

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for:
	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ▶ ☒ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>06/01/1982</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u> <u>33 SAGINAW DRIVE</u> <u>ROCHESTER, NY 14623-3131</u> <u>33 SAGINAW DRIVE</u> <u>ROCHESTER, NY 14623-3131</u>
2b	Employer Identification Number (EIN) <u>16-1184581</u>
2c	Plan Sponsor's telephone number <u>585-385-1160</u>
2d	Business code (see instructions) <u>238100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	RICHARD WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	JAMES LOGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2359 6a(2) 2386 6b 9 6c 45 6d 2440 6e 1 6f 2441 6g 2016 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 121
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND	D Employer Identification Number (EIN) 16-1184581	

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.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(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
04-1590850	65935	MR 60511	2441	01/01/2021	12/31/2021

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
0	0

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** 3638386**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) ▶ **GROUP ANNUITY CONTRACT****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** 2661853**c** Additions: (1) Contributions deposited during the year **7c(1)** 60809(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 67635(4) Transferred from separate account..... **7c(4)** 1085458(5) Other (specify below) **7c(5)** 1948▶ **TRANSFERRED FORFEITURES**(6) Total additions **7c(6)** 1215850**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 3877703**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 226026(2) Administration charge made by carrier..... **7e(2)** 13291(3) Transferred to separate account..... **7e(3)** 0(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 239317**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3638386

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 ☐ paid in cash, or ☐ 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	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND	D Employer Identification Number (EIN) 16-1184581	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO
04-1590850

(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)

LOCAL 3 NY ANNUITY ITHACA

16-1184581

(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?
14 50	PARTICIPATING FUND	73179	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

LOCAL 3 NY ANNUITY ROCHESTER

16-1184581

(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?
14 50	PARTICIPATING FUND	53904	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

SLEVIN & HART, P.C.

1625 MASSACHUSETTS AVE., NW SUITE 4
WASHINGTON, DC 20036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	44388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN STANLEY

36-3145972

(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?
51 28	NONE	38141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONADIO & CO., LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 3 NY ANNUITY BUFFALO

16-1184581

(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?
14 50	PARTICIPATING FUND	21471	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

SEGAL SELECT INSURANCE SERVICES, INC

333 WEST 34TH STREET
NEW YORK, NY 10001-2404

(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	NONE	17664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCARA ZUCARELLI & LENDA CPA

47-1793720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAC LOCAL 3 JOINT APPRENTICESHIP

16-1005993

(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	RELATED BENEFIT FUND	5832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MASS MUTUAL LIFE INSURANCE COMPANY

04-1590850

(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?
72 64	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52 67 62	0
(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.	
MASSACHUSETTS MUTUAL LIFE IN 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET 2030 02-0476209	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET 2040 02-0476209	BASIS POINTS * PLAN ASSETS	

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
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET 2050 02-0476209	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET INCOME 02-0476209	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
INVESCO COMSTOCK FUND 84-0933032	BASIS POINTS * PLAN ASSETS	

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
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET 2025 02-0476209	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET 2035 02-0476209	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET 2045 02-0476209	BASIS POINTS * PLAN ASSETS	

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
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER TARGET 2055 02-0476209	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
NORTHERN MID CAP INDEX FUND 36-3608252	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MM RSL 2000 SMCAP INDEX FUND 45-5366542	BASIS POINTS * PLAN ASSETS	

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
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0

(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.
MM S&P 500 INDEX FD NORTHERN 04-3410047	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0

(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.
MANNING&NAPIER TARGET 2060 02-0476209	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0

(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.
PIMCO TOTAL RETURN FUND 95-2632339	BASIS POINTS * PLAN ASSETS

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
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
AMERICAN FUNDS GROWTH FUND 52-0792143	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	72 64 63 60 52	0
(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.	
MANNING&NAPIER OVERSEAS FUND 16-1501064	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE COMPANY	14	0
(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.	
LOCAL 3 NY ANNUITY BUFFALO 04-1590850	PLAN RELATED EXPENSES	

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
LOCAL 3 NY ANNUITY BUFFALO	14	0
(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.	
MASSACHUSETTS MUTUAL LIFE IN 04-1590850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOCAL 3 NY ANNUITY ITHACA	14	0
(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.	
MASSACHUSETTS MUTUAL LIFE IN 04-1590850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOCAL 3 NY ANNUITY ROCHESTER	14	0
(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.	
MASSACHUSETTS MUTUAL LIFE IN 04-1590850		

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
MASS MUTUAL LIFE INSURANCE COMPANY	52 60 63 64 72	0
(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.	
MANNING&NAPIER OVERSEAS FUND 16-1371994		
(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>16-1184581</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2025 CIT</u>			
b Name of sponsor of entity listed in (a): <u>MANNING & NAPIER</u>			
c EIN-PN <u>02-0476209-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3184651</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2035 CIT</u>			
b Name of sponsor of entity listed in (a): <u>MANNING & NAPIER</u>			
c EIN-PN <u>02-0476209-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1705858</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2045 CIT</u>			
b Name of sponsor of entity listed in (a): <u>MANNING & NAPIER</u>			
c EIN-PN <u>02-0476209-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1385933</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2055 CIT</u>			
b Name of sponsor of entity listed in (a): <u>MANNING & NAPIER</u>			
c EIN-PN <u>02-0476209-044</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1972558</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2060 CIT</u>			
b Name of sponsor of entity listed in (a): <u>MANNING & NAPIER</u>			
c EIN-PN <u>02-0476209-058</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1474322</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET INCM CIT</u>			
b Name of sponsor of entity listed in (a): <u>MANNING & NAPIER</u>			
c EIN-PN <u>02-0476209-026</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14675776</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2020 CIT</u>			
b Name of sponsor of entity listed in (a): <u>MANNING & NAPIER</u>			
c EIN-PN <u>02-0476209-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12074523</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2030 CIT

b Name of sponsor of entity listed in (a): MANNING & NAPIER

c EIN-PN 02-0476209-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28508448
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2040 CIT

b Name of sponsor of entity listed in (a): MANNING & NAPIER

c EIN-PN 02-0476209-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17966608
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2050 CIT

b Name of sponsor of entity listed in (a): MANNING & NAPIER

c EIN-PN 02-0476209-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8210570
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER-INCOME PLUS GROUP TRUST

b Name of sponsor of entity listed in (a): MASTER-INCOME PLUS GROUP TRUST

c EIN-PN 22-6591835-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21467
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>16-1184581</u>	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	2696	10832
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	347539	425558
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	122064	121239
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	526705	337224
(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)	1710	1725
(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)	83789206	91180714
(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)	8186476	8798422
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2661853	3638386
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	159861	156842
f Total assets (add all amounts in lines 1a through 1e)	1f	95798110	104670942

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	116520	121477
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	116520	121477

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	95681590	104549465
---	-----------	----------	-----------

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)	3017374	
(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)		3017374
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	26	
(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)		26
(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)	769355	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		769355
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1219760	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1219760	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	15	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		15

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		5026645
(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)		4534974
c Other income.....	2c		215688
d Total income. Add all income amounts in column (b) and enter total.....	2d		13564077
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4399970	
(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)		4399970
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	93531	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	38045	
(4) Other.....	2i(4)	164656	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		296232
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4696202
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8867875
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		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.)			
4c		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.)			
4d		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	
4f		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	
4g		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	
4h		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		
4i	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	
4j		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	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		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.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>16-1184581</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3,
NEW YORK
INDIVIDUAL ACCOUNT RETIREMENT FUND**

**Financial Statements and Supplemental Information As of
December 31, 2021 and 2020
Together With Independent
Auditor's Report**

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Bricklayers and Allied Craftworkers Local 3, New York
Individual Account Retirement Fund

Opinion

We have audited the accompanying financial statements of the Bricklayers and Allied Craftworkers Local 3, New York Individual Retirement Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management For the Financial Statements

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

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

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INDEPENDENT AUDITOR'S REPORT

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

Auditor's Responsibilities For the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

INDEPENDENT AUDITOR'S REPORT

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedules of Administrative Expenses for the years ended December 31, 2021 and 2020 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information. Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Bonadio & Co., LLP

Pittsford, New York
October 6, 2022

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
INDIVIDUAL ACCOUNT RETIREMENT FUND**

**Statements of Net Assets Available For Benefits
December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
CASH	\$ 10,832	\$ 2,696
INVESTMENTS, at fair value:		
Cash equivalents	337,224	526,705
Mutual funds	8,798,422	8,186,476
Common/collective trusts	91,180,714	83,789,206
Partnership	1,725	1,710
	<u>100,318,085</u>	<u>92,504,097</u>
INVESTMENTS, at contract value:		
Guaranteed interest contract	<u>3,638,386</u>	<u>2,661,853</u>
Total investments	<u>103,956,471</u>	<u>95,165,950</u>
RECEIVABLES:		
Employer contributions	425,558	347,539
Due from affiliates	<u>121,239</u>	<u>122,064</u>
Total receivables	<u>546,797</u>	<u>469,603</u>
FURNITURE, EQUIPMENT, AND LEASEHOLD IMPROVEMENTS, net	<u>156,842</u>	<u>159,861</u>
Total assets	<u>104,670,942</u>	<u>95,798,110</u>
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	68,646	66,425
DUE TO AFFILIATES	<u>52,831</u>	<u>50,095</u>
Total liabilities	<u>121,477</u>	<u>116,520</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 104,549,465</u>	<u>\$ 95,681,590</u>

The accompanying notes are an integral part of these statements.

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
INDIVIDUAL ACCOUNT RETIREMENT FUND**

**Statements of Changes in Net Assets Available For Benefits
For the Years Ended December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	\$ 9,561,634	\$ 13,404,992
Interest and dividends	<u>769,381</u>	<u>462,290</u>
Investment income before investment management fees	10,331,015	13,867,282
Less: Investment management fees	<u>38,045</u>	<u>29,288</u>
Net investment income	<u>10,292,970</u>	<u>13,837,994</u>
Contributions -		
Employer, net of reciprocal	<u>3,017,374</u>	<u>2,796,446</u>
Other income -		
Other investment income	50,937	372,615
Administrative expense reimbursement	148,554	-
Other income	<u>16,197</u>	<u>31,447</u>
Total other income	215,688	404,062
Total additions	<u>13,526,032</u>	<u>17,038,502</u>
DEDUCTIONS:		
Benefits paid	4,399,970	3,560,100
Administrative expenses	<u>258,187</u>	<u>226,903</u>
Total deductions	<u>4,658,157</u>	<u>3,787,003</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	8,867,875	13,251,499
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>95,681,590</u>	<u>82,430,091</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u><u>\$ 104,549,465</u></u>	<u><u>\$ 95,681,590</u></u>

The accompanying notes are an integral part of these statements.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

Notes to Financial Statements December 31, 2021 and 2020

1. DESCRIPTION OF THE PLAN

The following description of Bricklayers and Allied Craftworkers Local 3, New York, Individual Account Retirement Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution plan that provides retirement benefits to all eligible employees covered by the collective bargaining agreement (CBA) between the Local 3 New York of the International Union of Bricklayers and Allied Craftworkers AFL-CIO (the "Local") and the employers signatory to the CBA. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation

Participation in the Plan commences once a member's participating employer has made contributions to the Plan representing 40 hours of covered employment in a 12-month period.

Administration

The Plan is administered by a Joint Board of Trustees, consisting of members appointed by both employers and the Union. The Plan utilizes the services of an investment consultant to oversee its investments. Participants direct the investment of their contributions into various options offered through Empower Retirement ("Empower"), formerly MassMutual, who also serves as recordkeeper and custodian of the Plan's investment assets.

Contributions

Contributions are received from employers for eligible employees working under the terms of a collective bargaining agreement or reciprocal agreement at the negotiated rate per hour worked for covered employees.

The Plan accepts direct rollover distributions from qualified retirement plans, subject to Trustee review.

Participant accounts

Individual accounts are established at Empower, for each participant. Contributions received from employers on behalf of participants are forwarded to Empower on a monthly basis. The participants direct the investment decisions of their accounts. An administrative expense charge is assessed based on a fixed percentage of each participant's account balance on a monthly basis. Such administrative expense charges are credited to an expense reimbursement account in which the Plan can submit for administrative expense reimbursements. Effective June 1, 2021, the Plan moved to a new administrative expense method and now refunds excess administrative expense charges back to participant accounts by the end of the calendar year.

Benefits paid to participants or their beneficiaries are charged directly against the respective participant's account. Only participants with an account balance are eligible for benefits and only to the extent of such balance.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

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Vesting

Participants are immediately vested in contributions plus actual earnings (losses) of their account balances.

Normal Retirement Benefit

The normal retirement date for a participant retiring from the status of employee under the Plan shall be on or after the date of the participant's 60th birthday, or any lower age at which the participant can retire under a defined benefit pension plan maintained under his or her collective bargaining agreement. A participant is considered retired when he or she permanently ceases employment within the scope of any collective bargaining agreement under which contributions are made to the Plan.

Termination Benefit

In the event that a participant leaves the masonry, bricklaying or tile industries within the trade jurisdiction of the Local for a 12-month period prior to being eligible for a retirement benefit, the participant may elect to receive a termination benefit, up to the balance in his or her account. As of January 1, 2017, in the event that a participant leaves the masonry, bricklaying or tile industries within the trade jurisdiction of the Local for a 24-month period prior to being eligible for a retirement benefit, the participant may elect to receive a termination benefit, up to the balance in his or her account.

Death Benefit

For each participant who has a value in his participant account at death, benefits will be distributed to his or her spouse or to any beneficiary named to receive such benefits.

Benefit Options

Participants have the option of electing their distribution in the form of a single lump-sum or other periodic payments. The Plan will either purchase an annuity contract for the participant or provide an annuity form of benefit. If the value of the participant's account balance is less than \$1,000, the Trustees may distribute the benefit in the form of a single lump-sum payment without the participant's consent.

All benefits are paid directly from the net assets of the Plan. The Plan was in compliance with applicable provisions of the CARES Act for the years ended December 31, 2021 and 2020.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates, particularly given the economic disruptions and uncertainties associated with the ongoing COVID-19 pandemic, and such differences may be significant.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

Notes to Financial Statements December 31, 2021 and 2020

Cash

Cash (excluding cash equivalents included with investments) consists of bank demand deposit accounts. At times, the balances in these accounts may exceed federally insured limits. The Plan has not experienced any losses in these accounts and management believes it is not exposed to any significant credit risk with respect to cash.

Investments

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. 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 financial statements. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully-benefit responsive investments contracts, which are required to be reported at contract value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

ASC 820, Fair Value Measurements and Disclosures, established a framework for measuring fair value. That framework 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 measurements) and the lower priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- 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;

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

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- Inputs other than quoted prices that are observable for the asset or liability; and,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's 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 are used 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. There have been no changes in the methodology used during the years ended December 31, 2021 or 2020, respectively.

Mutual Funds: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Common/collective trusts: The net asset value of the investment in Income-Plus Investment Fund Collective Trust is based on investment values provided by independent investment advisors. Refer to Note 4 for additional information regarding this investment. *The Manning & Napier Target Retirement Funds* invest in a balanced mix of securities that seeks a more stable rate of long-term growth than that of the broad stock market. The portfolios are diversified among fixed income securities, primarily with intermediate to long-term maturities, and various stocks. Over time, the portfolio's investment mix will gradually become more conservative as the target date approaches and for several years after the target date. The Plan's investment is recorded at net asset value. *The Wells Fargo Blended Stable Value Fund* seeks safety of principal and consistency of returns with minimal volatility. The Plan's investment is recorded at net asset value. Common/collective trusts are valued using Level 2 inputs.

Guaranteed Interest Contract: The net asset value of the investment in the Empower Separate Account Guaranteed Interest Contract is valued using Level 2 inputs. The fixed interest fund provides a stated rate of return, generated from performance of a core bond portfolio that insulates the account from daily fluctuations in the bond market. Empower considers the SAGIC to be fully-benefit responsive. The average yield earned by the plan and average interest rate credited to participants at December 31, 2021 was 2.15%.

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Partnership: Valued using Level 3 inputs. The fair value of the investment in Beacon Associates LLC II ("Beacon") is reported as "partnership" in the financial statements. This investment is stated at fair value, which represents the Plan's proportionate share of the net assets of Beacon. Beacon is composed primarily of cash equivalents and private investment funds. Cash equivalents are recorded at fair value. The private investment funds are valued at the net asset value of Beacon's proportional share of the private investment funds. The change in the net asset value includes Beacon's proportional share of dividends, interest, expenses and realized/unrealized gains/losses on security transactions and fees of the private investment funds. This is disclosed in the audited financial statements of Beacon. Refer to Note 4 for additional information regarding this investment.

Cash equivalents consist of money market funds recorded at fair value based on quoted market prices.

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

Guaranteed Insurance Contract

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with SAGIC totaling \$3,535,419 as of December 31, 2021. Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 2 percent. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

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Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

Employer and Reciprocal Contributions Receivable

Employer and reciprocal contributions receivable represents contributions from employers and other local unions pursuant to reciprocal agreements based on the hours worked but not received at year-end. Employer and reciprocal contributions receivable have been collected in full by the Plan subsequent to the respective year-end. Therefore, no allowance was required at December 31, 2021 or 2020.

Furniture, Equipment and Leasehold Improvements

Furniture, equipment and leasehold improvements are stated at cost, less accumulated depreciation and amortization. Depreciation is provided over the estimated useful lives of the related assets ranging from three to seven years using the straight-line method. Leasehold improvements are amortized using the same methods over the estimated useful life of the asset. The Plan capitalizes all additions that have useful lives greater than one year.

Benefit Payments

Benefit payments are recorded as an expense when paid.

Administrative Expenses

All administrative expenses are paid by the Plan.

Risks and Uncertainties

The United States is presently in the midst of a national health emergency related to a virus, commonly known as Novel Coronavirus (COVID-19). The overall consequences of COVID-19 on a national, regional and local level are unknown, but it has the potential to result in a significant economic impact. The impact of this situation on the Plan and its future results and financial position is not presently determinable.

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
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3. FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS

Furniture and equipment consist of the following at December 31:

	2021	2020
Furniture, equipment, and leasehold improvements	\$ 197,392	\$ 196,301
Less: Accumulated depreciation	<u>(40,550)</u>	<u>(36,440)</u>
Furniture, equipment and leasehold improvements, net	<u>\$ 156,842</u>	<u>\$ 159,861</u>

Depreciation expense for the years ended December 31, 2021 and 2020 was \$4,110 and \$4,056, respectively.

4. INVESTMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 337,224	\$ -	\$ 337,224
Mutual funds	8,798,422	-	-	8,798,422
Partnership	<u>-</u>	<u>-</u>	<u>1,725</u>	<u>1,725</u>
Total	<u>\$8,798,422</u>	<u>\$ 337,224</u>	<u>\$ 1,725</u>	9,137,371
Investments measured at Net Asset Value (a)				<u>91,180,714</u>
Total Investments				<u>\$ 100,318,085</u>

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
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The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 526,705	\$ -	\$ 526,705
Mutual funds	8,186,476	-	-	8,186,476
Partnership	-	-	1,710	1,710
Total	<u>\$8,186,476</u>	<u>\$ 526,705</u>	<u>\$ 1,710</u>	8,714,891
Investments measured at Net Asset Value (a)				<u>83,789,206</u>
Total Investments				<u>\$ 92,504,097</u>

(a) Certain investments that were measured using the net asset value practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of financial position.

The following table describes the valuation techniques used for recurring fair value measurements for assets in Level 3 of the fair value hierarchy.

	Fair Value		Quantitative Information About Level 3 Fair Value Measurements		
	12/31/2021	12/31/2020	Valuation Techniques	Unobservable Inputs	Range (Weighted Average)
Beacon Associates II LLC	<u>\$ 1,725</u>	<u>\$ 1,710</u>	Fair value of investment in non-affiliated limited partnerships	Net asset value information from investment funds	100%
			Discounted cash flows	Discount rate	5-13%
				Reversion cap rate	3.75-8.25%

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
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The table below sets forth a summary of changes in the fair value of the Plan Level 3 assets as of December 31:

	2021	2020
Balance, beginning of the year	\$ 1,710	\$ 4,212
Return of principal	(24,395)	(44,081)
Other income	24,395	41,579
Unrealized gain	15	-
Balance, end of year	<u>\$ 1,725</u>	<u>\$ 1,710</u>

The net effect of realized gain (loss) and unrealized gain (loss) of the partnership is included in “net appreciation in fair value of investments” in the financial statements.

For Level 3 assets, Plan management determines the fair value measurement valuation policies and procedures. Annually, Plan management determines if the current valuation techniques used in the fair value measurements are still appropriate and evaluates and adjusts the unobservable inputs as it deems appropriate. The Plan’s Board of Trustees approves the fair value measurement policies and procedures on an annual basis. There were no changes in the valuations techniques during the current year.

The Plan has the following investments measured using the net asset value practical expedient at December 31, 2021:

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)
Manning & Napier Retirement Target Income	\$ 14,675,776	\$ -	[4]
Manning & Napier Retirement Target 2020	12,074,523	-	[4]
Manning & Napier Retirement Target 2025	3,184,651	-	[4]
Manning & Napier Retirement Target 2030	28,508,448	-	[4]
Manning & Napier Retirement Target 2035	1,705,858	-	[4]
Manning & Napier Retirement Target 2040	17,966,608	-	[4]
Manning & Napier Retirement Target 2045	1,385,933	-	[4]
Manning & Napier Retirement Target 2050	8,210,570	-	[4]
Manning & Napier Retirement Target 2055	1,972,558	-	[4]
Manning & Napier Retirement Target 2060	1,474,322	-	[4]
Income-Plus Investment Fund Collective Trust	<u>21,467</u>	<u>-</u>	[1] [2] [3]
	<u>\$ 91,180,714</u>	<u>\$ -</u>	

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The Plan has the following investments measured using the net asset value practical expedient at December 31, 2020:

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)
Manning & Napier Retirement Target Income	\$ 14,546,211	-	[4]
Manning & Napier Retirement Target 2020	12,725,775	-	[4]
Manning & Napier Retirement Target 2025	3,424,182	-	[4]
Manning & Napier Retirement Target 2030	25,568,218	-	[4]
Manning & Napier Retirement Target 2035	1,709,453	-	[4]
Manning & Napier Retirement Target 2040	16,143,911	-	[4]
Manning & Napier Retirement Target 2045	1,091,643	-	[4]
Manning & Napier Retirement Target 2050	6,609,838	-	[4]
Manning & Napier Retirement Target 2055	1,440,606	-	[4]
Manning & Napier Retirement Target 2060	499,705	-	[4]
Income-Plus Investment Fund Collective Trust	<u>29,664</u>	<u>-</u>	[1] [2] [3]
	<u>\$ 83,789,206</u>	<u>\$ -</u>	

[1] Certain underlying investments in the Income-Plus Investment Fund Collective Trust are subject to lock-up periods for withdrawals, expiring December 31, 2013 and March 31, 2014; withdrawals are subject to a "gate" that limits redemptions, and include securities with maturity dates ranging from March 2, 2011 to January 6, 2012.

[2] Income-Plus Investment Fund Collective Trust has investments in Beacon Associates LLC I ("Beacon LLC"). Beacon has determined to segregate a \$200,000,000 fund, in a separate account, for the liquidation of Bernard L. Madoff Investment Securities, LLC ("Madoff"). Beacon and its management are unable to ascertain what amount, if any, will be assessed against Beacon. Income-Plus has an approximate 4.30% and 4.27% equity interest in Beacon at December 31, 2021 and 2020, respectively.

[3] Income-Plus Investment Fund Collective Trust suspended capital withdrawals effective July 22, 2009 because it had received substantial capital withdrawal requests.

[4] The investments in these common/collective trusts are liquid. There are no restrictions on redemption.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

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Plan Interest in Income-Plus Investment Fund Collective Trust

As of December 31, 2021, the Plan was invested in the Income-Plus Investment Fund Collective Trust ("Income-Plus"), which is a collective trust established for the investment of assets of the Plan and several other unrelated plans. Each participating retirement plan has an undivided interest in the collective trust. The liquid assets of the collective trust are held by Community Bank Trust Services (the "Trustee"). Investment income and administrative expenses of the collective trust are allocated monthly to the individual plans based upon a prorated formula using the beginning monthly balances invested by each plan in proportion to the total plans' investments. At December 31, 2021 and 2020, the Plan's investment interest in the net assets of the collective trust was \$21,467 and \$29,664, respectively.

The Income-Plus is a common/collective trust that engages independent investment advisors that trade in financial instruments in connection with their normal proprietary activities. These advisors may fully or partially mitigate the potential off-balance sheet risk associated with such activities by reason of their trading strategies and through the selection of suitable counter-parties and the monitoring and reviewing of contracts on an ongoing basis. These advisors may also utilize derivative financial instruments including forwards, futures, swaps and options. These derivatives are used primarily for managing the risk associated with an investment advisor's portfolio of investments, as well as for trading purposes. The Plan's risk is embedded in Income-Plus' investment with each of the independent investment advisors. The Plan's objective in investing in the collective trust is to provide returns substantially higher than the risk-free rate of return (i.e., U.S. treasury bills), while attempting to minimize risk. The Income-Plus' strategy for achieving this objective is to allocate assets within the common/collective trust such that they are reasonably diversified among different advisors and investment strategies.

As of December 31, 2021, this Master Trust holds approximately 2.44% of their investments in private investment funds and 97.56% in securities.

The Plan received a return of capital on two occasions in 2020. In May 2020, \$14,440 was received. In September 2020, \$4,085 was received. The Plan received a return of capital on two occasions in 2021. In April 2021, \$9,062 was received. In October 2021 \$2,260 was received.

Lawsuits have been filed against the collective trust. The Plan is not named as a plaintiff of the litigation, but is within a class protected by the lawsuit(s).

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

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Beacon Associates LLC II (Partnership)

As of December 31, 2021, the Plan has invested in Beacon. Beacon engages independent investment advisors that trade in financial instruments in connection with their normal proprietary activities. These advisors may fully or partially mitigate the potential off-balance sheet risk associated with such activities by reason of their trading strategies and through the selection of suitable counterparties and the monitoring and reviewing of contracts on an ongoing basis. These advisors may also utilize derivative financial instruments including forwards, futures, swaps and options. These derivatives are used primarily for managing the risk associated with an investment advisor's portfolio of investments, as well as for trading purposes. The Plan's risk is embedded in the investment with each of the independent investment advisors of Beacon. The Plan's objective in investing in Beacon is to provide returns substantially higher than the risk-free rate of return (i.e., U.S. treasury bills), while attempting to minimize risk. Beacon's strategy for achieving this objective is to allocate assets within Beacon such that they are reasonably diversified among different advisors and investment strategies. Investments in this category for which there is no readily determinable fair value are classified as Level 3 as the valuation based on significant unobservable inputs. Beacon holds 100% of their investments in Treasury bills. The fair value of this investment is estimated based on the Plan's portion of partner's capital in relation to the entire partner's capital of Beacon. The partner's capital consists of capital contributions, and withdrawals plus accumulated net profits or losses.

In December 2008, it was discovered that funds had been misappropriated from Beacon. Beacon was invested in securities held by Madoff Investment Securities, LLC. Due to this misappropriation, the Plan recognized a realized loss on this investment at May 31, 2009. Participant losses may be reallocated based on the results of the lawsuit detailed below.

On December 18, 2008, Beacon informed investors of their intent to liquidate. The methodology of the liquidation was not finalized until June 30, 2010 and was court determined. The Plan received \$1,113,428 as a liquidation of capital in September 2010. In addition, Beacon was ordered to maintain, and not distribute, a litigation reserve, the amount of money necessary to cover claims which would have been asserted against Beacon by the Madoff Trustee and any other money that would otherwise be distributed to the managing partners. In December 2012 Beacon received an infusion of cash as a result of the Madoff settlement. The cash was deposited into the partners' capital accounts. The Plan received a capital distribution in July 2013 of \$1,171,618 and \$303,183 in October 2013 related to the liquidation of Beacon. In May 2014 Beacon received an infusion of cash as a result of the Madoff settlement. The cash was deposited into the partners' capital accounts. In January 2015, the Plan received a capital distribution of \$252,618 and \$51,422 in October 2015. In March 2016 the Plan received a capital distribution of \$100,569 related to the liquidation of Beacon. An additional capital distribution of \$26,413 was received in January 2017 and \$34,893 was received in March 2017. An additional capital distribution of \$76,425 was received in April 2018. In May 2019, the Plan received an additional capital distribution of \$40,876. In August 2020 the Plan received an additional capital distribution of \$44,081. The Plan received an additional capital distribution of \$24,395 in August 2021.

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Lawsuits have been filed against Beacon Associates. The Plan is not named as a plaintiff of the litigation, but is within a class protected by the lawsuit(s). Recoveries from the Madoff Victim Fund received in the years ended December 31, 2021 and 2020 were for \$26,542 and \$328,534, respectively and are included in the "other investment income" on the statements of changes in net assets available for benefits.

5. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Investments

Wilmington Trust Company ("Wilmington") provides custodial services to the Plan. Certain of the Plan's investments are maintained in money market funds sponsored by Wilmington. At December 31, 2021 and 2020, the Plan held investments in Wilmington money market funds totaling \$337,224 and \$526,705, respectively. The Plan has holdings in various mutual fund series of the Manning & Napier Funds, Inc. These funds are managed by an entity related to Manning & Napier Advisors, Inc., an investment manager of the Plan. The investment management portion of the various mutual fund expense ratios are credited back to the Plan on the investment management invoice, however the Plan pays the operating expense portion of the expense ratios for the mutual funds. At December 31, 2021 and 2020, the total of such investments were \$91,770,388 and \$84,288,766, respectively. The number of units held, the net purchases (sales) for the years then ended, and the fair value at December 31, are as follows:

	Units	Net Purchases (Sales)	Fair Value
2021:			
Wilmington Money Market	337,224.000	\$ (189,481)	\$ 337,224
Manning & Napier:			
Overseas Fund	17,249.236	\$ 160,468	\$ 611,141
Retirement Target Income	605,436.309	129,565	14,675,776
Retirement Target 2020	401,413.665	8,650,341	12,074,523
Retirement Target 2025	156,493.866	(22,383,567)	3,184,651
Retirement Target 2030	815,925.810	26,798,995	28,508,448
Retirement Target 2035	69,998.289	(14,438,053)	1,705,858
Retirement Target 2040	460,564.140	16,874,965	17,966,608
Retirement Target 2045	49,059.592	(5,223,905)	1,385,933
Retirement Target 2050	264,430.614	6,769,964	8,210,570
Retirement Target 2055	67,391.820	1,472,853	1,972,558
Retirement Target 2060	63,961.921	1,105,405	1,474,322

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
INDIVIDUAL ACCOUNT RETIREMENT FUND**

**Notes to Financial Statements
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	Units	Net Purchases (Sales)	Fair Value
2020:			
Wilmington Money Market	526,705.000	\$ 117,033	\$ 526,705
Manning & Napier:			
Overseas Fund	16,354.253	\$ (10,010)	\$ 450,673
Retirement Target Income	631,620.111	(47,325)	14,546,211
Retirement Target 2020	454,654.355	(990,761)	3,424,182
Retirement Target 2025	182,818.020	251,374	25,568,218
Retirement Target 2030	808,609.048	(201,921)	1,709,453
Retirement Target 2035	79,141.339	(116,970)	16,143,911
Retirement Target 2040	474,262.964	247,945	1,091,643
Retirement Target 2045	44,997.656	62,026	6,609,838
Retirement Target 2050	251,611.644	4,442	1,440,606
Retirement Target 2055	58,347.765	177,224	499,705
Retirement Target 2060	25,691.754	58,278	368,917

Shared Services

Administrative expenses and reciprocal payments of the Plan are paid from checking accounts maintained by affiliated organizations. Expenses of related benefit plans paid through such accounts are reimbursed throughout the year based on expense allocations. Annually such expenses are reviewed and adjusted to actual amounts.

6. PLAN TERMINATION

Although it has expressed no intent to do so, the Board of Trustees has the right to discontinue or terminate the Plan at any time. In the event of such termination, the assets remaining in the Plan, after necessary administrative expenses have been provided for, shall be set aside by the Trustees for the purpose of providing the balances in all participants' accounts. Any balance thereafter remaining shall be distributed among the participants in proportion to the credit balances in all participants' accounts at the time of termination.

7. INCOME TAX STATUS

The trust established under the Plan to hold the Plan's assets obtained its latest determination letter on October 5, 2016, in which the Internal Revenue Service (IRS) stated the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is currently designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK INDIVIDUAL ACCOUNT RETIREMENT FUND

Notes to Financial Statements December 31, 2021 and 2020

For employee benefit plans, their tax-exempt status itself is deemed to be an uncertainty, since events could potentially occur to jeopardize their tax-exempt status. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The classification of changes in net assets available for benefits for the year ended December 31, 2021 (the Plan's year-end) differs between the financial statements and Form 5500. However, the total change in net assets available for benefits for the years then ended agrees between those financial statements and Form 5500.

9. PLAN AMENDMENTS

Adopted February 5, 2021, the Plan amended article 11.3 of the Plan. If after diligent efforts to locate a participant or beneficiary, the Plan can not locate the participant or beneficiary, the benefit under the Plan as of the required beginning date shall be forfeited. The benefit will be reinstated if a claim for the benefit is subsequently filed under the terms of the Plan.

Adopted February 15, 2021 and effective, July, 2011, normal retirement age is the earlier of age 60 or the age at which the participant retires under the terms of a defined benefit plan provided for in the collective bargaining agreement or a defined benefit plan sponsored by the BAC International Pension Fund.

Adopted May 28, 2021 and effective January 1, 2021, the Plan was amended to state that a participant who has attained age 59 1/2 and has not yet retired or otherwise terminated employment under the Plan, may, upon application and subject to Article 6 of the Plan, receive an in-service distribution of all or part of the participant's account balance. Further, the suspension of periodic benefit payments upon return to employment was amended to age 59 1/2 rather than 62.

Effective May 28, 2021, the Plan was amended to clarify that a disability under the Plan is a condition for which a participant qualifies for Social Security Disability benefits. Further a disability benefit under the Plan was clarified.

Adopted September 14, 2021, the Plan was amended to conform to the SECURE Act of 2019. The amendment changed the required beginning date of a Plan benefit from 70 1/2 to 72.

Adopted November 3, 2021, the Plan was further amended under the SECURE Act of 2019 to clarify minimum distribution requirements.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 6, 2022, which is the date the financial statements were available to be issued.

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
INDIVIDUAL ACCOUNT RETIREMENT FUND**

EMPLOYER IDENTIFICATION NUMBER 16-1184581

PLAN NUMBER 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

Schedule I

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Rate of Interest	(d) Description of Investment	(e) Current Value
MONEY MARKET:				
*	Wilmington Prime Money Market Fund			\$ 337,224
MUTUAL FUNDS:				
	American Funds Growth Fund of America		49,915.982 shares	3,711,752
	Invesco Comstock Fund		21,575.094 shares	639,054
*	Manning & Napier Overseas Fund		17,249.236 shares	611,141
	MM Russel 2000 Small Cap Index Fund		75,949.106 shares	1,028,351
	MM S&P 500 Index Fund		57,713.846 shares	1,215,454
	Northern Mid Cap Index Fund		31,662.129 shares	746,277
	PIMCO Total Return Fund		82,414.059 shares	846,393
				<u>8,798,422</u>
COMMON/COLLECTIVE TRUSTS:				
	Income-Plus Investment Fund Collective Trust			21,467
*	Manning & Napier Retirement Target Income		605,436.309 shares	14,675,776
*	Manning & Napier Retirement Target 2020		401,413.665 shares	12,074,523
*	Manning & Napier Retirement Target 2025		156,493.866 shares	3,184,651
*	Manning & Napier Retirement Target 2030		815,925.810 shares	28,508,448
*	Manning & Napier Retirement Target 2035		69,998.289 shares	1,705,858
*	Manning & Napier Retirement Target 2040		460,564.140 shares	17,966,608
*	Manning & Napier Retirement Target 2045		49,059.592 shares	1,385,933
*	Manning & Napier Retirement Target 2050		264,430.614 shares	8,210,570
*	Manning & Napier Retirement Target 2055		67,391.820 shares	1,972,558
*	Manning & Napier Retirement Target 2060		63,961.921 shares	1,474,322
				<u>91,180,714</u>
GUARANTEED INTEREST CONTRACT:				
	Fixed Interest Fund		333,530.806 shares	<u>3,638,386</u>
PARTNERSHIP:				
	Beacon Associates, LLC II			<u>1,725</u>
	Total investments			<u>\$ 103,956,471</u>

* Denotes party-in-interest

The accompanying notes are an integral part of these statements.

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
INDIVIDUAL ACCOUNT RETIREMENT FUND**

Schedule of Administrative Expenses

For the Years Ended December 31, 2021 and 2020

Schedule II

	<u>2021</u>	<u>2020</u>
ADMINISTRATIVE EXPENSES:		
Salaries, benefits, and payroll taxes	\$ 89,926	\$ 79,491
Legal	48,543	42,194
Accounting and audit	34,766	29,970
Office expenses	25,999	23,507
Insurance	19,519	19,103
Rent	10,610	10,039
Computer	10,222	9,534
Telephone	7,314	6,164
Travel and meeting expense	7,039	2,845
Depreciation	4,110	4,056
IFEBP travel expenses	<u>139</u>	<u>-</u>
Total	<u>\$ 258,187</u>	<u>\$ 226,903</u>

The accompanying notes are an integral part of these statements.

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3, NEW YORK
INDIVIDUAL ACCOUNT RETIREMENT FUND**

EMPLOYER IDENTIFICATION NUMBER 16-1184581

PLAN NUMBER 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

Schedule I

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				<u>91,180,714</u>
GUARANTEED INTEREST CONTRACT:				
	Fixed Interest Fund		333,530.806 shares	<u>3,638,386</u>
PARTNERSHIP:				
	Beacon Associates, LLC II			<u>1,725</u>
	Total investments			<u>\$ 103,956,471</u>

* Denotes party-in-interest

The accompanying notes are an integral part of these statements.

5500 EFILE AUTHORIZATION

PLAN NAME: BAC Local 3 NY Individual Account Retirement Fund

PLAN NUMBER: 001

PLAN YEAR: 12/31/2021

PLAN ADMINISTRATOR: Richard Williamson

PLAN SPONSOR: James Logan

On behalf of the above named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one through three of Form 5500.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP.

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to Internal Revenue Services, that the Internal Revenue Service may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500.

DocuSigned by:

Richard Williamson

10/12/2022

248DA45A57064FD...

DocuSigned by:

PLAN ADMINISTRATOR)

DATE

James Logan

10/6/2022

41A34927DA674D2...

SIGNATURE (PLAN ADMINISTRATOR)

DATE

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information											
1a Name of plan BAC LOCAL 3 NY INDIVIDUAL ACCOUNT RETIREMENT FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td>002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/01/1982</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 16-1184581</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 585-385-1160</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238100</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 06/01/1982		2b Employer Identification Number (EIN) 16-1184581		2c Plan Sponsor's telephone number 585-385-1160		2d Business code (see instructions) 238100	
1b Three-digit plan number (PN) ►	002										
1c Effective date of plan 06/01/1982											
2b Employer Identification Number (EIN) 16-1184581											
2c Plan Sponsor's telephone number 585-385-1160											
2d Business code (see instructions) 238100											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES BAC LOCAL 3 NY INDIVIDUAL ACCOUNT 33 SAGINAW DRIVE ROCHESTER NY 14623-3131											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	DocuSigned by: 248DA45A57064FD... Signature of plan administrator	10/12/2022	RICHARD WILLIAMSON
SIGN HERE	DocuSigned by: 41A34927DA674D2... er/plan sponsor	10/6/2022	JAMES LOGAN
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

Form 5500 (2021)

Page **2**

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2,396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a (1) Total number of active participants at the beginning of the plan year a (2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 2,359 6a(2) 2,386 6b 9 6c 45 6d 2,440 6e 1 6f 2,441 6g 2,016 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 121
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2T	

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____