvested Div of \$ 115.910 Per Sh	0.00	0.00	- 2,845.47
03/28/25	Recd 26.809 Shs As A Reinvested Div of \$ 108.330 Per Sh	0.00	0.00	- 2,904.26



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: XXXXXXXXXX
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
		0.00	0.00	- 10,610.08
	Total Equity Funds	0.00	0.00	- 135,694.60
	Total Equity	0.00	0.00	- 135,694.60
	Fixed Income			
	Fixed Income Funds			
	- Federated Hermes Institutional High Yield Bond Fund <i>31420B300</i>			
06/03/24	Recd .806 Shs As A Reinvested Div At \$ 8.700 Per Sh	0.00	0.00	- 7.01
07/02/24	Recd .803 Shs As A Reinvested Div At \$ 8.740 Per Sh	0.00	0.00	- 7.02
08/02/24	Recd .799 Shs As A Reinvested Div At \$ 8.850 Per Sh	0.00	0.00	- 7.07
09/03/24	Recd .815 Shs As A Reinvested Div At \$ 8.930 Per Sh	0.00	0.00	- 7.28
10/02/24	Recd .816 Shs As A Reinvested Div At \$ 9.030 Per Sh	0.00	0.00	- 7.37
11/04/24	Recd .875 Shs As A Reinvested Div At \$ 8.910 Per Sh	0.00	0.00	- 7.80
12/03/24	Recd .905 Shs As A Reinvested Div At \$ 8.950 Per Sh	0.00	0.00	- 8.10
01/03/25	Recd .891 Shs As A Reinvested Div At \$ 8.860 Per Sh	0.00	0.00	- 7.89
02/04/25	Recd .792 Shs As A Reinvested Div At \$ 8.930 Per Sh	0.00	0.00	- 7.07
03/04/25	Recd .794 Shs As A Reinvested Div At \$ 8.940 Per Sh	0.00	0.00	- 7.10
04/02/25	Recd .819 Shs As A Reinvested Div At \$ 8.820 Per Sh	0.00	0.00	- 7.22
05/02/25	Recd .824 Shs As A Reinvested Div At \$ 8.830 Per Sh	0.00	0.00	- 7.28
		0.00	0.00	- 88.21

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: XXXXXXXXXX
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
	- Harbor Core Bond Fund - Retirement <i>411512197</i>			
06/03/24	Recd 3154.194 Shs As A Reinvested Div of \$ 8.720 Per Sh	0.00	0.00	- 27,504.57
07/01/24	Recd 2892.536 Shs As A Reinvested Div of \$ 8.770 Per Sh	0.00	0.00	- 25,367.54
08/01/24	Recd 3459.195 Shs As A Reinvested Div of \$ 8.940 Per Sh	0.00	0.00	- 30,925.20
09/03/24	Recd 3018.045 Shs As A Reinvested Div of \$ 9.030 Per Sh	0.00	0.00	- 27,252.95
10/01/24	Recd 3090.691 Shs As A Reinvested Div of \$ 9.120 Per Sh	0.00	0.00	- 28,187.10
10/31/24	Recd 3187.360 Shs As A Reinvested Div of \$ 8.870 Per Sh	0.00	0.00	- 28,271.88
11/27/24	Recd 2622.604 Shs As A Reinvested Div of \$ 8.880 Per Sh	0.00	0.00	- 23,288.72
12/23/24	Recd 4682.465 Shs As A Reinvested Div of \$ 8.740 Per Sh	0.00	0.00	- 40,924.74
02/03/25	Recd 3136.635 Shs As A Reinvested Div of \$ 8.750 Per Sh	0.00	0.00	- 27,445.56
03/03/25	Recd 2934.600 Shs As A Reinvested Div of \$ 8.920 Per Sh	0.00	0.00	- 26,176.63
04/01/25	Recd 3520.938 Shs As A Reinvested Div of \$ 8.880 Per Sh	0.00	0.00	- 31,265.93
05/01/25	Recd 3265.950 Shs As A Reinvested Div of \$ 8.870 Per Sh	0.00	0.00	- 28,968.98
05/08/25	Purchased 113250.283 Shs 05/07/25	0.00	0.00	- 1,000,000.00
		0.00	0.00	- 1,345,579.80
	- Vanguard Sht Term Invst Grade Adm #539 <i>922031836</i>			
06/03/24	Recd 508.333 Shs As A Reinvested Div At \$ 10.170 Per Sh	0.00	0.00	- 5,169.75
07/01/24	Recd 516.853 Shs As A Reinvested Div At \$ 10.190 Per Sh	0.00	0.00	- 5,266.73
08/01/24	Recd 524.226 Shs As A Reinvested Div At \$ 10.320 Per Sh	0.00	0.00	- 5,410.01
09/03/24	Recd 528.310 Shs As A Reinvested Div At \$ 10.390 Per Sh	0.00	0.00	- 5,489.14



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: [REDACTED]
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
10/01/24	Recd 523.059 Shs As A Reinvested Div At \$ 10.460 Per Sh	0.00	0.00	- 5,471.20
11/01/24	Recd 538.316 Shs As A Reinvested Div At \$ 10.330 Per Sh	0.00	0.00	- 5,560.80
12/02/24	Recd 532.994 Shs As A Reinvested Div At \$ 10.360 Per Sh	0.00	0.00	- 5,521.82
01/02/25	Recd 543.935 Shs As A Reinvested Div At \$ 10.310 Per Sh	0.00	0.00	- 5,607.97
02/03/25	Recd 556.144 Shs As A Reinvested Div At \$ 10.330 Per Sh	0.00	0.00	- 5,744.97
03/03/25	Recd 550.468 Shs As A Reinvested Div At \$ 10.390 Per Sh	0.00	0.00	- 5,719.36
04/01/25	Recd 565.463 Shs As A Reinvested Div At \$ 10.400 Per Sh	0.00	0.00	- 5,880.82
05/01/25	Recd 583.352 Shs As A Reinvested Div At \$ 10.430 Per Sh	0.00	0.00	- 6,084.36
		0.00	0.00	- 66,926.93
	Total Fixed Income Funds	0.00	0.00	- 1,412,594.94
	Total Fixed Income	0.00	0.00	- 1,412,594.94
	Other Assets			
	Limited Partnerships			
05/07/25	- Beach Point Loan Fund LP 07332A952 Wire To Purchase	0.00	0.00	- 1,000,000.00
	Total Limited Partnerships	0.00	0.00	- 1,000,000.00
	Total Other Assets	0.00	0.00	- 1,000,000.00
	Cash Equivalent			

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
 HEALTH BENEFITS FUND
 ATTACHMENT TO FORM 5500
 SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
 (ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: [REDACTED]
 Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
05/31/25	- Federated Hermes Government 60934N104 Purchases (43) 06/01/24 To 05/31/25	0.00	0.00	- 19,241,333.73
	Total Cash Equivalent	0.00	0.00	- 19,241,333.73
	Total Purchases	0.00	0.00	- 21,789,623.27



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: [REDACTED]
Statement Period: 06/01/24 through 05/31/25

Sales

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash	Cost	Realized Gain/Loss
Equity						
Equity Funds						
	- Vanguard Institutional Index Fd #94 922040100					
12/31/24	Long Term Capital Gains Dist of \$ 4.850 Per Sh on 6,843 Sh	0.00	0.00	33,193.84	0.00	33,193.84
12/31/24	Short Term Capital Gains Dist of \$.250 Per Sh on 6,843 Sh	0.00	0.00	1,715.86	0.00	1,715.86
03/26/25	Long Term Capital Gains Dist of \$.700 Per Sh on 6,938 Sh	0.00	0.00	4,858.47	0.00	4,858.47
03/26/25	Short Term Capital Gains Dist of \$.101 Per Sh on 6,938 Sh	0.00	0.00	704.35	0.00	704.35
		0.00	0.00	40,472.52	0.00	40,472.52
	Total Equity Funds	0.00	0.00	40,472.52	0.00	40,472.52
	Total Equity	0.00	0.00	40,472.52	0.00	40,472.52
Cash Equivalent						
	- Federated Hermes Government 60934N104					
05/31/25	Sales (196) 06/01/24 To 05/31/25	0.00	0.00	21,433,674.15	- 21,433,674.15	0.00
	Total Cash Equivalent	0.00	0.00	21,433,674.15	- 21,433,674.15	0.00
Total Sales		0.00	0.00	21,474,146.67	- 21,433,674.15	40,472.52

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND

NV Bricklayers 13 Health Benefits Fd

ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4j

Account Number: [REDACTED]
Statement Period: 06/01/24 through 05/31/25

SCHEDULE OF REPORTABLE TRANSACTIONS (5%)

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Harbor Core Bond Fund - Retirement							
Recd 3154.194 Shs As A Reinvested Div of \$ 8.720 Per Sh		.00	.00	8.720	27,504.57	27,504.57	.00
Recd 2892.536 Shs As A Reinvested Div of \$ 8.770 Per Sh		.00	.00	8.770	25,367.54	25,367.54	.00
Recd 3459.195 Shs As A Reinvested Div of \$ 8.940 Per Sh		.00	.00	8.940	30,925.20	30,925.20	.00
Recd 3018.045 Shs As A Reinvested Div of \$ 9.030 Per Sh		.00	.00	9.030	27,252.95	27,252.95	.00
Recd 3090.691 Shs As A Reinvested Div of \$ 9.120 Per Sh		.00	.00	9.120	28,187.10	28,187.10	.00
Recd 3187.360 Shs As A Reinvested Div of \$ 8.870 Per Sh		.00	.00	8.870	28,271.88	28,271.88	.00
Recd 2622.604 Shs As A Reinvested Div of \$ 8.880 Per Sh		.00	.00	8.880	23,288.72	23,288.72	.00
Recd 4682.465 Shs As A Reinvested Div of \$ 8.740 Per Sh		.00	.00	8.740	40,924.74	40,924.74	.00
Recd 3136.635 Shs As A Reinvested Div of \$ 8.750 Per Sh		.00	.00	8.750	27,445.56	27,445.56	.00
Recd 2934.600 Shs As A Reinvested Div of \$ 8.920 Per Sh		.00	.00	8.920	26,176.63	26,176.63	.00
Recd 3520.938 Shs As A Reinvested Div of \$ 8.880 Per Sh		.00	.00	8.880	31,265.93	31,265.93	.00
Recd 3265.950 Shs As A Reinvested Div of \$ 8.870 Per Sh		.00	.00	8.870	28,968.98	28,968.98	.00
Purchased 113250.283 Shs 05/07/25		.00	.00	8.830	1,000,000.00	1,000,000.00	.00
Purchases	13	.00	.00	8.840	1,345,579.80	1,345,579.80	.00

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND

NV Bricklayers 13 Health Benefits Fd

ATTACHMENT TO FORM 5500

SCHEDULE H LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (5%)

Account Number: ██████
Statement Period: 06/01/24 through 05/31/25

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Federated Hermes Government Purchases	43	.00	.00	1.000	19,241,333.73	19,241,333.73	.00
Sales	196	.00	.00	1.000	21,433,674.15	21,433,674.15	.00

* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND

NV Bricklayers 13 Health Benefits Fd

ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4j

Account Number: [REDACTED]
Statement Period: 06/01/24 through 05/31/25

SCHEDULE OF REPORTABLE TRANSACTIONS (5%)

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Harbor Core Bond Fund - Retirement							
Recd 3154.194 Shs As A Reinvested Div of \$ 8.720 Per Sh		.00	.00	8.720	27,504.57	27,504.57	.00
Recd 2892.536 Shs As A Reinvested Div of \$ 8.770 Per Sh		.00	.00	8.770	25,367.54	25,367.54	.00
Recd 3459.195 Shs As A Reinvested Div of \$ 8.940 Per Sh		.00	.00	8.940	30,925.20	30,925.20	.00
Recd 3018.045 Shs As A Reinvested Div of \$ 9.030 Per Sh		.00	.00	9.030	27,252.95	27,252.95	.00
Recd 3090.691 Shs As A Reinvested Div of \$ 9.120 Per Sh		.00	.00	9.120	28,187.10	28,187.10	.00
Recd 3187.360 Shs As A Reinvested Div of \$ 8.870 Per Sh		.00	.00	8.870	28,271.88	28,271.88	.00
Recd 2622.604 Shs As A Reinvested Div of \$ 8.880 Per Sh		.00	.00	8.880	23,288.72	23,288.72	.00
Recd 4682.465 Shs As A Reinvested Div of \$ 8.740 Per Sh		.00	.00	8.740	40,924.74	40,924.74	.00
Recd 3136.635 Shs As A Reinvested Div of \$ 8.750 Per Sh		.00	.00	8.750	27,445.56	27,445.56	.00
Recd 2934.600 Shs As A Reinvested Div of \$ 8.920 Per Sh		.00	.00	8.920	26,176.63	26,176.63	.00
Recd 3520.938 Shs As A Reinvested Div of \$ 8.880 Per Sh		.00	.00	8.880	31,265.93	31,265.93	.00
Recd 3265.950 Shs As A Reinvested Div of \$ 8.870 Per Sh		.00	.00	8.870	28,968.98	28,968.98	.00
Purchased 113250.283 Shs 05/07/25		.00	.00	8.830	1,000,000.00	1,000,000.00	.00
Purchases	13	.00	.00	8.840	1,345,579.80	1,345,579.80	.00

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND

NV Bricklayers 13 Health Benefits Fd

ATTACHMENT TO FORM 5500

SCHEDULE H LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (5%)

Account Number: ██████
Statement Period: 06/01/24 through 05/31/25

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Federated Hermes Government Purchases	43	.00	.00	1.000	19,241,333.73	19,241,333.73	.00
Sales	196	.00	.00	1.000	21,433,674.15	21,433,674.15	.00

* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
EIN # 88-0476131
PLAN NUMBER: 501
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
MAY 31, 2025

(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
	Beach Point Loan Fund LP	Limited Partnership	\$ 2,900,000	\$ 3,362,178
	BNY Mellon Global Real Return Fund CL I	Mutual funds	812,903	829,491
	Federated Institutional High Yield Bond Fund	Mutual funds	1,487	1,543
	Harbor Core Bond Fund	Mutual funds	8,955,631	8,730,517
	Vanguard Institutional Index	Mutual funds	2,146,417	3,357,382
	Vanguard Short Term Invt Grade Adm	Mutual funds	1,528,560	1,579,775
	Vanguard Small-Cap Index Fund - Adm	Mutual funds	<u>614,879</u>	<u>724,313</u>
	Total for Mutual funds and Limited Partnerships		16,959,877	18,585,199
	Federated Hermes Gov't Obligations Fd	Money Market	<u>3,151,487</u>	<u>3,151,487</u>
		Total investments	<u>\$ 20,111,364</u>	<u>\$ 21,736,686</u>

See accompanying independent auditor's report

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: ██████
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
Equity				
Equity Funds				
- BNY Mellon Global Real Return Fund Class I #6280 <i>05587N828</i>				
12/31/24	Recd 2717.133 Shs As A Reinvested Div of \$ 15.300 Per Sh	0.00	0.00	- 41,572.14
- Vanguard Institutional Index Fd #94 <i>922040100</i>				
07/01/24	Recd 24.284 Shs As A Reinvested Div of \$ 449.240 Per Sh	0.00	0.00	- 10,909.38
09/30/24	Recd 21.425 Shs As A Reinvested Div of \$ 472.110 Per Sh	0.00	0.00	- 10,114.73
12/31/24	Recd 22.191 Shs As A Reinvested Div of \$ 480.910 Per Sh	0.00	0.00	- 10,672.06
12/31/24	Recd 69.023 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 33,193.84
12/31/24	Recd 3.568 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 1,715.86
03/26/25	Recd 24.168 Shs As A Reinvested Div of \$ 469.360 Per Sh	0.00	0.00	- 11,343.69
03/26/25	Recd 10.351 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 4,858.47
03/26/25	Recd 1.501 Shs As A Reinvested Capital Gains Distribution	0.00	0.00	- 704.35
		0.00	0.00	- 83,512.38
- Vanguard Small Cap Index Fund Adm #548 <i>922908686</i>				
07/01/24	Recd 25.314 Shs As A Reinvested Div of \$ 104.600 Per Sh	0.00	0.00	- 2,647.86
09/30/24	Recd 19.480 Shs As A Reinvested Div of \$ 113.580 Per Sh	0.00	0.00	- 2,212.49
12/24/24	Recd 24.549 Shs As A Reinvested Div of \$ 115.910 Per Sh	0.00	0.00	- 2,845.47
03/28/25	Recd 26.809 Shs As A Reinvested Div of \$ 108.330 Per Sh	0.00	0.00	- 2,904.26



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: [REDACTED]
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
		0.00	0.00	- 10,610.08
	Total Equity Funds	0.00	0.00	- 135,694.60
	Total Equity	0.00	0.00	- 135,694.60
	Fixed Income			
	Fixed Income Funds			
	- Federated Hermes Institutional High Yield Bond Fund <i>31420B300</i>			
06/03/24	Recd .806 Shs As A Reinvested Div At \$ 8.700 Per Sh	0.00	0.00	- 7.01
07/02/24	Recd .803 Shs As A Reinvested Div At \$ 8.740 Per Sh	0.00	0.00	- 7.02
08/02/24	Recd .799 Shs As A Reinvested Div At \$ 8.850 Per Sh	0.00	0.00	- 7.07
09/03/24	Recd .815 Shs As A Reinvested Div At \$ 8.930 Per Sh	0.00	0.00	- 7.28
10/02/24	Recd .816 Shs As A Reinvested Div At \$ 9.030 Per Sh	0.00	0.00	- 7.37
11/04/24	Recd .875 Shs As A Reinvested Div At \$ 8.910 Per Sh	0.00	0.00	- 7.80
12/03/24	Recd .905 Shs As A Reinvested Div At \$ 8.950 Per Sh	0.00	0.00	- 8.10
01/03/25	Recd .891 Shs As A Reinvested Div At \$ 8.860 Per Sh	0.00	0.00	- 7.89
02/04/25	Recd .792 Shs As A Reinvested Div At \$ 8.930 Per Sh	0.00	0.00	- 7.07
03/04/25	Recd .794 Shs As A Reinvested Div At \$ 8.940 Per Sh	0.00	0.00	- 7.10
04/02/25	Recd .819 Shs As A Reinvested Div At \$ 8.820 Per Sh	0.00	0.00	- 7.22
05/02/25	Recd .824 Shs As A Reinvested Div At \$ 8.830 Per Sh	0.00	0.00	- 7.28
		0.00	0.00	- 88.21

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: XXXXXXXXXX
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
	- Harbor Core Bond Fund - Retirement <i>411512197</i>			
06/03/24	Recd 3154.194 Shs As A Reinvested Div of \$ 8.720 Per Sh	0.00	0.00	- 27,504.57
07/01/24	Recd 2892.536 Shs As A Reinvested Div of \$ 8.770 Per Sh	0.00	0.00	- 25,367.54
08/01/24	Recd 3459.195 Shs As A Reinvested Div of \$ 8.940 Per Sh	0.00	0.00	- 30,925.20
09/03/24	Recd 3018.045 Shs As A Reinvested Div of \$ 9.030 Per Sh	0.00	0.00	- 27,252.95
10/01/24	Recd 3090.691 Shs As A Reinvested Div of \$ 9.120 Per Sh	0.00	0.00	- 28,187.10
10/31/24	Recd 3187.360 Shs As A Reinvested Div of \$ 8.870 Per Sh	0.00	0.00	- 28,271.88
11/27/24	Recd 2622.604 Shs As A Reinvested Div of \$ 8.880 Per Sh	0.00	0.00	- 23,288.72
12/23/24	Recd 4682.465 Shs As A Reinvested Div of \$ 8.740 Per Sh	0.00	0.00	- 40,924.74
02/03/25	Recd 3136.635 Shs As A Reinvested Div of \$ 8.750 Per Sh	0.00	0.00	- 27,445.56
03/03/25	Recd 2934.600 Shs As A Reinvested Div of \$ 8.920 Per Sh	0.00	0.00	- 26,176.63
04/01/25	Recd 3520.938 Shs As A Reinvested Div of \$ 8.880 Per Sh	0.00	0.00	- 31,265.93
05/01/25	Recd 3265.950 Shs As A Reinvested Div of \$ 8.870 Per Sh	0.00	0.00	- 28,968.98
05/08/25	Purchased 113250.283 Shs 05/07/25	0.00	0.00	- 1,000,000.00
		0.00	0.00	- 1,345,579.80
	- Vanguard Sht Term Invst Grade Adm #539 <i>922031836</i>			
06/03/24	Recd 508.333 Shs As A Reinvested Div At \$ 10.170 Per Sh	0.00	0.00	- 5,169.75
07/01/24	Recd 516.853 Shs As A Reinvested Div At \$ 10.190 Per Sh	0.00	0.00	- 5,266.73
08/01/24	Recd 524.226 Shs As A Reinvested Div At \$ 10.320 Per Sh	0.00	0.00	- 5,410.01
09/03/24	Recd 528.310 Shs As A Reinvested Div At \$ 10.390 Per Sh	0.00	0.00	- 5,489.14



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
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SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: [REDACTED]
Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
10/01/24	Recd 523.059 Shs As A Reinvested Div At \$ 10.460 Per Sh	0.00	0.00	- 5,471.20
11/01/24	Recd 538.316 Shs As A Reinvested Div At \$ 10.330 Per Sh	0.00	0.00	- 5,560.80
12/02/24	Recd 532.994 Shs As A Reinvested Div At \$ 10.360 Per Sh	0.00	0.00	- 5,521.82
01/02/25	Recd 543.935 Shs As A Reinvested Div At \$ 10.310 Per Sh	0.00	0.00	- 5,607.97
02/03/25	Recd 556.144 Shs As A Reinvested Div At \$ 10.330 Per Sh	0.00	0.00	- 5,744.97
03/03/25	Recd 550.468 Shs As A Reinvested Div At \$ 10.390 Per Sh	0.00	0.00	- 5,719.36
04/01/25	Recd 565.463 Shs As A Reinvested Div At \$ 10.400 Per Sh	0.00	0.00	- 5,880.82
05/01/25	Recd 583.352 Shs As A Reinvested Div At \$ 10.430 Per Sh	0.00	0.00	- 6,084.36
		0.00	0.00	- 66,926.93
	Total Fixed Income Funds	0.00	0.00	- 1,412,594.94
	Total Fixed Income	0.00	0.00	- 1,412,594.94
	Other Assets			
	Limited Partnerships			
05/07/25	- Beach Point Loan Fund LP <i>07332A952</i> Wire To Purchase	0.00	0.00	- 1,000,000.00
	Total Limited Partnerships	0.00	0.00	- 1,000,000.00
	Total Other Assets	0.00	0.00	- 1,000,000.00
	Cash Equivalent			

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
 HEALTH BENEFITS FUND
 ATTACHMENT TO FORM 5500
 SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
 (ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: [REDACTED]
 Statement Period: 06/01/24 through 05/31/25

Purchases

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash
05/31/25	- Federated Hermes Government 60934N104 Purchases (43) 06/01/24 To 05/31/25	0.00	0.00	- 19,241,333.73
	Total Cash Equivalent	0.00	0.00	- 19,241,333.73
	Total Purchases	0.00	0.00	- 21,789,623.27



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
HEALTH BENEFITS FUND
ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

NV Bricklayers 13 Health Benefits Fd

Account Number: XXXXXXXXXX
Statement Period: 06/01/24 through 05/31/25

Sales

Date	Description <i>Asset ID (CUSIP)</i>	Commission	Other Costs	Net Cash	Cost	Realized Gain/Loss
Equity						
Equity Funds						
	- Vanguard Institutional Index Fd #94 922040100					
12/31/24	Long Term Capital Gains Dist of \$ 4.850 Per Sh on 6,843 Sh	0.00	0.00	33,193.84	0.00	33,193.84
12/31/24	Short Term Capital Gains Dist of \$.250 Per Sh on 6,843 Sh	0.00	0.00	1,715.86	0.00	1,715.86
03/26/25	Long Term Capital Gains Dist of \$.700 Per Sh on 6,938 Sh	0.00	0.00	4,858.47	0.00	4,858.47
03/26/25	Short Term Capital Gains Dist of \$.101 Per Sh on 6,938 Sh	0.00	0.00	704.35	0.00	704.35
		0.00	0.00	40,472.52	0.00	40,472.52
	Total Equity Funds	0.00	0.00	40,472.52	0.00	40,472.52
	Total Equity	0.00	0.00	40,472.52	0.00	40,472.52
Cash Equivalent						
	- Federated Hermes Government 60934N104					
05/31/25	Sales (196) 06/01/24 To 05/31/25	0.00	0.00	21,433,674.15	- 21,433,674.15	0.00
	Total Cash Equivalent	0.00	0.00	21,433,674.15	- 21,433,674.15	0.00
	Total Sales	0.00	0.00	21,474,146.67	- 21,433,674.15	40,472.52