

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... B This return/report is: [] a single-employer plan [] a DFE... 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... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 VACATION FUND
1b Three-digit plan number (PN) 502
1c Effective date of plan 08/03/2007
2a Plan sponsor's name (employer, if for a single-employer plan) BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 VACATION FUND
2b Employer Identification Number (EIN) 80-6070447
2c Plan Sponsor's telephone number 702-734-8601
2d Business code (see instructions) 238300

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.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 VACATION FUND 2250 SOUTH RANCHO DRIVE, SUITE 295 LAS VEGAS, NV 89102-4409		3b Administrator's EIN 80-6070447
		3c Administrator's telephone number 702-734-8601
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1369
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year		6a(1) 1369
6a(2) Total number of active participants at the end of the plan year		6a(2) 1153
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 65

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4Q

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

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 & ALLIED CRAFTWORKERS LOCAL 13 VACATION FUND	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 VACATION FUND	D Employer Identification Number (EIN) 80-6070447	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

LAYTON LAYTON & TOBLER LLP

606 SOUTH NINTH STREET
LAS VEGAS, NV 89101

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	PLAN AUDITOR	7677	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)

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

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

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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 & ALLIED CRAFTWORKERS LOCAL 13 VACATION FUND	B Three-digit plan number (PN) 502
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 VACATION FUND	D Employer Identification Number (EIN) 80-6070447

Part I	Asset and Liability Statement
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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	23382	37538
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	475897	489909
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	452806	467427
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	185330	191628
(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)	107302	111199
(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	1244717	1297701
Liabilities			
g Benefit claims payable.....	1g	928009	956436
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	928009	956436
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	316708	341265

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)	5053369	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5053369
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	13007	
(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)		13007
(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)	3560	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3560
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	69	
(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		47349
d Total income. Add all income amounts in column (b) and enter total.....	2d		5117354

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5070119	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5070119
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)	2148	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	7677	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	127	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3414	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	9312	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		22678
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5092797

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		24557
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

VACATION FUND

YEARS ENDED MAY 31, 2025 AND 2024

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

VACATION FUND

YEARS ENDED MAY 31, 2025 AND 2024

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Independent Auditors' Report

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

Opinion

We have audited the accompanying financial statements of Bricklayers and Allied Craftworkers Local 13 Vacation Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of May 31, 2025 and 2024, and the related statements 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 Vacation 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 Vacation 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 Vacation 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 conform with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than that of one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. 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 Vacation 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 Vacation Fund's ability to continue as a going concern for a reasonable period of time.

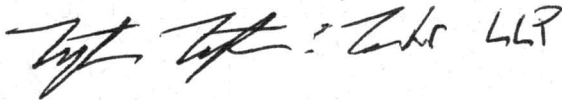
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted to form an opinion on the financial statements as a whole. The supplementary schedules of assets held at the end of the year for the year ended May 31, 2025, referred to as "supplemental information," is presented for additional analysis and are not a required part of the financial statements but is 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 its 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 are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Handwritten signature in black ink, appearing to read "John J. [unclear] LLP".

January 22, 2026
Las Vegas, NV

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND**

**STATEMENTS OF BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS**

MAY 31, 2025 AND 2024

BENEFIT OBLIGATIONS

	2025	2024
Vacation benefits payable	\$ 956,436	\$ 928,009
Total benefit obligations	956,436	928,009

NET ASSETS

Assets:

Investments, at fair value:

Mutual funds	111,199	107,302
Total investments at fair value	111,199	107,302

Receivables:

Employer contributions receivable	489,909	475,897
Due from other fund	467,427	452,806
Total receivables	957,336	928,703

Cash and cash equivalents

Total assets	1,297,701	1,244,717
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Liabilities:

Due to other fund		
Total liabilities		

Net assets available for benefits	1,297,701	1,244,717
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Net assets available for benefits in excess of

benefit obligations	\$ 341,265	\$ 316,708
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The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MAY 31, 2025 AND 2024

NET DECREASE IN BENEFIT OBLIGATIONS

	2025	2024
Decrease during the year attributable to:		
Net change in vacation benefits	\$ 28,427	\$ 2,005

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS

Additions to net assets attributed to:

Contributions:

Employer contributions	5,053,369	5,537,978
Interest on collections	18	97
Liquidated damages	576	5,324
Total contributions	5,053,963	5,543,399

Investment income:

Dividends	3,560	3,043
Interest	13,007	13,813
Realized and unrealized gain	69	99
Total investment income	16,636	16,955

Other income:

Vacation checks reverted to trust	46,755	51,173
Total additions	\$ 5,117,354	\$ 5,611,527

Continued on next page:

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MAY 31, 2025 AND 2024

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS, CONTINUED

	2025	2024
Continued from prior page:		
Deductions from net assets attributed to:		
Payments for vacation benefits	\$ 5,041,692	\$ 5,495,275
Administrative expenses:		
Administration fees	2,148	2,269
Audit fees	7,677	3,657
Audit fees - payroll	561	1,573
Bank service charges	3,679	4,202
Fiduciary insurance and bond	532	6,757
Legal fees	3,415	5,692
Office expenses	4,666	6,733
Total administrative expenses	22,678	30,883
Total deductions	5,064,370	5,526,158
 Net increase in net assets available for benefits	 52,984	 85,369
Net increase	24,557	83,364
Beginning of year	316,708	233,344
End of year	\$ 341,265	\$ 316,708

The accompanying notes are an integral
part of these financial statements

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

VACATION FUND

NOTES TO FINANCIAL STATEMENTS

MAY 31, 2025 AND 2024

1. Description of the plan:

The following description of the Bricklayers and Allied Craftworkers Local 13 Vacation 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 on August 3, 2007, provides vacation benefits to employees covered by collective bargaining agreements between signatory employers and Bricklayers and Allied Craftworkers Local 13 (Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits:

The Plan provides semi-annual vacation benefit payments to covered participants. For each hour worked, participating employers contributed \$.50 to \$7.90, depending on the agreement.

Contributions:

The participating employers pay contributions to provide benefits in accordance with their collective bargaining agreements "on a cents-per-hour basis."

Other:

The Plan's Board of Trustees has the right under the Plan to modify the benefits provided to participants.

2. Summary of significant accounting policies:

Basis of accounting:

The accompanying financial statements of Bricklayers and Allied Craftworkers Local 13 Vacation 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.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

VACATION FUND

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2025 AND 2024

2. Summary of significant accounting policies, continued:

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 specific reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Collection costs recovered and common expenses:

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

3. Cash and cash equivalents:

The Plan's cash and cash equivalents consist of checking accounts and funds invested in a money market account through a bank trust department. As of May 31, 2025 and 2024, these deposits exceeded the \$250,000 insurance coverage insured by the Federal Deposit Insurance Corporation (FDIC) by \$430,943 and \$531,662, respectively.

4. Tax Status:

The Plan obtained its determination letter dated December 9, 2009, 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 determination letter. 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.

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

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

VACATION FUND

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2025 AND 2024

5. Plan termination:

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

6. Reconciliation of financial statements to form 5500:

	<u>2025</u>
Net assets available for benefits per financial statements	\$ 1,297,701
Vacation benefits payable to participants	<u>(956,436)</u>
Net assets available for benefits per Form 5500	<u>\$ 341,265</u>

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

	<u>2025</u>
Benefit payments paid per the financial statements	\$ 5,041,692
Add (deduct):	
Vacation benefits payable to participants at May 31, 2024	(928,009)
Vacation benefits payable to participants at May 31, 2025	<u>956,436</u>
Benefit payments per form 5500	<u>\$ 5,707,119</u>

7. Net change in vacation benefits:

The Plan's management usually distributes vacation checks near the end of November and the end of May. The vacation benefit payouts for the Plan's fiscal year followed that pattern and were made on November 21, 2024, and May 20, 2025.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

VACATION FUND

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2025 AND 2024

8. Investments:

The Plan's investments are held in a bank-administered trust fund. The following presents investments at fair value as determined by the quoted market price on May 31, 2025, and 2024.

	<u>2025</u>	<u>2024</u>
Mutual funds	\$ 111,191	\$ 107,294
Cash equivalents	<u>8</u>	<u>8</u>
	<u>\$ 111,199</u>	<u>\$ 107,302</u>

The Plan's investments (including investments bought, sold, and held during the year) changed in value during 2025 and 2024, as follows:

	<u>2025</u>	<u>2024</u>
Mutual funds – appreciation (depreciation)	\$ <u>69</u>	\$ <u>99</u>

9. Fair value measurements:

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

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

Level 2 Inputs to the Valuation methodology include:

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

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

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

VACATION FUND

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2025 AND 2024

9. Fair value measurements, continued:

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.

The following is a description of the valuation methodologies used for assets measured at fair value:

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

The methods described above may produce a fair value calculation that is not 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 specific 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:

		<u>Fair Value Measurements at Report Date Using:</u>		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>May 31, 2025</u>				
Mutual funds	\$ 111,191	\$ 111,191	\$	\$
Money market investments	8	8		
Total investments	<u>\$ 111,199</u>	<u>\$ 111,199</u>	<u>\$</u>	<u>\$</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13

VACATION FUND

NOTES TO FINANCIAL STATEMENTS, CONTINUED

MAY 31, 2025 AND 2024

9. Fair value measurements, continued:

		<u>Fair Value Measurements at Report Date Using:</u>		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>May 31, 2024</u>				
Mutual funds	\$ 107,294	\$ 107,294	\$	\$
Money market investments	<u>8</u>	<u>8</u>	<u> </u>	<u> </u>
Total investments	<u>\$ 107,302</u>	<u>\$ 107,302</u>	<u>\$</u>	<u>\$</u>

10. Transactions with parties in interest:

The Plan engages in transactions with certain parties-in-interest, as defined by the Employee Retirement Income Security Act of 1974 (ERISA). Parties-in-interest generally include the Plan sponsor, trustees, investment managers, and other service providers. All transactions with parties-in-interest are conducted in accordance with ERISA and applicable Department of Labor regulations. As of May 31, 2025 and 2024 the Plan did not hold any investments in funds of fund managers or their affiliates.

11. Date of management’s review:

Management has evaluated subsequent events through January 22, 2026, the date the financial statements were available to be issued. Based on this evaluation, no subsequent events have occurred that would affect these statements.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 VACATION
EIN # 80-6070447
PLAN NUMBER: 502
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
	Columbia Ultra Short Duration Bond Fund	Mutual funds	111,898	111,191
	Goldman Sachs Fin Sq Government Fund	Cash equivalent	8	8
			<u>\$ 111,906</u>	<u>\$ 111,199</u>

See accompanying independent auditor's report

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND

NV Bricklayers 13 Vacation Fund (Py)

ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

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
Fixed Income				
Fixed Income Funds				
- Columbia Ultra Short Duration Municipal Bond Fund - Instl #6956 19766J219				
11/27/24	Recd 22.526 Shs As A Reinvested Div At \$ 10.010 Per Sh	0.00	0.00	- 225.49
12/03/24	Recd 7.691 Shs As A Reinvested Div At \$ 10.020 Per Sh	0.00	0.00	- 76.98
01/03/25	Recd 31.383 Shs As A Reinvested Div At \$ 9.990 Per Sh	0.00	0.00	- 313.51
02/04/25	Recd 31.816 Shs As A Reinvested Div At \$ 10.010 Per Sh	0.00	0.00	- 318.48
03/04/25	Recd 25 Shs As A Reinvested Div At \$ 10.030 Per Sh	0.00	0.00	- 250.75
04/02/25	Recd 29.348 Shs As A Reinvested Div At \$ 10.010 Per Sh	0.00	0.00	- 293.77
05/02/25	Recd 27.744 Shs As A Reinvested Div At \$ 9.990 Per Sh	0.00	0.00	- 277.16
		0.00	0.00	- 1,756.14
- Columbia Ultra Short Duration Muni Bond Fund Adv Class #6955 19766J227				
06/04/24	Recd 29.433 Shs As A Reinvested Div At \$ 9.950 Per Sh	0.00	0.00	- 292.85
07/02/24	Recd 30.213 Shs As A Reinvested Div At \$ 9.970 Per Sh	0.00	0.00	- 301.22
08/02/24	Recd 30.126 Shs As A Reinvested Div At \$ 10.000 Per Sh	0.00	0.00	- 301.26
09/04/24	Recd 30.087 Shs As A Reinvested Div At \$ 10.020 Per Sh	0.00	0.00	- 301.46
10/02/24	Recd 28.867 Shs As A Reinvested Div At \$ 10.020 Per Sh	0.00	0.00	- 289.25
11/04/24	Recd 31.781 Shs As A Reinvested Div At \$ 9.990 Per Sh	0.00	0.00	- 317.49
		0.00	0.00	- 1,803.53



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND

NV Bricklayers 13 Vacation Fund (Py)

ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

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
	Total Fixed Income Funds	0.00	0.00	- 3,559.67
	Total Fixed Income	0.00	0.00	- 3,559.67
	Cash Equivalent			
05/31/25	- GS Fin Sq Gov #466 38141W265 Purchases (15) 06/01/24 To 05/31/25	0.00	0.00	- 71.31
	Total Cash Equivalent	0.00	0.00	- 71.31
	Total Purchases	0.00	0.00	- 3,630.98

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND

NV Bricklayers 13 Vacation Fund (Py)

ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

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
	Cash Equivalent					
05/31/25	- GS Fin Sq Gov #466 38141W265 Sales (3) 06/01/24 To 05/31/25	0.00	0.00	70.94	- 70.94	0.00
	Total Cash Equivalent	<u>0.00</u>	<u>0.00</u>	<u>70.94</u>	<u>- 70.94</u>	<u>0.00</u>
	Total Sales	0.00	0.00	70.94	- 70.94	0.00



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13 VACATION
EIN # 80-6070447
PLAN NUMBER: 502
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(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
	Columbia Ultra Short Duration Bond Fund	Mutual funds	111,898	111,191
	Goldman Sachs Fin Sq Government Fund	Cash equivalent	8	8
			<u>\$ 111,906</u>	<u>\$ 111,199</u>

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND

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01/03/25	Recd 31.383 Shs As A Reinvested Div At \$ 9.990 Per Sh	0.00	0.00	- 313.51
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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND

NV Bricklayers 13 Vacation Fund (Py)

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SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 13
VACATION FUND

NV Bricklayers 13 Vacation Fund (Py)

ATTACHMENT TO FORM 5500
SCHEDULE H LINE 4L - SCHEDULE OF ASSETS
(ACQUIRE AND DISPOSED WITHIN YEAR)

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
	Cash Equivalent					
05/31/25	- GS Fin Sq Gov #466 38141W265 Sales (3) 06/01/24 To 05/31/25	0.00	0.00	70.94	- 70.94	0.00
	Total Cash Equivalent	<u>0.00</u>	<u>0.00</u>	<u>70.94</u>	<u>- 70.94</u>	<u>0.00</u>
	Total Sales	0.00	0.00	70.94	- 70.94	0.00

