Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1971

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)
JOINT BOARD OF TRUSTEES BRICKLAYERS &

33 SAGINAW DRIVE
ROCHESTER, NY 14623

33 SAGINAW DRIVE
ROCHESTER, NY 14623

2b Employer Identification Number (EIN) 16-0983640

2c Plan Sponsor's telephone number

2d Business code (see instructions) 238100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/30/2025	RICHARD WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2025	KIM GAYLORD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	699
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	**6a(1)**	699
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	695
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	695
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	79

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

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

4A 4B 4C 4D 4E 4F 4K 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES BRICKLAYERS &

D Employer Identification Number (EIN)
16-0983640

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	5999116	607	10/01/2023	09/30/2024

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
4584	913

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

BROWN & BROWN OF NEW YORK, INC.
45 EAST AVE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4584	63		3

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

BROWN & BROWN OF NEW YORK, INC
6 TOWER PL
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	850		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] Other (specify) ▶ AD&D

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	64032
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES BRICKLAYERS &

D Employer Identification Number (EIN)
16-0983640

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
15-0329043	55107	00009839	337	10/01/2023	09/30/2024

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
91315	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

BROWN & BROWN OF NEW YORK, INC
45 EAST AVE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
91315			3

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] 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)**	3280943		
(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)**	3280943
b Benefit charges (1) Claims paid	**9b(1)**	4604131		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	4604131
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	104006		
(B) Administrative service or other fees	**9c(1)(B)**	490284		
(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)**	594290		
(H) Total retention			**9c(1)(H)**	1188580
(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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES BRICKLAYERS &

D Employer Identification Number (EIN)
16-0983640

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

1 Coverage Information:

(a) Name of insurance carrier
MVP HEALTH CARE

(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
14-1640868	95521	700453-0001	20	10/01/2023	09/30/2024

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
3050	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

BROWN & BROWN OF NEW YORK, INC
45 EAST AVE, #700
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
3050			3

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] 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**	92366
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES BRICKLAYERS &

D Employer Identification Number (EIN)
16-0983640

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

1 Coverage Information:

(a) Name of insurance carrier
MVP HEALTH CARE

(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
14-1640868	95521	700453-003	5	10/01/2023	09/30/2024

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
838	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

BROWN & BROWN OF NEW YORK, INC
45 EAST AVE, #700
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
838			3

(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		
	(c) Amount	(d) Purpose	(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] 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**	22532
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES BRICKLAYERS &

D Employer Identification Number (EIN)
16-0983640

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

1 Coverage Information:

(a) Name of insurance carrier
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5123390	64246	00028834	192	10/01/2023	09/30/2024

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
2707	1558

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

BROWN & BROWN INSURANCE SERVICE INC
1719 ROUTE 10, SUITE 106
PARSIPPANY, NJ 07054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2707	1558		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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**	27074
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES BRICKLAYERS &

D Employer Identification Number (EIN)
16-0983640

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

MODERN ADMINISTRATION SYSTEMS LLC

70 HILLTOP RD 1003
RAMSEY, NJ 07446

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	44479	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLEVIN & HART, P.C.

1625 MASSACHUSETTS AVE NW
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	26134	Yes [ ] No [X]	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	23079	Yes [ ] No [X]	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)

ARCARA LENDA EUSIANO & STACEY 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	15839	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	14248	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BAC LOCAL 3 NY BUILDING CORP.

82-0864921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	AFFILIATE LANDLORD	13680	Yes [ ] No [X]	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)

EXCELLUS BLUE CROSS BLUE SHIELD

16-0983640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15	NONE	6763	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES BRICKLAYERS &

D Employer Identification Number (EIN)
16-0983640

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	272379	252991
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	618429	640951
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	38629	14354
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	905043	500095
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	826766	1012106
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		12375
(B) Common	1c(4)(B)	1158944	1635505
(5) Partnership/joint venture interests	1c(5)	404979	456808
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2234491	2634149
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		271925

			(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	130509	128845
f	Total assets (add all amounts in lines 1a through 1e)	1f	6590169	7560104
	Liabilities			
g	Benefit claims payable	1g	46869	50246
h	Operating payables	1h	67786	100014
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	8358	32407
k	Total liabilities (add all amounts in lines 1g through1j)	1k	123013	182667
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6467156	7377437

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)	4891492	
	(B) Participants	2a(1)(B)	843029	
	(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)		5734521
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	36299	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	20380	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		56688
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	21588	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	104344	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		125932
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1366832	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1363656	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3176
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	516668	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		516668

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3297
c Other income	2c		22569
d Total income. Add all **income** amounts in column (b) and enter total	2d		6456257
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2716390	
(2) To insurance carriers for the provision of benefits	2e(2)	2491741	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5208131
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	117994	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23079	
(5) Investment advisory and investment management fees	2i(5)	14248	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	26134	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	156390	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		337845
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5545976
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		910281
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) [X] 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)** [X] 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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**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?	**4e**	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?	**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?	**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?	**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.)	**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.)	**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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Financial Statements and Supplemental Schedules as of September 30, 2024 and 2023 Together with Independent Auditor's Report

Bonadio & Co., LLP
Accounting, Consulting & More

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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SEPTEMBER 30, 2024 AND 2023

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Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

January 28, 2025

To the Board of Trustees of the
Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter) Welfare Fund:

Opinion

We have audited the accompanying financial statements of the Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter) Welfare 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 September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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
(Continued)

Responsibilities of Management for the Financial Statements (Continued)
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 a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

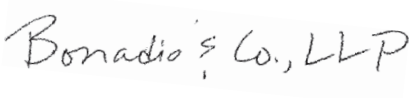
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2024, and Schedule H, Line 4j -Schedule of Reportable Transactions for the year ended September 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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.

Report on Supplementary Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Benefits Paid and Administrative Expenses for the years ended September 30, 2024 and 2023, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Statements of Net Assets Available For Benefits
September 30, 2024 and 2023

	2024	2023
ASSETS		
CASH	$ 252,991	$ 272,379
INVESTMENTS:		
Cash and cash equivalents	500,095	905,043
Equity securities	1,635,505	1,158,944
Preferred securities	12,375	-
Mutual funds, exchange-traded, and closed-end funds	2,634,149	2,234,491
Corporate obligations	1,012,106	826,766
Managed hedge fund	271,925	-
Partnership	456,808	404,979
Total investments	6,522,963	5,530,223
RECEIVABLES:		
Employer and reciprocal contributions	640,951	618,429
Accrued interest and dividends	11,336	10,146
Other receivables	3,015	28,295
Due from affiliates	3	-
Due from broker	-	188
Total receivables	655,305	657,058
FURNITURE, EQUIPMENT, SOFTWARE, AND LEASEHOLD IMPROVEMENTS, net	128,845	130,509
Total assets	7,560,104	6,590,169
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	100,014	67,786
DUE TO BROKER	25,738	-
DUE TO AFFILIATES	6,669	8,358
Total liabilities	132,421	76,144
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,427,683	$ 6,514,025

The accompanying notes are an integral part of these statements.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Statements of Changes in Net Assets Available For Benefits
For the Years Ended September 30, 2024 and 2023

	2024	2023
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	$ 516,547	$ 122,118
Dividends	125,932	165,531
Interest	56,688	50,019
Investment income before investment management fees	699,167	337,668
Less: Investment management fees	14,248	20,251
Net investment income	684,919	317,417
Contributions -		
Employer and reciprocal, net of reciprocal payments of $844,226 and $677,648, respectively	4,891,492	5,059,576
Participant	843,029	770,026
Total contributions	5,734,521	5,829,602
Employer interest	7,131	33,508
Other income	15,438	2,009
Total additions	6,442,009	6,182,536
DEDUCTIONS:		
Cost of benefits paid	5,204,754	4,953,474
Administrative expenses	323,597	297,006
Total deductions	5,528,351	5,250,480
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	913,658	932,056
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	6,514,025	5,581,969
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 7,427,683	$ 6,514,025

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF THE PLAN

The following description of Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter) Welfare 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 benefit welfare plan formed under various collective bargaining agreements (CBAs) negotiated by Local 3 New York of the International Union of Bricklayers and Allied AFL-CIO (the "Local") to cover all individuals employed under the terms of the CBAs. Officers and employees of both the Local and its affiliated fringe benefit funds are also eligible to participate in the Plan.

Benefits and Eligibility

The Plan provides benefits to covered members of the Local as a result of various CBAs entered into by the Local. Participants are eligible to participate in the Plan as soon as employment with a participant employer begins. Eligibility for General Fund benefits is determined by a participant's availability to work and the number of hours of covered employment. Employers must have made contributions on a participant's behalf for at least 500 hours in order for a participant to be eligible. The medical benefits provided are underwritten by MVP Health Care, Excellus Health Plan, Inc., and Davis Vision. The group life insurance and accidental death and dismemberment plan is underwritten by MetLife. In addition, supplemental unemployment, disability, childcare, scholarship, vacation, sick leave, and dental benefits are paid directly to participants by the Plan out of the participant's Health Reimbursement Account (HRA) or Wage Replacement Account (WRA). Contributions are made to the Plan by employers on behalf of participants based on an hourly contribution. Contributions are credited to the HRA and WRA of the participant for whom such contributions are made. Benefit payments made on participants' behalf are charged to the respective accounts. In any month in which there is insufficient credit in an individual participant's account to provide the necessary medical premium payment, the participant may make payments to defray the premium cost to continue coverage.

Contributions and Funding

The Plan receives contributions from employers pursuant to the CBA with the Local and other bricklayers' local unions pursuant to reciprocal agreements. Effective July 1, 2024, for each hour worked in covered employment, employers are required to contribute $12.14 for a commercial bricklayer; $11.13 for a commercial tile setter; $9.12 for a commercial tile, marble, terrazzo and mason finisher; $8.00 for a residential bricklayer; $8.05 for a residential tile setter; $6.40 for a residential tile, marble, terrazzo and mason finisher; and $10.30 for a heavy highway worker. Effective July 1, 2023, for each hour worked in covered employment, employers are required to contribute $11.39 for a commercial bricklayer, $10.88 for a commercial tile setter, $8.87 for a commercial tile, marble, terrazzo and mason finisher, $7.65 for a residential bricklayer, $7.15 for a residential tile setter, $6.40 for a residential tile, marble, terrazzo and mason finisher, and $9.30 for a heavy highway worker. Contributions are received from other bricklayers' local unions at the lower of the Local amount or at the rate collected pursuant to their CBA.

1. DESCRIPTION OF THE PLAN (Continued)

Participants who are provided coverage under The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provisions contribute to the Plan based upon current COBRA rates. Active participants and retirees may contribute specified amounts to extend coverage to themselves and eligible dependents.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Estimates
The Plan's financial statements have been prepared using the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates.

Cash
Cash (excluding cash and 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 those changes could materially affect the amounts reported in the financial statements. The Plan's investments are stated 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.

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
Accounting Standards Codification (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;

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

- 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.

The 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 September 30, 2024 or 2023, respectively.

Cash and cash equivalents consist of money market funds recorded at fair value using Level 1 and Level 2 inputs.

Equity securities, preferred securities, mutual funds, exchange-traded, and closed-end funds: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Corporate obligations: Valued using Level 2 inputs based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Managed hedge fund: Valued at the net asset value (NAV) as a practical expedient to estimate the fair value of the underlying investments. The Plan’s investment in the managed hedge fund includes the investment of Ironwood Institutional Multi-Strategy Fund LLC ("Ironwood"). Ironwood invests primarily in equity, event-driven, and distressed and credit securities with the objective of capital appreciation with limited variability of returns.

Partnership: The Plan's investment in the ProLoan Bond Fund, LLC ("ProLoan") is reported as a partnership in the financial statements. ProLoan seeks to provide current income with high overall credit quality. Its other important objectives are to encourage the construction of residential and commercial housing and to facilitate employment for union members in the construction and related industries. This investment is stated at net asset value as a practical expedient to estimate the fair value of the underlying investments.

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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employer and Reciprocal Contributions Receivable
Employer and reciprocal contributions receivable represent contributions from employers and other local unions pursuant to reciprocal agreements based on the hours worked but not received at year-end. Management monitors outstanding balances and estimates collectability based on specific economic conditions. 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 September 30, 2024 or 2023.

Furniture, Equipment and Leasehold Improvements, net
Furniture, equipment, software, 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. Software is amortized over the useful life of the asset. Leasehold improvements are amortized over the life of the lease. The Plan capitalizes all additions that have useful lives greater than one year.

Leases
The Plan leases office space from a related party. The Plan determines if an arrangement is a lease at inception.

Benefit Payments
Benefits are recorded as an expense when paid.

Administrative Expenses
Administrative expenses are paid by the Plan.

3. 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, any balance in a participant's individual account shall be used for the payment of the benefits or will otherwise be distributed to the participant in accordance with applicable tax laws or regulations.

4. FURNITURE, EQUIPMENT, SOFTWARE, AND LEASEHOLD IMPROVEMENTS, NET

Furniture, equipment, and leasehold improvements consist of the following for the years ended September 30:

	2024	2023
Office furniture and equipment	$ 28,082	$ 28,082
Furniture and fixtures	7,100	7,100
Software	107,013	83,687
Leasehold improvements	126,437	126,437
	268,632	245,306
Less: Accumulated depreciation and amortization	(139,787)	(114,797)
	$ 128,845	$ 130,509

4. FURNITURE, EQUIPMENT, SOFTWARE, AND LEASEHOLD IMPROVEMENTS, NET (Continued)

Depreciation and amortization expense for the years ended September 30, 2024 and 2023 was $24,990 and $20,036, respectively.

5. INVESTMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 118,281	$ 381,814	$ -	$ 500,095
Equity securities	1,635,505	-	-	1,635,505
Preferred securities	12,375	-	-	12,375
Mutual funds and exchange-traded and closed-end funds	2,634,149	-	-	2,634,149
Corporate obligations	-	1,012,106	-	1,012,106
	$ 4,400,310	$ 1,393,920	$ -	5,794,230
Total investments at net asset value (a)				728,733
Total investments				$6,522,963

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 211,248	$ 582,795	$ -	$ 905,043
Equity securities	1,158,944	-	-	1,158,944
Mutual funds and exchange-traded and closed-end funds	2,234,491	-	-	2,234,491
Corporate obligations	-	826,766	-	826,766
	$ 3,715,683	$ 1,490,561	$ -	5,125,244
Total investments at net asset value (a)				404,979
Total investments				$5,530,223

(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 statements of net assets available for benefits.

5. INVESTMENTS (Continued)

The Plan has the following investments whose fair value is based on the net asset value practical expedient as of September 30, 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)
ProLoan Bond Fund, LLC	$ 456,808	$ -	[1]
Ironwood Institutional Multi-Strategy Fund LLC	271,925	-	[2]
	$ 728,733	$ -	

The Plan has the following investments whose fair value is based on the net asset value practical expedient as of September 30, 2023:

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)
ProLoan Bond Fund, LLC	$ 404,979	$ -	[1]

[1] The investment in the ProLoan Bond Fund, LLC partnership is liquid. There are no restrictions on redemption.

[2] The investment has a one-year lock-up and the redemption period is quarterly with a 90-day notice.

6. PARTY-IN-INTEREST TRANSACTIONS

Investments
Wilmington Trust Company ("Wilmington") provides custodial services to the Plan. Certain of the Plan's investments are maintained in money markets sponsored by Wilmington. At September 2024 and 2023, the Plan held investments in Wilmington money market funds totaling $400,669 and $593,056, respectively. Morgan Stanley Smith Barney LLC ("Morgan Stanley") provides investment advisory services to the Plan. Certain of the Plan's investments are maintained in money markets sponsored by Morgan Stanley. At September 2024 and 2023, the Plan held investments in Morgan Stanley money market funds totaling $99,426 and $61,952, respectively.

Shared Services
The Plan receives its proportionate share of employer and reciprocal contributions monthly from the Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter) Pension Fund (the "Pension Fund") because the Pension Fund receives deposits and distributes the majority of all contributions through consolidated checks issued by most employers. The Plan is related to the Pension Fund through common membership. The Plan's share of employer and reciprocal contribution income received from the Pension Fund for the years ended September 30, 2024 and 2023 were $4,891,492 and $5,059,576, respectively, and are included in "employer and reciprocal, net of reciprocal payments" in the financial statements. The Plan is owed $3 from the Pension Fund as of September 30, 2024. The Plan owed the Pension Fund $1,689 as of September 30, 2023.

6. PARTY-IN-INTEREST TRANSACTIONS (Continued)

Leased Space

The Plan entered into an agreement with the BAC Local 3 NY Building Corporation (the "Building Corporation") to lease its office space. The original lease was for the period of July 1, 2017 through June 30, 2023. This lease was amended to extend the period through June 30, 2029, with the option to renew for three additional five-year terms. The parties of the lease have the ability to terminate the lease by written notice to the other party without penalty. Monthly rent through June 30, 2025, is $2,520, increasing 2% annually on July 1 each remaining year of the lease term. These monthly rent amounts are allocated between the Pension Fund and the Bricklayers and Allied Craftworkers Local 3 New York Individual Annuity Retirement Fund (the "IARF"). The Plan paid the Building Corporation $13,680 for the years ended September 30, 2024 and 2023, and are included in "Occupancy" in the financial statements. The total rent paid to the Building Corporation for the years ended September 30, 2024 and 2023 was $13,680, annually. The Plan owed the IARF $6,669 for the years ended September 30, 2024 and 2023.

7. PERSONAL ACCOUNTS

HRA's and WRA's are maintained for all eligible participants. Contributions are allocated to each participant's accounts as described in Note 1 and are allocated between the participant's HRA and WRA based on their balance in each account, and to the General Fund, in accordance with Plan provisions. For each hour worked in covered employment, $0.85 ($0.45 for participants classified as apprentices) is contributed to the General Fund and $1.00 ($0.55 for participants classified as apprentices) is contributed to the Sick Leave Fund. These rates fluctuate for apprentices dependent on their level classification. The contribution for the Sick Leave Fund is contributed directly to the participants WRA account. The remainder of the contributions are allocated to the participant's HRA, until such time the participant accumulates a balance of $2,000 in their individual HRA. Once the participant has accumulated a $2,000 balance in the HRA, remaining contributions are allocated at 20% to the participant's HRA and 80% to the participant's WRA, until such time the participant accumulates a balance of $10,000 in their WRA. Once the participant has accumulated a $10,000 balance in the WRA, all remaining contributions are allocated to the participant's HRA.

Amounts accumulated in the HRA are available for medical and dental insurance premiums and medical expenses which exceed the maximum coverage amount allowed by the Plan, as well as deductibles and other health benefits. Amounts accumulated in the WRA are available to provide benefits for unemployment, temporary disability, workers' compensation, dependent care, vacation, scholarship, and extended time-loss benefits. Payments of these claims reduce the amount available in the HRA or WRA. Participants may continue to use their HRA or WRA after retirement. Upon a participant's death, the balance in their HRA transfers to the participant's surviving spouse. If no surviving spouse is named, the balance in the HRA is forfeited to the General Fund. If a participant's account becomes inactive for a three-year period, the balance in the account will be forfeited to the General Fund.

7. PERSONAL ACCOUNTS (Continued)

HRA and WRA activity of all participants is as follows for the years ended September 30:

	2024	2023
HRA's and WRA's, beginning of year	$ 5,573,122	$ 4,880,086
Add: Contributions	4,538,742	4,806,920
Less: Benefits paid	(4,291,683)	(4,113,884)
HRA's and WRA's, end of year	$ 5,820,181	$ 5,573,122

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the September 30, 2024 and 2023 financial statements to the Schedule H of Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	$ 7,427,683	$ 6,514,025
Benefits currently payable	(50,246)	(46,869)
Net assets available for benefits per Schedule H of Form 5500	$ 7,377,437	$ 6,467,156

The following is a reconciliation of benefits paid to or on behalf of participants per the financial statements to Schedule H of Form 5500 for the years ended September 30:

	2024	2023
Benefits paid per the financial statements	$ 5,202,363	$ 4,953,474
Less: Insurance premiums and other costs paid per Form 5500 Schedule H Part II Lines 2(e)(2) & (3)	(2,489,350)	(2,378,698)
Subtotal	2,713,013	2,574,776
Medical and disability benefits currently payable:		
Add: End of year	50,246	46,869
Less: Beginning of year	(46,869)	(22,598)
Benefits paid to participants per Form 5500 Schedule H Part II line 2(e)(1)	$ 2,716,390	$ 2,599,047

Amounts currently payable to or for participants, dependents, and beneficiaries are required to be reported on Form 5500, Schedule H and are either benefit claims that have been processed and approved for payment prior to September 30 but not yet paid as of that date or incurred but not yet reported to the Plan.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The classification of changes in net assets available for benefits for the year ended September 30, 2024 differs between the financial statements and Form 5500.

9. INCOME TAX STATUS

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on August 26, 1980, 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"). The trust has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe the trust is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 Return of Organization Exempt from Income Tax (Form 990) and the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction.

10. SUBSEQUENT EVENTS

All other subsequent events have been evaluated through January 28, 2025, which is the date the financial statements were available be issued.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Schedules of Benefits Paid and Administrative Expenses
For the Years Ended September 30, 2024 and 2023 Schedule I

	2024	2023
BENEFITS:		
Medical insurance premiums	$ 2,429,533	$ 2,308,095
Vacation payments	1,491,434	1,419,010
Medical, dental and optical claims and fees	605,370	612,651
Supplemental unemployment payments	417,796	353,935
Sick pay	148,278	148,581
Life insurance premium	34,365	38,402
Child care benefit	29,614	24,571
Vision insurance premiums	27,073	30,047
Disability payments	15,881	7,063
Tuition assistance payments	4,640	8,965
Employee assistance program - drug testing	770	2,154
Total benefits	$ 5,204,754	$ 4,953,474
ADMINISTRATIVE EXPENSES:		
Salaries, benefits, payroll taxes	117,994	$ 110,268
Computer support	44,479	42,845
Office expense	31,130	25,113
Legal fees	26,134	22,579
Depreciation and amortization	24,990	20,036
Auditing fees	23,079	22,445
Insurance	18,270	14,951
Payroll auditing fees	15,839	17,990
Occupancy	13,680	13,680
Conferences and meetings	8,002	7,099
Total administrative expenses	$ 323,597	$ 297,006

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	CASH AND CASH EQUIVALENTS:			
*	MORGAN STANLEY BANK N.A.	Cash and cash equivalents		$ 37,393
*	MORGAN STANLEY PRIVATE BANK N.A.	Cash and cash equivalents		62,033
*	WILMINGTON US GOVT MONEY MKT CL INST	Cash and cash equivalents		400,669
				500,095
	EQUITY SECURITIES:			
	AAON INC	Equity securities	2,961	4,054
	ABBOTT LABORATORIES	Equity securities	6,712	6,965
	ACADIA HEALTHCARE COMPANY INC	Equity securities	2,791	2,421
	ACCENTURE PLC IRELAND CL A	Equity securities	5,640	5,915
	ADIDAS AG	Equity securities	9,505	10,956
	ADOBE INC	Equity securities	6,669	6,220
	ADOBE INC	Equity securities	8,381	7,674
	AGNC INVESTMENT CORP	Equity securities	2,968	3,316
	AIA GROUP LTD SPON ADR	Equity securities	9,327	8,500
	AIA GROUP LTD SPON ADR	Equity securities	4,559	4,196
	AIR LIQUIDE ADR	Equity securities	12,681	17,248
	AIRBNB INC CL A	Equity securities	5,959	5,434
	ALAMO GROUP INC	Equity securities	1,963	2,640
	ALCON INC	Equity securities	3,835	5,087
	ALIBABA GROUP HLDG LTD	Equity securities	9,021	8,350
	ALPHABET INC CL A	Equity securities	12,070	16,253
	ALPHABET INC CL A	Equity securities	1,768	2,105
	ALPHABET INC CL C	Equity securities	7,036	8,199
	ALPHAVEST ACQUISITION CORP	Equity securities	12,360	13,368
	AMADEUS IT GROUP S.A ADR	Equity securities	9,238	10,651
	AMAZON COM INC	Equity securities	19,078	23,291
	AMAZON.COM INC	Equity securities	13,606	17,888
	AMER INTL GP INC NEW	Equity securities	3,293	3,229
	AMERICAN WATER WORKS CO	Equity securities	4,663	5,176
	AMERIPRISE FINCL INC	Equity securities	5,741	7,057
	AMGEN INC	Equity securities	5,137	5,599
	AMN HEALTHCARE SVCS INC	Equity securities	2,920	2,309
	ANSVS INC	Equity securities	5,767	5,388
	ANTERO RES CORP COM	Equity securities	1,811	1,928
	APPLE INC	Equity securities	7,766	7,987
	APPLE INC	Equity securities	5,898	7,456
	APPLIED MATERIALS INC COM	Equity securities	1,396	2,829
	ARES ACQUISITION CORP II CL A	Equity securities	13,715	14,621
	ARTISAN PARTNERS ASSET MGMT	Equity securities	2,809	3,168
	ASM INTERNATIONAL NV	Equity securities	4,502	8,667
	ASML HOLDING NV NV REG NEW	Equity securities	11,276	16,778

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	ATLAS COPCO AB SP ADR B SP ADR	Equity securities	8,390	12,654
	ATMOS ENERGY CP	Equity securities	4,490	5,292
	AXALTA COATING SYSTEMS LTD.	Equity securities	2,836	3,313
	BANK RAKYAT INDONESIA ADR	Equity securities	3,547	3,809
	BEACON ROOFING SUPPLV INC	Equity securities	3,324	4,011
	BLACKROCK INC	Equity securities	7,114	8,546
	BLACKSTONE INC	Equity securities	3,415	4,367
	BWX TECHNOLOGIES INC COM	Equity securities	2,102	2,647
	CADENCE BANK	Equity securities	2,684	3,217
	CANADIAN NATL RAILWAY CO	Equity securities	9,355	9,341
	CAPITAL ONE FINANCIAL CORP	Equity securities	4,652	5,347
	CAPITEC BANK HOLDINGS LTD ADR	Equity securities	1,854	3,948
	CBOE GLOBAL MARKETS INC	Equity securities	2,081	3,483
	CELESTICA INC	Equity securities	2,955	2,914
	CHAMPION HOMES INC	Equity securities	2,377	3,172
	CHEMOURS CO COM	Equity securities	2,287	2,073
	CHINA MERCHANTS BK CO LTD UNSP	Equity securities	4,521	4,243
	CIENA CORP NEW	Equity securities	1,843	1,963
	CLP HOLDINGS LTD SP ADR	Equity securities	4,877	4,928
	COCA COLA CO	Equity securities	4,133	4,956
	COCA COLA CO COM	Equity securities	5,724	7,689
	COLOPLAST AS SPONSERED ADR	Equity securities	12,435	11,502
	COMERICA INC	Equity securities	4,274	4,900
	COMMERCE BANCSHARES	Equity securities	2,379	2,640
	COMPASS GROUP PLC SPD ADR	Equity securities	9,597	14,065
	CONSTELLATION BRANDS INC CL A	Equity securities	7,685	8,761
	CONSTELLATION BRANDS INC CL A	Equity securities	3,622	3,818
	COPART INC	Equity securities	8,051	10,113
	CORTEVA INC (CTVA)	Equity securities	5,124	6,291
	COSAN S A ADR	Equity securities	3,249	2,084
	COTERRA ENERGY INC	Equity securities	5,094	4,718
	COTY INC COM CL A	Equity securities	2,453	2,554
	CSL LTD	Equity securities	9,701	9,515
	CSX CORP COMMON	Equity securities	8,754	9,012
	CULLEN FROST BANKERS INC	Equity securities	2,759	2,697
	CULLEN FROST BANKERS INC	Equity securities	2,785	2,942
	CUSHMAN & WAKEFIELD PLC	Equity securities	3,804	4,566
	DAIKIN INDS LTD UNSPON ADR	Equity securities	8,821	6,835
	DANAHER CORPORATION	Equity securities	4,437	5,329
	DASSAULT SYSTEMS SA ADS	Equity securities	11,942	10,657
	DIAGEO PLC SPON ADR NEW	Equity securities	8,479	7,444
	ECOLAB INC	Equity securities	4,071	5,283

(Continued)
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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	ELECTRONICS ARTS COM	Equity securities	5,268	9,754
	ELEMENT SOLUTIONS INC	Equity securities	4,822	6,220
	ELI LILLY & CO	Equity securities	1,795	2,515
	EPAM SYSTEMS	Equity securities	2,290	1,395
	EPAM SYSTEMS INC	Equity securities	7,399	6,966
	EQUIFAX INC COM	Equity securities	7,331	7,934
	EQUITY LIFESTYLE PROPERTIES	Equity securities	3,399	3,565
	EVERCORE INC CLASS A	Equity securities	1,470	1,794
	EVERGY INC	Equity securities	5,192	5,768
	EXPERIAN GP LTD ADR	Equity securities	8,186	11,178
	FABRINET	Equity securities	1,378	2,457
	FANUC CORPORATION UNSP ADR	Equity securities	5,954	4,731
	FERRARI N V	Equity securities	9,240	17,057
	FIRST AMERICAN FINL CORP	Equity securities	4,253	4,716
	FIRSTCASH HLDGS INC	Equity securities	2,385	2,425
	FISERV INC	Equity securities	6,742	7,905
	FOUR LEAF ACQUISITION CP CL A	Equity securities	8,662	9,001
	GARTNER INC	Equity securities	3,430	3,926
	GATX CORP	Equity securities	1,592	1,854
	GENL DYNAMICS CORP	Equity securities	3,999	4,716
	GILDAN ACTIVEWEAR INC	Equity securities	2,939	3,676
	GLOBALINK INVT INC	Equity securities	40,797	42,525
	GLOBANT S.A	Equity securities	3,460	3,671
	GLOBUS MEDICAL INC A	Equity securities	2,708	3,479
	GRUPO FINANCIERO BANORTE SAB	Equity securities	2,948	3,024
	HAWKINS INC	Equity securities	944	978
	HDFC BANK LTD ADR	Equity securities	7,236	7,445
	HEALTHEQUITY INC COM	Equity securities	3,228	3,446
	HEICO CORPORATION - CLASS A	Equity securities	3,311	4,279
	HERMES INTL SCA UNSPON ADR	Equity securities	9,288	16,425
	HONEYWELL INTL INC	Equity securities	4,309	4,391
	HOYA CORP SPONS ADR	Equity securities	9,220	10,100
	HUMANA INC COM	Equity securities	7,199	5,385
	IB ACQUISITION CORP	Equity securities	11,750	11,750
	ICICI BANK LTD	Equity securities	4,123	7,254
	IDEXX LABS COMMON	Equity securities	2,612	3,031
	INDUSTRIA DE DISENO TEXTIL IND	Equity securities	8,561	14,886
	INFINEON TECHNOLOGIES AG	Equity securities	4,826	4,564
	INSIGHT ENTERPRISES INC	Equity securities	1,857	3,222
	INSTALLED BLDG PRODS INC	Equity securities	2,215	3,744
	INTERCONTINENTAL EXCHANGE, INC	Equity securities	2,366	3,534
	INTUIT INC COM	Equity securities	3,141	4,968

(Continued)
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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	INTUITIVE SURGICAL INC	Equity securities	3,194	5,895
	JANUS INTERNATIONAL GROUP INC	Equity securities	2,871	2,750
	JARDINE MATHESON HLDGS LTD ADR	Equity securities	5,471	4,297
	JD COM INC SPON ADR CL A	Equity securities	3,685	2,433
	JELD WEN HLD INC	Equity securities	1,875	1,597
	JOHNSON & JOHNSON	Equity securities	7,854	8,103
	JPMORGAN CHASE & CO	Equity securities	3,802	5,482
	KEEN VISION ACQUISITION CORP	Equity securities	10,444	11,029
	KFORCE INC	Equity securities	1,014	1,067
	KIRBY CP	Equity securities	2,000	3,166
	KONE OVJ ADR	Equity securities	10,275	9,799
	KUEHNE & NAGEL INTL AG ADR	Equity securities	4,413	4,231
	L OREAL CO ADR	Equity securities	13,455	14,628
	L3 HARRIS TECHNOLOGIES INC	Equity securities	8,187	9,277
	LEGATO MERGER CORP III	Equity securities	23,937	23,958
	LENNAR CORPORATION	Equity securities	6,161	7,973
	LINCOLN ELEC HLDGS INC	Equity securities	1,107	1,122
	LONZA GROUP AG ZUERICH ADR	Equity securities	6,790	7,035
	LOWES COMPANIES INC	Equity securities	3,728	4,729
	LVMH MOET HENNESSY LOUIS VUITT	Equity securities	11,712	14,247
	MARTIN MARIETTA MATERIALS	Equity securities	5,159	5,766
	MASCO CORP	Equity securities	3,818	6,379
	MASTERCARD INC CL A	Equity securities	8,719	13,826
	MASTERCARD INC CL A	Equity securities	7,315	8,423
	MATADOR RES CO	Equity securities	1,614	1,444
	MATERION CORP COM	Equity securities	3,060	3,205
	MAXLINEAR INC CLASS A	Equity securities	777	801
	MEDTRONIC PLC SHS	Equity securities	3,380	3,695
	MEITUAN ADR	Equity securities	4,879	5,802
	MERCK & CO INC NEW COM	Equity securities	4,831	4,724
	MERCK KGAA SPD ADR	Equity securities	9,032	8,817
	META PLATFORMS, INC-A	Equity securities	9,720	18,318
	MFA FINL INC	Equity securities	2,530	2,798
	MICHELIN COMPAGNIE GENERALE DE	Equity securities	3,690	4,293
	MICROCHIP TECHNOLOGY INC	Equity securities	5,481	5,238
	MICROSOFT CORP	Equity securities	12,067	13,829
	MICROSOFT CORP	Equity securities	10,610	16,782
	MICROSOFT CORP	Equity securities	6,968	8,079
	MINTH GROUP LTD	Equity securities	2,663	2,863
	MITSUBISHI UFJ FINCL GRP ADS	Equity securities	3,578	4,194
	MOODYS CORP	Equity securities	3,329	5,220
	MSCI INC - CL A	Equity securities	3,320	4,081

(Continued)
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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	MSCI INC COM	Equity securities	5,494	6,138
	MURATA MANUFACTURING CO LTD	Equity securities	5,639	5,680
	MURPHY OIL CORP	Equity securities	1,632	1,491
	NASDAQ, INC.	Equity securities	3,673	3,651
	NESTLE SPON ADR REP REG SHR	Equity securities	10,901	9,426
	NETFLIX INC	Equity securities	4,502	6,603
	NNN REIT INC	Equity securities	2,809	3,330
	NORFOLK SOUTHERN CORP	Equity securities	5,508	5,716
	NORTHROP GRUMMAN CORP	Equity securities	4,614	5,281
	NOVARTIS AG ADR	Equity securities	9,092	12,077
	NOVO NORDISK A/SADR	Equity securities	6,262	17,622
	NOVO NORDISK A/SADR	Equity securities	3,259	3,643
	NVIDIA CORP COM	Equity securities	6,533	11,294
	ONTO INNOVATION INC	Equity securities	1,517	1,724
	ORACLE CORP	Equity securities	5,936	7,204
	OSHKOSH CORP	Equity securities	3,879	3,658
	PARKER HANNIFIN CORP	Equity securities	6,445	8,993
	PATTERSON-UTIENERGVINC	Equity securities	1,659	1,132
	PAVCOM SOFTWARE INC	Equity securities	3,004	2,630
	PERMIAN RESOURCES CP CL A	Equity securities	1,157	1,415
	PING AN INSURANCE ADR	Equity securities	3,768	4,093
	PKO BANK POLSKI UNSPON ADR	Equity securities	2,136	2,203
	PNC FINL SVCS GP	Equity securities	3,364	4,065
	PORTLAND GENERAL ELEC CO	Equity securities	2,723	2,923
	PROCTER & GAMBLE	Equity securities	3,950	4,603
	PROSPERITY BANCSHARES	Equity securities	2,482	2,993
	PT BK NEGARA INDONESIA UN ADR	Equity securities	1,897	2,191
	QUALCOMM INC	Equity securities	4,442	5,497
	RAMBUS INC (DEL)	Equity securities	2,253	2,876
	RED ROCK RESORTS INC CL A	Equity securities	2,521	2,959
	RF ACQUISITION CORP II	Equity securities	21,242	21,353
	ROCHE HOLDINGS ADR	Equity securities	10,581	10,187
	ROLLINS INCORPORATED	Equity securities	3,376	3,794
	RPM INC	Equity securities	4,304	4,830
	RUSH ENTERPRISES INC CL A	Equity securities	2,307	3,005
	RXO INC	Equity securities	2,069	2,514
	S&P GLOBAL INC	Equity securities	3,060	4,650
	SAGE GROUP PLC ADR NEW	Equity securities	4,917	4,973
	SALESFORCE INC	Equity securities	4,643	6,569
	SAP AG	Equity securities	6,055	10,784
	SELECTIVE INSURANCE GROUP	Equity securities	2,786	3,061
	SERVICENOW INC	Equity securities	7,502	9,538

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	SERVICENOW INC	Equity securities	8,179	12,521
	SGS SA ADR	Equity securities	8,576	9,987
	SHERWIN WILLIAMS CO COM	Equity securities	3,954	4,580
	SHIN ETSU CHEM CO LTD ADR	Equity securities	8,013	11,199
	SHOPIFY INC	Equity securities	5,297	6,550
	SIGNET JEWELERS LIMITED	Equity securities	1,337	1,715
	SMC CORP JAPAN SPONSORED ADR	Equity securities	14,802	11,681
	SONY GROUP CORPORATION ADR	Equity securities	4,573	4,932
	STAG INDL INC COM	Equity securities	2,716	3,117
	STRIDE INC	Equity securities	3,240	3,690
	SYSMEX CORP UNSPON ADR	Equity securities	11,079	9,131
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	10,110	24,314
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	9,639	19,451
	TELEDYNE TECH INC	Equity securities	3,742	3,925
	TENCENT HLDGS LTD UNSPON ADR	Equity securities	13,684	16,675
	TERUMO CORP ADR UNSPONS ADR	Equity securities	4,536	5,021
	THERMO FISHER SCIENTIFIC	Equity securities	7,243	8,090
	THERMO FISHER SCIENTIFIC INC	Equity securities	6,462	8,041
	TOTALENERGIES SE SPONSORED ADS	Equity securities	6,608	8,465
	TOTALENERGIES SE SPONSORED ADS	Equity securities	4,158	4,237
	TRANSMEDICS GROUP INC	Equity securities	1,509	2,648
	TRANSUNION	Equity securities	6,824	8,062
	TRIP COM GROUP LTD ADR	Equity securities	2,620	3,036
	U S BANCORP COM NEW	Equity securities	4,348	4,664
	UNION PACIFIC CORP COM	Equity securities	5,275	5,916
	UNITED BANKSHARES INC W VA	Equity securities	2,498	2,876
	UNITEDHEALTH GP INC	Equity securities	4,887	5,554
	UNITEDHEALTH GROUP INC	Equity securities	3,859	5,262
	UNIVERSAL MUSIC GROUP NV ADR	Equity securities	6,290	6,242
	VALMONT INDUSTRIES	Equity securities	2,510	2,908
	VALVOLINE INC COM	Equity securities	2,164	2,443
	VERIZON COMMUNICATIONS	Equity securities	4,390	4,716
	VERTEX PHARMACEUTICALS INC	Equity securities	2,894	4,651
	VISA INC	Equity securities	7,803	10,448
	VISA INC CL A	Equity securities	8,631	9,002
	WAL-MART DE MEXICO SA SPON ADR	Equity securities	3,132	2,511
	WARBY PARKER INC CL A	Equity securities	1,537	1,878
	WEG S.A. SPONSORED ADR	Equity securities	2,325	4,393
	WESTERN ALLIANCE BANCORP	Equity securities	3,672	5,286
	WOLTERS KLUWER NV SPON ADR	Equity securities	7,782	10,076

(Continued)

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	EQUITY SECURITIES (CONTINUED):			
	WORKDAY INC CL A	Equity securities	5,100	4,991
	XCEL ENERGY INC	Equity securities	3,772	3,977
	XYLEM INC COM	Equity securities	4,292	5,169
	ZIONS BANCORPORATION NA	Equity securities	3,460	4,073
	ZOETIS INC CLASS-A	Equity securities	5,294	5,421
			1,381,948	1,635,505
	PREFERRED STOCKS:			
	OFS CREDIT CO 7.875% SR-F W/I	Preferred Stocks	12,369	12,375
	MUTUAL FUNDS AND EXCHANGE-TRADED AND CLOSED-END FUNDS:			
	ALLIANCEBERNSTEIN NATL MUNI	Exchange-traded and closed-end funds	20,106	22,715
	ANGEL OAK FINL STRATEGIES INCM	Exchange-traded and closed-end funds	23,483	25,118
	BLACKROCK CREDIT ALL INC TR IV	Exchange-traded and closed-end funds	10,258	12,690
	BLACKROCK MUNIHLDNG CA QUAL FD	Exchange-traded and closed-end funds	25,225	27,936
	BLACKROCK MUNIYLD NY QUAL FD	Exchange-traded and closed-end funds	19,958	21,830
	INSIGHT SELECT INCOME FD	Exchange-traded and closed-end funds	10,362	11,473
	INVESCO S&P 500 EQUAL WEIGHT E	Exchange-traded and closed-end funds	137,050	146,015
	ISHARES CORE DIVIDEND GROWTH	Exchange-traded and closed-end funds	90,396	109,708
	ISHARES RUSSELL 2000 VALUE ETF	Exchange-traded and closed-end funds	5,407	5,399
	ISHARES 20+ YR TREASU BOND ETF	Exchange-traded and closed-end funds	134,566	132,926
	ISHARES 7-10 YR TREASRY BD ETF	Exchange-traded and closed-end funds	30,416	30,417
	NUV NEW YORK AMT-FREE MUNIC	Exchange-traded and closed-end funds	19,957	21,840
	NUVEEN AMT-FREE QLTY MUN INC	Exchange-traded and closed-end funds	15,715	18,099
	NUVEEN CA QUALITY MUN INC FD	Exchange-traded and closed-end funds	20,086	21,997
	PIONEER DIVERSIFIED HIGH INC	Exchange-traded and closed-end funds	14,432	17,220
	VANGUARD TOTAL BOND MARKET	Exchange-traded and closed-end funds	29,868	30,044
	WESTERN ASST INFLTN LKD INM FD	Exchange-traded and closed-end funds	36,737	37,193
	FEDERATED HERMES GOVT OBL PRM	Mutual funds	-	46,552
	AMER BEACON AHL MNGD FUT STR Y	Mutual funds	79,335	74,957
	DOUBLELINE TOTAL RETURN I	Mutual funds	459,961	468,906
	FS MULTI STRATEGY ALTERN I	Mutual funds	430,093	441,163
	LM MARTIN CURRIE SMASH SER EM	Mutual funds	87,341	91,054
	LOCORR MARKET TREND I	Mutual funds	72,501	71,872
	NEUBERGER BERMAN LG SH INST	Mutual funds	570,946	623,457
	TORTOISE ENRGY INFR TOT RET I	Mutual funds	85,012	123,568
			2,429,211	2,634,149

(Continued)
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	CORPORATE OBLIGATIONS			
	AECOM	Corporate Obligation, 5.125%, 03/15/2027	8,793	9,046
	ALLEGION US HOLDING CO INC	Corporate Obligation, 3.200%, 10/01/2024	10,900	10,999
	ALTRIA GROUP INC	Corporate Obligation, 4.800%; 02/14/2029	2,952	3,037
	ALTRIA GROUP INC	Corporate Obligation, 6.200%; 11/01/2028	6,212	6,390
	AMERICAN TOWER CORP	Corporate Obligation, 4.000%; 06/01/2025	8,961	7,956
	AMERICAN TOWER CORP	Corporate Obligation, 3.800%; 08/15/2029	3,695	3,890
	AT&T INC	Corporate Obligation, 4.100%; 02/15/2028	4,886	4,990
	AT&T INC	Corporate Obligation, 4.350%; 03/01/2029	6,689	7,038
	BAT CAPITAL CORP	Corporate Obligation, 4.906%; 04/02/2030	2,832	3,044
	BAT CAPITAL CORP	Corporate Obligation, 6.421%; 08/02/2033	7,308	7,688
	BAT CAPITAL CORP	Corporate Obligation, 2.259%; 03/25/2028	1,666	1,860
	BATH & BODY WORKS INC	Corporate Obligation, 7.500%; 06/15/2029	12,915	13,519
	BERRY GLOBAL INC	Corporate Obligation, 1.570%; 01/15/2026	8,990	9,622
	BERRY GLOBAL INC	Corporate Obligation, 1.650%; 01/15/2027	1,738	1,877
	BLOCK FINANCIAL LLC	Corporate Obligation, 3.875%; 08/15/2030	1,774	1,915
	BLOCK FINANCIAL LLC	Corporate Obligation, 2.500%; 07/15/2028	11,136	11,143
	BOYD GAMING CORP	Corporate Obligation, 4.750%; 12/01/2027	8,455	8,899
	BOYD GAMING CORP	Corporate Obligation, 4.750%; 12/01/2027	12,515	12,855
	BROADCOM CORP / BROADCOM CAYMAN FINANCE LTD	Corporate Obligation, 3.875%; 01/15/2027	4,849	4,965
	BROADCOM INC	Corporate Obligation, 4.150%; 11/15/2030	7,279	7,886
	CARLISLE COS INC	Corporate Obligation, 3.750%; 12/01/2027	5,676	4,917
	CARLISLE COS INC	Corporate Obligation, 2.750%; 03/01/2030	5,032	5,515
	CARLISLE COS INC	Corporate Obligation, 2.200%; 03/01/2032	1,697	1,695
	CARPENTER TECHNOLOGY CORP	Corporate Obligation, 6.375%; 07/15/2028	3,941	4,035
	CDW LLC / CDW FINANCE CORP	Corporate Obligation, 4.125%; 05/01/2025	7,855	7,934
	CDW LLC / CDW FINANCE CORP	Corporate Obligation, 3.250%; 02/15/2029	2,619	2,829
	CENTENE CORP	Corporate Obligation, 4.250%; 12/15/2027	8,309	8,841
	CENTURY COMMUNITIES INC	Corporate Obligation, 6.750%; 06/01/2027	5,016	5,048
	CHARTER COMMUNICATIONS OPERATI NG LLC / CHARTER COMMUNICATION	Corporate Obligation, 4.908%; 07/23/2025	8,062	7,987
	CLEVELAND-CLIFFS INC	Corporate Obligation, 5.875%; 06/01/2027	2,993	3,007
	CONAGRA BRANDS INC	Corporate Obligation, 4.850%; 11/01/2028	10,060	10,158
	CROWN AMERICAS LLC / CROWN AMERICAS CAPITAL CORP VI	Corporate Obligation, 4.750%; 02/01/2026	8,045	7,973
	CROWN CASTLE INC	Corporate Obligation, 5.800%; 03/01/2034	11,574	11,668
	DCP MIDSTREAM OPERATING LP	Corporate Obligation, 5.375%; 07/15/2025	2,948	3,007
	DICK'S SPORTING GOODS INC	Corporate Obligation, 3.150%; 01/15/2032	10,589	11,712
	DISCOVERY COMMUNICATIONS LLC	Corporate Obligation, 3.950%; 03/20/2028	11,842	11,424
	DOLLAR TREE INC	Corporate Obligation, 4.200%; 05/15/202;	4,314	3,948
	DOLLAR TREE INC	Corporate Obligation, 2.650%; 12/01/2031	8,652	8,586
	EAGLE MATERIALS INC	Corporate Obligation, 2.500%; 07/01/2031	10,087	10,597
	ENCOMPASS HEALTH CORP	Corporate Obligation, 4.500%; 02/01/2028	10,555	11,787

(Continued)
The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATIONS (CONTINUED):			
	ENERGY TRANSFER LP	Corporate Obligation, 5.750%; 04/01/2025	6,885	7,002
	ENLINK MIDSTREAM PARTNERS LP	Corporate Obligation, 4.150%; 06/01/2025	8,681	8,932
	EXPEDIA GROUP INC	Corporate Obligation, 4.625%; 08/01/2027	1,880	2,015
	EXPEDIA INC	Corporate Obligation, 3.800%; 02/15/2028	10,304	10,791
	FISERV INC	Corporate Obligation, 5.625%; 08/21/2033	12,460	12,712
	FLEX LTD	Corporate Obligation, 4.875%; 05/12/2030	7,730	8,008
	FLEX LTD	Corporate Obligation, 6.000%; 01/15/2028	3,064	3,109
	FORD MOTOR CO	Corporate Obligation, 4.346%; 12/08/2026	9,171	8,926
	FORTUNE BRANDS INNOVATIONS INC	Corporate Obligation, 4.000%; 06/15/2025	1,980	1,989
	FORTUNE BRANDS INNOVATIONS INC	Corporate Obligation, 5.875%; 06/01/2033	2,091	2,145
	GENUINE PARTS CO	Corporate Obligation, 6.875%; 11/01/2033	11,079	11,478
	GLOBAL PAYMENTS INC	Corporate Obligation, 2.900%; 05/15/2030	2,541	2,734
	GLOBAL PAYMENTS INC	Corporate Obligation, 2.650%; 02/15/2025	10,448	9,913
	GLP CAPITAL LP / GLP FINANCING II INC	Corporate Obligation, 5.250%; 06/01/2025	3,927	3,997
	HCA INC	Corporate Obligation, 5.375%; 02/01/2025	5,154	5,002
	HCA INC	Corporate Obligation, 5.625%; 09/01/2028	11,711	10,380
	HCA INC	Corporate Obligation, 3.500%; 09/01/2030	1,752	1,885
	HILLENBRAND INC	Corporate Obligation, 5.000%; 09/15/2026	8,406	7,970
	HILTON WORLDWIDE FINANCE LLC / HILTON WORLDWIDE FINANCE CORP	Corporate Obligation, 4.875%; 04/01/2027	8,081	7,979
	HP INC	Corporate Obligation, 4.200%; 04/15/2032	2,682	2,907
	HP INC	Corporate Obligation, 4.000%; 04/15/2029	4,687	4,921
	HP INC	Corporate Obligation, 3.000%; 06/17/2027	4,325	3,876
	ICAHN ENTERPRISES LP / ICAHN ENTERPRISES FINANCE CORP	Corporate Obligation, 6.250%; 05/15/2026	8,916	8,930
	IQVIA INC	Corporate Obligation, 6.250%; 02/01/2029	12,788	12,761
	LAMAR MEDIA CORP	Corporate Obligation, 3.750%; 02/15/2028	8,127	8,633
	LKQ CORP	Corporate Obligation, 6.250%; 06/15/2033	7,223	7,428
	LKQ CORP	Corporate Obligation, 5.750%; 06/15/2028	4,080	4,149
	LOWE'S COS INC	Corporate Obligation, 5.150%; 07/01/2033	11,240	11,466
	MARRIOTT INTERNATIONAL INC/MD	Corporate Obligation, 4.625%; 06/15/2030	6,830	7,061
	MICROCHIP TECHNOLOGY INC	Corporate Obligation, 4.250%; 09/01/2025	10,350	9,955
	MOLSON COORS BEVERAGE CO	Corporate Obligation, 3.000%; 07/15/2026	12,337	11,782
	MOTOROLA SOLUTIONS INC	Corporate Obligation, 4.600%; 05/23/2029	10,654	11,098
	NMI HOLDINGS INC	Corporate Obligation, 6.000%; 08/15/2029	2,988	3,082
	OLIN CORP	Corporate Obligation, 5.625%; 08/01/2029	10,799	11,056
	ONEMAIN FINANCE CORP	Corporate Obligation, 7.125%; 03/15/2026	8,161	8,174
	ORACLE CORP	Corporate Obligation, 6.250%; 11/09/2032	10,141	11,063
	PENSKE AUTOMOTIVE GROUP INC	Corporate Obligation, 3.500%; 09/01/2025	7,983	7,873
	PHILIP MORRIS INTERNATIONAL INC	Corporate Obligation, 5.375%; 02/15/2033	6,014	6,275
	QORVO INC	Corporate Obligation, 4.375%; 10/15/2029	12,539	12,578
	QUANTA SERVICES INC	Corporate Obligation, 2.900%; 10/01/2030	10,492	11,036
	QVC INC	Corporate Obligation, 4.450%; 02/15/2025	7,943	8,944
	SABRA HEALTH CARE LP	Corporate Obligation, 5.125%; 08/15/2026	8,543	9,050

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATIONS (CONTINUED):			
	SBA COMMUNICATIONS CORP	Corporate Obligation, 3.875%; 02/15/2027	8,862	8,771
	SBA COMMUNICATIONS CORP	Corporate Obligation, 3.875%; 02/15/2027	8,320	7,796
	SBA COMMUNICATIONS CORP	Corporate Obligation, 3.125%; 02/01/2029	4,215	4,617
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 5.125%; 06/01/2029	2,918	2,997
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 4.625%; 12/15/2027	8,453	8,883
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 3.375%; 08/15/2030	1,715	1,813
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 4.000%; 05/15/2031	2,637	2,780
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 5.750%; 10/15/2032	9,090	9,060
	SILGAN HOLDINGS INC	Corporate Obligation, 4.125%; 02/01/2028	9,050	9,748
	SLM CORP	Corporate Obligation, 3.125%; 11/02/2026	9,307	9,623
	STARWOOD PROPERTY TRUST INC	Corporate Obligation, 4.750%; 03/15/2025	8,110	7,960
	STEEL DYNAMICS INC	Corporate Obligation, 5.000%; 12/15/2026	12,506	11,994
	SUNOCO LP / SUNOCO FINANCE CORP	Corporate Obligation, 6.000%; 04/15/2027	7,225	7,025
	TEGNA INC	Corporate Obligation, 4.625%; 03/15/2028	8,083	8,588
	TELEDYNE TECHNOLOGIES INC	Corporate Obligation, 2.750%; 04/01/2031	12,458	12,582
	TELEFLEX INC	Corporate Obligation, 4.625%; 11/15/2027	8,537	8,883
	TENET HEALTHCARE CORP	Corporate Obligation, 4.250%; 06/01/2029	8,358	8,677
	TENET HEALTHCARE CORP	Corporate Obligation, 6.125%; 10/01/2028	11,588	12,082
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS III BV	Corporate Obligation, 3.150%; 10/01/2026	7,847	8,659
	TRANSDIGM INC	Corporate Obligation, 5.500%; 11/15/2027	11,248	11,958
	TRAVEL + LEISURE CO	Corporate Obligation, 6.000%; 04/01/2027	6,741	7,088
	TRIMBLE INC	Corporate Obligation, 4.900%; 06/15/2028	10,932	11,155
	UNDER ARMOUR INC	Corporate Obligation, 3.250%; 06/15/2026	8,881	8,732
	UNITED RENTALS NORTH AMERICA INC	Corporate Obligation, 5.500%; 05/15/2027	8,082	8,028
	UNITED RENTALS NORTH AMERICA INC	Corporate Obligation, 4.000%; 07/15/2030	4,731	4,730
	VERIZON COMMUNICATIONS INC	Corporate Obligation, 4.329%; 09/21/2028	11,620	12,056
	VICI PROPERTIES LP	Corporate Obligation, 4.750%; 02/15/2028	8,783	9,033
	WESTERN DIGITAL CORP	Corporate Obligation, 4.750%; 02/15/2026	8,882	8,957
	WESTERN MIDSTREAM OPERATING LP	Corporate Obligation, 3.100%; 02/01/2025	4,821	4,963
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	Corporate Obligation, 4.700%; 09/15/2028	11,595	11,136
	WILLIS NORTH AMERICA INC	Corporate Obligation, 4.500%; 09/15/2028	1,906	1,998
	WILLIS NORTH AMERICA INC	Corporate Obligation, 5.350%; 05/15/2033	9,012	9,256
	ZIMMER BIOMET HOLDINGS INC	Corporate Obligation, 3.550%; 04/01/2025	10,736	10,924
	CRESCENT CAP BDC INC NT CAL 26 5%	Corporate Obligation, 5.000%; 05/25/2026	19,952	20,698
	EAGLE POINT INCOME CO INC NT 7.75% SER-B	Corporate Obligation, 7.750%; 07/31/2028	20,437	20,608
	GREAT ELM CAP CORP 8.125%	Corporate Obligation,8.125%; 12/31/2029	11,780	11,847
	OXFORD LANE CAP CORP 6.25%	Corporate Obligation, 6.250%; 02/28/2027	25,172	26,417
	RUNWAY GROWTH FIN CO	Corporate Obligation, 7.500%; 07/28/2027	19,929	20,117
	SARATOGA INVT CORP CAL NT 27	Corporate Obligation, 6.000%; 04/30/2027	20,089	20,800
	SARATOGA INVT CRP CAL NT 28 8.5%	Corporate Obligation, 8.500%; 04/15/2028	16,088	16,715
			992,294	1,012,106

(Continued)
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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	MANAGED HEDGE FUND:			
	IRONWOOD INSTIT MS LLC	Managed hedge fund	262,081	271,925
	PARTNERSHIP:			
	PROLOAN BOND FUND, LLC	Partnership	605,000	456,808
	TOTAL INVESTMENTS		$ 5,682,903	$ 6,522,963

* Party-in-interest

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended September 30, 2024

Schedule III

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions							
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 298,825	$ -	$ 298,825	$ 298,825	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 547,286	$ -	$ -	$ 547,286	$ 547,286	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 286,368	$ -	$ 286,368	$ 286,368	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 479,067	$ -	$ -	$ 479,067	$ 479,067	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 350,000	$ -	$ -	$ 350,000	$ 350,000	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 350,000	$ -	$ 350,000	$ 350,000	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 355,501		$ -	$ 355,501	$ 355,501	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 313,722	$ -	$ 313,722	$ 313,722	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 489,649	$ -	$ -	$ 489,649	$ 489,649	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 367,847	$ -	$ 367,847	$ 367,847	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 277,767	$ -	$ -	$ 277,767	$ 277,767	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 442,837	$ -	$ -	$ 442,837	$ 442,837	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 305,633	$ -	$ 305,633	$ 305,633	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 280,086	$ -	$ -	$ 280,086	$ 280,086	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ 300,000	$ -	$ -	$ 300,000	$ 300,000	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ -	$ 300,559	$ -	$ 300,559	$ 300,559	$ -
II. Series of Transactions, Not Involving Securities, with the Same Person							
None.							
III. Series of Transactions Involving Securities of the Same Issue							
Wilmington US Government Money Market Fund	Cash Equivalents	$ 4,216,893	$ -	$ -	$ 4,216,893	$ 4,216,893	$ -
Wilmington US Government Money Market Fund	Cash Equivalents	$ -	$ 4,417,878	$ -	$ 4,417,878	$ 4,417,878	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ 340,000	$ -	$ -	$ 340,000	$ 340,000	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ -	$ 365,559	$ -	$ 365,559	$ 365,559	$ -
IV. Series of Transactions, Involving Securities, with the Same Person							
None.							

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
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September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	CASH AND CASH EQUIVALENTS:			
*	MORGAN STANLEY BANK N.A.	Cash and cash equivalents		$ 37,393
*	MORGAN STANLEY PRIVATE BANK N.A.	Cash and cash equivalents		62,033
*	WILMINGTON US GOVT MONEY MKT CL INST	Cash and cash equivalents		400,669
				500,095
	EQUITY SECURITIES:			
	AAON INC	Equity securities	2,961	4,054
	ABBOTT LABORATORIES	Equity securities	6,712	6,965
	ACADIA HEALTHCARE COMPANY INC	Equity securities	2,791	2,421
	ACCENTURE PLC IRELAND CL A	Equity securities	5,640	5,915
	ADIDAS AG	Equity securities	9,505	10,956
	ADOBE INC	Equity securities	6,669	6,220
	ADOBE INC	Equity securities	8,381	7,674
	AGNC INVESTMENT CORP	Equity securities	2,968	3,316
	AIA GROUP LTD SPON ADR	Equity securities	9,327	8,500
	AIA GROUP LTD SPON ADR	Equity securities	4,559	4,196
	AIR LIQUIDE ADR	Equity securities	12,681	17,248
	AIRBNB INC CL A	Equity securities	5,959	5,434
	ALAMO GROUP INC	Equity securities	1,963	2,640
	ALCON INC	Equity securities	3,835	5,087
	ALIBABA GROUP HLDG LTD	Equity securities	9,021	8,350
	ALPHABET INC CL A	Equity securities	12,070	16,253
	ALPHABET INC CL A	Equity securities	1,768	2,105
	ALPHABET INC CL C	Equity securities	7,036	8,199
	ALPHAVEST ACQUISITION CORP	Equity securities	12,360	13,368
	AMADEUS IT GROUP S.A ADR	Equity securities	9,238	10,651
	AMAZON COM INC	Equity securities	19,078	23,291
	AMAZON.COM INC	Equity securities	13,606	17,888
	AMER INTL GP INC NEW	Equity securities	3,293	3,229
	AMERICAN WATER WORKS CO	Equity securities	4,663	5,176
	AMERIPRISE FINCL INC	Equity securities	5,741	7,057
	AMGEN INC	Equity securities	5,137	5,599
	AMN HEALTHCARE SVCS INC	Equity securities	2,920	2,309
	ANSVS INC	Equity securities	5,767	5,388
	ANTERO RES CORP COM	Equity securities	1,811	1,928
	APPLE INC	Equity securities	7,766	7,987
	APPLE INC	Equity securities	5,898	7,456
	APPLIED MATERIALS INC COM	Equity securities	1,396	2,829
	ARES ACQUISITION CORP II CL A	Equity securities	13,715	14,621
	ARTISAN PARTNERS ASSET MGMT	Equity securities	2,809	3,168
	ASM INTERNATIONAL NV	Equity securities	4,502	8,667
	ASML HOLDING NV NV REG NEW	Equity securities	11,276	16,778

(Continued)
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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
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September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	ATLAS COPCO AB SP ADR B SP ADR	Equity securities	8,390	12,654
	ATMOS ENERGY CP	Equity securities	4,490	5,292
	AXALTA COATING SYSTEMS LTD.	Equity securities	2,836	3,313
	BANK RAKYAT INDONESIA ADR	Equity securities	3,547	3,809
	BEACON ROOFING SUPPLV INC	Equity securities	3,324	4,011
	BLACKROCK INC	Equity securities	7,114	8,546
	BLACKSTONE INC	Equity securities	3,415	4,367
	BWX TECHNOLOGIES INC COM	Equity securities	2,102	2,647
	CADENCE BANK	Equity securities	2,684	3,217
	CANADIAN NATL RAILWAY CO	Equity securities	9,355	9,341
	CAPITAL ONE FINANCIAL CORP	Equity securities	4,652	5,347
	CAPITEC BANK HOLDINGS LTD ADR	Equity securities	1,854	3,948
	CBOE GLOBAL MARKETS INC	Equity securities	2,081	3,483
	CELESTICA INC	Equity securities	2,955	2,914
	CHAMPION HOMES INC	Equity securities	2,377	3,172
	CHEMOURS CO COM	Equity securities	2,287	2,073
	CHINA MERCHANTS BK CO LTD UNSP	Equity securities	4,521	4,243
	CIENA CORP NEW	Equity securities	1,843	1,963
	CLP HOLDINGS LTD SP ADR	Equity securities	4,877	4,928
	COCA COLA CO	Equity securities	4,133	4,956
	COCA COLA CO COM	Equity securities	5,724	7,689
	COLOPLAST AS SPONSERED ADR	Equity securities	12,435	11,502
	COMERICA INC	Equity securities	4,274	4,900
	COMMERCE BANCSHARES	Equity securities	2,379	2,640
	COMPASS GROUP PLC SPD ADR	Equity securities	9,597	14,065
	CONSTELLATION BRANDS INC CL A	Equity securities	7,685	8,761
	CONSTELLATION BRANDS INC CL A	Equity securities	3,622	3,818
	COPART INC	Equity securities	8,051	10,113
	CORTEVA INC (CTVA)	Equity securities	5,124	6,291
	COSAN S A ADR	Equity securities	3,249	2,084
	COTERRA ENERGY INC	Equity securities	5,094	4,718
	COTY INC COM CL A	Equity securities	2,453	2,554
	CSL LTD	Equity securities	9,701	9,515
	CSX CORP COMMON	Equity securities	8,754	9,012
	CULLEN FROST BANKERS INC	Equity securities	2,759	2,697
	CULLEN FROST BANKERS INC	Equity securities	2,785	2,942
	CUSHMAN & WAKEFIELD PLC	Equity securities	3,804	4,566
	DAIKIN INDS LTD UNSPON ADR	Equity securities	8,821	6,835
	DANAHER CORPORATION	Equity securities	4,437	5,329
	DASSAULT SYSTEMS SA ADS	Equity securities	11,942	10,657
	DIAGEO PLC SPON ADR NEW	Equity securities	8,479	7,444
	ECOLAB INC	Equity securities	4,071	5,283

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	ELECTRONICS ARTS COM	Equity securities	5,268	9,754
	ELEMENT SOLUTIONS INC	Equity securities	4,822	6,220
	ELI LILLY & CO	Equity securities	1,795	2,515
	EPAM SYSTEMS	Equity securities	2,290	1,395
	EPAM SYSTEMS INC	Equity securities	7,399	6,966
	EQUIFAX INC COM	Equity securities	7,331	7,934
	EQUITY LIFESTYLE PROPERTIES	Equity securities	3,399	3,565
	EVERCORE INC CLASS A	Equity securities	1,470	1,794
	EVERGY INC	Equity securities	5,192	5,768
	EXPERIAN GP LTD ADR	Equity securities	8,186	11,178
	FABRINET	Equity securities	1,378	2,457
	FANUC CORPORATION UNSP ADR	Equity securities	5,954	4,731
	FERRARI N V	Equity securities	9,240	17,057
	FIRST AMERICAN FINL CORP	Equity securities	4,253	4,716
	FIRSTCASH HLDGS INC	Equity securities	2,385	2,425
	FISERV INC	Equity securities	6,742	7,905
	FOUR LEAF ACQUISITION CP CL A	Equity securities	8,662	9,001
	GARTNER INC	Equity securities	3,430	3,926
	GATX CORP	Equity securities	1,592	1,854
	GENL DYNAMICS CORP	Equity securities	3,999	4,716
	GILDAN ACTIVEWEAR INC	Equity securities	2,939	3,676
	GLOBALINK INVT INC	Equity securities	40,797	42,525
	GLOBANT S.A	Equity securities	3,460	3,671
	GLOBUS MEDICAL INC A	Equity securities	2,708	3,479
	GRUPO FINANCIERO BANORTE SAB	Equity securities	2,948	3,024
	HAWKINS INC	Equity securities	944	978
	HDFC BANK LTD ADR	Equity securities	7,236	7,445
	HEALTHEQUITY INC COM	Equity securities	3,228	3,446
	HEICO CORPORATION - CLASS A	Equity securities	3,311	4,279
	HERMES INTL SCA UNSPON ADR	Equity securities	9,288	16,425
	HONEYWELL INTL INC	Equity securities	4,309	4,391
	HOYA CORP SPONS ADR	Equity securities	9,220	10,100
	HUMANA INC COM	Equity securities	7,199	5,385
	IB ACQUISITION CORP	Equity securities	11,750	11,750
	ICICI BANK LTD	Equity securities	4,123	7,254
	IDEXX LABS COMMON	Equity securities	2,612	3,031
	INDUSTRIA DE DISENO TEXTIL IND	Equity securities	8,561	14,886
	INFINEON TECHNOLOGIES AG	Equity securities	4,826	4,564
	INSIGHT ENTERPRISES INC	Equity securities	1,857	3,222
	INSTALLED BLDG PRODS INC	Equity securities	2,215	3,744
	INTERCONTINENTAL EXCHANGE, INC	Equity securities	2,366	3,534
	INTUIT INC COM	Equity securities	3,141	4,968

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	INTUITIVE SURGICAL INC	Equity securities	3,194	5,895
	JANUS INTERNATIONAL GROUP INC	Equity securities	2,871	2,750
	JARDINE MATHESON HLDGS LTD ADR	Equity securities	5,471	4,297
	JD COM INC SPON ADR CL A	Equity securities	3,685	2,433
	JELD WEN HLD INC	Equity securities	1,875	1,597
	JOHNSON & JOHNSON	Equity securities	7,854	8,103
	JPMORGAN CHASE & CO	Equity securities	3,802	5,482
	KEEN VISION ACQUISITION CORP	Equity securities	10,444	11,029
	KFORCE INC	Equity securities	1,014	1,067
	KIRBY CP	Equity securities	2,000	3,166
	KONE OVJ ADR	Equity securities	10,275	9,799
	KUEHNE & NAGEL INTL AG ADR	Equity securities	4,413	4,231
	L OREAL CO ADR	Equity securities	13,455	14,628
	L3 HARRIS TECHNOLOGIES INC	Equity securities	8,187	9,277
	LEGATO MERGER CORP III	Equity securities	23,937	23,958
	LENNAR CORPORATION	Equity securities	6,161	7,973
	LINCOLN ELEC HLDGS INC	Equity securities	1,107	1,122
	LONZA GROUP AG ZUERICH ADR	Equity securities	6,790	7,035
	LOWES COMPANIES INC	Equity securities	3,728	4,729
	LVMH MOET HENNESSY LOUIS VUITT	Equity securities	11,712	14,247
	MARTIN MARIETTA MATERIALS	Equity securities	5,159	5,766
	MASCO CORP	Equity securities	3,818	6,379
	MASTERCARD INC CL A	Equity securities	8,719	13,826
	MASTERCARD INC CL A	Equity securities	7,315	8,423
	MATADOR RES CO	Equity securities	1,614	1,444
	MATERION CORP COM	Equity securities	3,060	3,205
	MAXLINEAR INC CLASS A	Equity securities	777	801
	MEDTRONIC PLC SHS	Equity securities	3,380	3,695
	MEITUAN ADR	Equity securities	4,879	5,802
	MERCK & CO INC NEW COM	Equity securities	4,831	4,724
	MERCK KGAA SPD ADR	Equity securities	9,032	8,817
	META PLATFORMS, INC-A	Equity securities	9,720	18,318
	MFA FINL INC	Equity securities	2,530	2,798
	MICHELIN COMPAGNIE GENERALE DE	Equity securities	3,690	4,293
	MICROCHIP TECHNOLOGY INC	Equity securities	5,481	5,238
	MICROSOFT CORP	Equity securities	12,067	13,829
	MICROSOFT CORP	Equity securities	10,610	16,782
	MICROSOFT CORP	Equity securities	6,968	8,079
	MINTH GROUP LTD	Equity securities	2,663	2,863
	MITSUBISHI UFJ FINCL GRP ADS	Equity securities	3,578	4,194
	MOODYS CORP	Equity securities	3,329	5,220
	MSCI INC - CL A	Equity securities	3,320	4,081

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	MSCI INC COM	Equity securities	5,494	6,138
	MURATA MANUFACTURING CO LTD	Equity securities	5,639	5,680
	MURPHY OIL CORP	Equity securities	1,632	1,491
	NASDAQ, INC.	Equity securities	3,673	3,651
	NESTLE SPON ADR REP REG SHR	Equity securities	10,901	9,426
	NETFLIX INC	Equity securities	4,502	6,603
	NNN REIT INC	Equity securities	2,809	3,330
	NORFOLK SOUTHERN CORP	Equity securities	5,508	5,716
	NORTHROP GRUMMAN CORP	Equity securities	4,614	5,281
	NOVARTIS AG ADR	Equity securities	9,092	12,077
	NOVO NORDISK A/SADR	Equity securities	6,262	17,622
	NOVO NORDISK A/SADR	Equity securities	3,259	3,643
	NVIDIA CORP COM	Equity securities	6,533	11,294
	ONTO INNOVATION INC	Equity securities	1,517	1,724
	ORACLE CORP	Equity securities	5,936	7,204
	OSHKOSH CORP	Equity securities	3,879	3,658
	PARKER HANNIFIN CORP	Equity securities	6,445	8,993
	PATTERSON-UTIENERGVINC	Equity securities	1,659	1,132
	PAVCOM SOFTWARE INC	Equity securities	3,004	2,630
	PERMIAN RESOURCES CP CL A	Equity securities	1,157	1,415
	PING AN INSURANCE ADR	Equity securities	3,768	4,093
	PKO BANK POLSKI UNSPON ADR	Equity securities	2,136	2,203
	PNC FINL SVCS GP	Equity securities	3,364	4,065
	PORTLAND GENERAL ELEC CO	Equity securities	2,723	2,923
	PROCTER & GAMBLE	Equity securities	3,950	4,603
	PROSPERITY BANCSHARES	Equity securities	2,482	2,993
	PT BK NEGARA INDONESIA UN ADR	Equity securities	1,897	2,191
	QUALCOMM INC	Equity securities	4,442	5,497
	RAMBUS INC (DEL)	Equity securities	2,253	2,876
	RED ROCK RESORTS INC CL A	Equity securities	2,521	2,959
	RF ACQUISITION CORP II	Equity securities	21,242	21,353
	ROCHE HOLDINGS ADR	Equity securities	10,581	10,187
	ROLLINS INCORPORATED	Equity securities	3,376	3,794
	RPM INC	Equity securities	4,304	4,830
	RUSH ENTERPRISES INC CL A	Equity securities	2,307	3,005
	RXO INC	Equity securities	2,069	2,514
	S&P GLOBAL INC	Equity securities	3,060	4,650
	SAGE GROUP PLC ADR NEW	Equity securities	4,917	4,973
	SALESFORCE INC	Equity securities	4,643	6,569
	SAP AG	Equity securities	6,055	10,784
	SELECTIVE INSURANCE GROUP	Equity securities	2,786	3,061
	SERVICENOW INC	Equity securities	7,502	9,538

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	SERVICENOW INC	Equity securities	8,179	12,521
	SGS SA ADR	Equity securities	8,576	9,987
	SHERWIN WILLIAMS CO COM	Equity securities	3,954	4,580
	SHIN ETSU CHEM CO LTD ADR	Equity securities	8,013	11,199
	SHOPIFY INC	Equity securities	5,297	6,550
	SIGNET JEWELERS LIMITED	Equity securities	1,337	1,715
	SMC CORP JAPAN SPONSORED ADR	Equity securities	14,802	11,681
	SONY GROUP CORPORATION ADR	Equity securities	4,573	4,932
	STAG INDL INC COM	Equity securities	2,716	3,117
	STRIDE INC	Equity securities	3,240	3,690
	SYSMEX CORP UNSPON ADR	Equity securities	11,079	9,131
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	10,110	24,314
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	9,639	19,451
	TELEDYNE TECH INC	Equity securities	3,742	3,925
	TENCENT HLDGS LTD UNSPON ADR	Equity securities	13,684	16,675
	TERUMO CORP ADR UNSPONS ADR	Equity securities	4,536	5,021
	THERMO FISHER SCIENTIFIC	Equity securities	7,243	8,090
	THERMO FISHER SCIENTIFIC INC	Equity securities	6,462	8,041
	TOTALENERGIES SE SPONSORED ADS	Equity securities	6,608	8,465
	TOTALENERGIES SE SPONSORED ADS	Equity securities	4,158	4,237
	TRANSMEDICS GROUP INC	Equity securities	1,509	2,648
	TRANSUNION	Equity securities	6,824	8,062
	TRIP COM GROUP LTD ADR	Equity securities	2,620	3,036
	U S BANCORP COM NEW	Equity securities	4,348	4,664
	UNION PACIFIC CORP COM	Equity securities	5,275	5,916
	UNITED BANKSHARES INC W VA	Equity securities	2,498	2,876
	UNITEDHEALTH GP INC	Equity securities	4,887	5,554
	UNITEDHEALTH GROUP INC	Equity securities	3,859	5,262
	UNIVERSAL MUSIC GROUP NV ADR	Equity securities	6,290	6,242
	VALMONT INDUSTRIES	Equity securities	2,510	2,908
	VALVOLINE INC COM	Equity securities	2,164	2,443
	VERIZON COMMUNICATIONS	Equity securities	4,390	4,716
	VERTEX PHARMACEUTICALS INC	Equity securities	2,894	4,651
	VISA INC	Equity securities	7,803	10,448
	VISA INC CL A	Equity securities	8,631	9,002
	WAL-MART DE MEXICO SA SPON ADR	Equity securities	3,132	2,511
	WARBY PARKER INC CL A	Equity securities	1,537	1,878
	WEG S.A. SPONSORED ADR	Equity securities	2,325	4,393
	WESTERN ALLIANCE BANCORP	Equity securities	3,672	5,286
	WOLTERS KLUWER NV SPON ADR	Equity securities	7,782	10,076

(Continued)

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (CONTINUED):			
	WORKDAY INC CL A	Equity securities	5,100	4,991
	XCEL ENERGY INC	Equity securities	3,772	3,977
	XYLEM INC COM	Equity securities	4,292	5,169
	ZIONS BANCORPORATION NA	Equity securities	3,460	4,073
	ZOETIS INC CLASS-A	Equity securities	5,294	5,421
			1,381,948	1,635,505
	PREFERRED STOCKS:			
	OFS CREDIT CO 7.875% SR-F W/I	Preferred Stocks	12,369	12,375
	MUTUAL FUNDS AND EXCHANGE-TRADED AND CLOSED-END FUNDS:			
	ALLIANCEBERNSTEIN NATL MUNI	Exchange-traded and closed-end funds	20,106	22,715
	ANGEL OAK FINL STRATEGIES INCM	Exchange-traded and closed-end funds	23,483	25,118
	BLACKROCK CREDIT ALL INC TR IV	Exchange-traded and closed-end funds	10,258	12,690
	BLACKROCK MUNIHLDNG CA QUAL FD	Exchange-traded and closed-end funds	25,225	27,936
	BLACKROCK MUNIYLD NY QUAL FD	Exchange-traded and closed-end funds	19,958	21,830
	INSIGHT SELECT INCOME FD	Exchange-traded and closed-end funds	10,362	11,473
	INVESCO S&P 500 EQUAL WEIGHT E	Exchange-traded and closed-end funds	137,050	146,015
	ISHARES CORE DIVIDEND GROWTH	Exchange-traded and closed-end funds	90,396	109,708
	ISHARES RUSSELL 2000 VALUE ETF	Exchange-traded and closed-end funds	5,407	5,399
	ISHARES 20+ YR TREASU BOND ETF	Exchange-traded and closed-end funds	134,566	132,926
	ISHARES 7-10 YR TREASRY BD ETF	Exchange-traded and closed-end funds	30,416	30,417
	NUV NEW YORK AMT-FREE MUNIC	Exchange-traded and closed-end funds	19,957	21,840
	NUVEEN AMT-FREE QLTY MUN INC	Exchange-traded and closed-end funds	15,715	18,099
	NUVEEN CA QUALITY MUN INC FD	Exchange-traded and closed-end funds	20,086	21,997
	PIONEER DIVERSIFIED HIGH INC	Exchange-traded and closed-end funds	14,432	17,220
	VANGUARD TOTAL BOND MARKET	Exchange-traded and closed-end funds	29,868	30,044
	WESTERN ASST INFLTN LKD INM FD	Exchange-traded and closed-end funds	36,737	37,193
	FEDERATED HERMES GOVT OBL PRM	Mutual funds	-	46,552
	AMER BEACON AHL MNGD FUT STR Y	Mutual funds	79,335	74,957
	DOUBLELINE TOTAL RETURN I	Mutual funds	459,961	468,906
	FS MULTI STRATEGY ALTERN I	Mutual funds	430,093	441,163
	LM MARTIN CURRIE SMASH SER EM	Mutual funds	87,341	91,054
	LOCORR MARKET TREND I	Mutual funds	72,501	71,872
	NEUBERGER BERMAN LG SH INST	Mutual funds	570,946	623,457
	TORTOISE ENRGY INFR TOT RET I	Mutual funds	85,012	123,568
			2,429,211	2,634,149

(Continued)
The accompanying notes are an integral part of these schedules.

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATIONS			
	AECOM	Corporate Obligation, 5.125%, 03/15/2027	8,793	9,046
	ALLEGION US HOLDING CO INC	Corporate Obligation, 3.200%, 10/01/2024	10,900	10,999
	ALTRIA GROUP INC	Corporate Obligation, 4.800%; 02/14/2029	2,952	3,037
	ALTRIA GROUP INC	Corporate Obligation, 6.200%; 11/01/2028	6,212	6,390
	AMERICAN TOWER CORP	Corporate Obligation, 4.000%; 06/01/2025	8,961	7,956
	AMERICAN TOWER CORP	Corporate Obligation, 3.800%; 08/15/2029	3,695	3,890
	AT&T INC	Corporate Obligation, 4.100%; 02/15/2028	4,886	4,990
	AT&T INC	Corporate Obligation, 4.350%; 03/01/2029	6,689	7,038
	BAT CAPITAL CORP	Corporate Obligation, 4.906%; 04/02/2030	2,832	3,044
	BAT CAPITAL CORP	Corporate Obligation, 6.421%; 08/02/2033	7,308	7,688
	BAT CAPITAL CORP	Corporate Obligation, 2.259%; 03/25/2028	1,666	1,860
	BATH & BODY WORKS INC	Corporate Obligation, 7.500%; 06/15/2029	12,915	13,519
	BERRY GLOBAL INC	Corporate Obligation, 1.570%; 01/15/2026	8,990	9,622
	BERRY GLOBAL INC	Corporate Obligation, 1.650%; 01/15/2027	1,738	1,877
	BLOCK FINANCIAL LLC	Corporate Obligation, 3.875%; 08/15/2030	1,774	1,915
	BLOCK FINANCIAL LLC	Corporate Obligation, 2.500%; 07/15/2028	11,136	11,143
	BOYD GAMING CORP	Corporate Obligation, 4.750%; 12/01/2027	8,455	8,899
	BOYD GAMING CORP	Corporate Obligation, 4.750%; 12/01/2027	12,515	12,855
	BROADCOM CORP / BROADCOM CAYMAN FINANCE LTD	Corporate Obligation, 3.875%; 01/15/2027	4,849	4,965
	BROADCOM INC	Corporate Obligation, 4.150%; 11/15/2030	7,279	7,886
	CARLISLE COS INC	Corporate Obligation, 3.750%; 12/01/2027	5,676	4,917
	CARLISLE COS INC	Corporate Obligation, 2.750%; 03/01/2030	5,032	5,515
	CARLISLE COS INC	Corporate Obligation, 2.200%; 03/01/2032	1,697	1,695
	CARPENTER TECHNOLOGY CORP	Corporate Obligation, 6.375%; 07/15/2028	3,941	4,035
	CDW LLC / CDW FINANCE CORP	Corporate Obligation, 4.125%; 05/01/2025	7,855	7,934
	CDW LLC / CDW FINANCE CORP	Corporate Obligation, 3.250%; 02/15/2029	2,619	2,829
	CENTENE CORP	Corporate Obligation, 4.250%; 12/15/2027	8,309	8,841
	CENTURY COMMUNITIES INC	Corporate Obligation, 6.750%; 06/01/2027	5,016	5,048
	CHARTER COMMUNICATIONS OPERATI NG LLC / CHARTER COMMUNICATION	Corporate Obligation, 4.908%; 07/23/2025	8,062	7,987
	CLEVELAND-CLIFFS INC	Corporate Obligation, 5.875%; 06/01/2027	2,993	3,007
	CONAGRA BRANDS INC	Corporate Obligation, 4.850%; 11/01/2028	10,060	10,158
	CROWN AMERICAS LLC / CROWN AMERICAS CAPITAL CORP VI	Corporate Obligation, 4.750%; 02/01/2026	8,045	7,973
	CROWN CASTLE INC	Corporate Obligation, 5.800%; 03/01/2034	11,574	11,668
	DCP MIDSTREAM OPERATING LP	Corporate Obligation, 5.375%; 07/15/2025	2,948	3,007
	DICK'S SPORTING GOODS INC	Corporate Obligation, 3.150%; 01/15/2032	10,589	11,712
	DISCOVERY COMMUNICATIONS LLC	Corporate Obligation, 3.950%; 03/20/2028	11,842	11,424
	DOLLAR TREE INC	Corporate Obligation, 4.200%; 05/15/202;	4,314	3,948
	DOLLAR TREE INC	Corporate Obligation, 2.650%; 12/01/2031	8,652	8,586
	EAGLE MATERIALS INC	Corporate Obligation, 2.500%; 07/01/2031	10,087	10,597
	ENCOMPASS HEALTH CORP	Corporate Obligation, 4.500%; 02/01/2028	10,555	11,787

(Continued)

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATIONS (CONTINUED):			
	ENERGY TRANSFER LP	Corporate Obligation, 5.750%; 04/01/2025	6,885	7,002
	ENLINK MIDSTREAM PARTNERS LP	Corporate Obligation, 4.150%; 06/01/2025	8,681	8,932
	EXPEDIA GROUP INC	Corporate Obligation, 4.625%; 08/01/2027	1,880	2,015
	EXPEDIA INC	Corporate Obligation, 3.800%; 02/15/2028	10,304	10,791
	FISERV INC	Corporate Obligation, 5.625%; 08/21/2033	12,460	12,712
	FLEX LTD	Corporate Obligation, 4.875%; 05/12/2030	7,730	8,008
	FLEX LTD	Corporate Obligation, 6.000%; 01/15/2028	3,064	3,109
	FORD MOTOR CO	Corporate Obligation, 4.346%; 12/08/2026	9,171	8,926
	FORTUNE BRANDS INNOVATIONS INC	Corporate Obligation, 4.000%; 06/15/2025	1,980	1,989
	FORTUNE BRANDS INNOVATIONS INC	Corporate Obligation, 5.875%; 06/01/2033	2,091	2,145
	GENUINE PARTS CO	Corporate Obligation, 6.875%; 11/01/2033	11,079	11,478
	GLOBAL PAYMENTS INC	Corporate Obligation, 2.900%; 05/15/2030	2,541	2,734
	GLOBAL PAYMENTS INC	Corporate Obligation, 2.650%; 02/15/2025	10,448	9,913
	GLP CAPITAL LP / GLP FINANCING II INC	Corporate Obligation, 5.250%; 06/01/2025	3,927	3,997
	HCA INC	Corporate Obligation, 5.375%; 02/01/2025	5,154	5,002
	HCA INC	Corporate Obligation, 5.625%; 09/01/2028	11,711	10,380
	HCA INC	Corporate Obligation, 3.500%; 09/01/2030	1,752	1,885
	HILLENBRAND INC	Corporate Obligation, 5.000%; 09/15/2026	8,406	7,970
	HILTON WORLDWIDE FINANCE LLC / HILTON WORLDWIDE FINANCE CORP	Corporate Obligation, 4.875%; 04/01/2027	8,081	7,979
	HP INC	Corporate Obligation, 4.200%; 04/15/2032	2,682	2,907
	HP INC	Corporate Obligation, 4.000%; 04/15/2029	4,687	4,921
	HP INC	Corporate Obligation, 3.000%; 06/17/2027	4,325	3,876
	ICAHN ENTERPRISES LP / ICAHN ENTERPRISES FINANCE CORP	Corporate Obligation, 6.250%; 05/15/2026	8,916	8,930
	IQVIA INC	Corporate Obligation, 6.250%; 02/01/2029	12,788	12,761
	LAMAR MEDIA CORP	Corporate Obligation, 3.750%; 02/15/2028	8,127	8,633
	LKQ CORP	Corporate Obligation, 6.250%; 06/15/2033	7,223	7,428
	LKQ CORP	Corporate Obligation, 5.750%; 06/15/2028	4,080	4,149
	LOWE'S COS INC	Corporate Obligation, 5.150%; 07/01/2033	11,240	11,466
	MARRIOTT INTERNATIONAL INC/MD	Corporate Obligation, 4.625%; 06/15/2030	6,830	7,061
	MICROCHIP TECHNOLOGY INC	Corporate Obligation, 4.250%; 09/01/2025	10,350	9,955
	MOLSON COORS BEVERAGE CO	Corporate Obligation, 3.000%; 07/15/2026	12,337	11,782
	MOTOROLA SOLUTIONS INC	Corporate Obligation, 4.600%; 05/23/2029	10,654	11,098
	NMI HOLDINGS INC	Corporate Obligation, 6.000%; 08/15/2029	2,988	3,082
	OLIN CORP	Corporate Obligation, 5.625%; 08/01/2029	10,799	11,056
	ONEMAIN FINANCE CORP	Corporate Obligation, 7.125%; 03/15/2026	8,161	8,174
	ORACLE CORP	Corporate Obligation, 6.250%; 11/09/2032	10,141	11,063
	PENSKE AUTOMOTIVE GROUP INC	Corporate Obligation, 3.500%; 09/01/2025	7,983	7,873
	PHILIP MORRIS INTERNATIONAL INC	Corporate Obligation, 5.375%; 02/15/2033	6,014	6,275
	QORVO INC	Corporate Obligation, 4.375%; 10/15/2029	12,539	12,578
	QUANTA SERVICES INC	Corporate Obligation, 2.900%; 10/01/2030	10,492	11,036
	QVC INC	Corporate Obligation, 4.450%; 02/15/2025	7,943	8,944
	SABRA HEALTH CARE LP	Corporate Obligation, 5.125%; 08/15/2026	8,543	9,050

(Continued)

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATIONS (CONTINUED):			
	SBA COMMUNICATIONS CORP	Corporate Obligation, 3.875%; 02/15/2027	8,862	8,771
	SBA COMMUNICATIONS CORP	Corporate Obligation, 3.875%; 02/15/2027	8,320	7,796
	SBA COMMUNICATIONS CORP	Corporate Obligation, 3.125%; 02/01/2029	4,215	4,617
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 5.125%; 06/01/2029	2,918	2,997
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 4.625%; 12/15/2027	8,453	8,883
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 3.375%; 08/15/2030	1,715	1,813
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 4.000%; 05/15/2031	2,637	2,780
	SERVICE CORP INTERNATIONAL/US	Corporate Obligation, 5.750%; 10/15/2032	9,090	9,060
	SILGAN HOLDINGS INC	Corporate Obligation, 4.125%; 02/01/2028	9,050	9,748
	SLM CORP	Corporate Obligation, 3.125%; 11/02/2026	9,307	9,623
	STARWOOD PROPERTY TRUST INC	Corporate Obligation, 4.750%; 03/15/2025	8,110	7,960
	STEEL DYNAMICS INC	Corporate Obligation, 5.000%; 12/15/2026	12,506	11,994
	SUNOCO LP / SUNOCO FINANCE CORP	Corporate Obligation, 6.000%; 04/15/2027	7,225	7,025
	TEGNA INC	Corporate Obligation, 4.625%; 03/15/2028	8,083	8,588
	TELEDYNE TECHNOLOGIES INC	Corporate Obligation, 2.750%; 04/01/2031	12,458	12,582
	TELEFLEX INC	Corporate Obligation, 4.625%; 11/15/2027	8,537	8,883
	TENET HEALTHCARE CORP	Corporate Obligation, 4.250%; 06/01/2029	8,358	8,677
	TENET HEALTHCARE CORP	Corporate Obligation, 6.125%; 10/01/2028	11,588	12,082
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS III BV	Corporate Obligation, 3.150%; 10/01/2026	7,847	8,659
	TRANSDIGM INC	Corporate Obligation, 5.500%; 11/15/2027	11,248	11,958
	TRAVEL + LEISURE CO	Corporate Obligation, 6.000%; 04/01/2027	6,741	7,088
	TRIMBLE INC	Corporate Obligation, 4.900%; 06/15/2028	10,932	11,155
	UNDER ARMOUR INC	Corporate Obligation, 3.250%; 06/15/2026	8,881	8,732
	UNITED RENTALS NORTH AMERICA INC	Corporate Obligation, 5.500%; 05/15/2027	8,082	8,028
	UNITED RENTALS NORTH AMERICA INC	Corporate Obligation, 4.000%; 07/15/2030	4,731	4,730
	VERIZON COMMUNICATIONS INC	Corporate Obligation, 4.329%; 09/21/2028	11,620	12,056
	VICI PROPERTIES LP	Corporate Obligation, 4.750%; 02/15/2028	8,783	9,033
	WESTERN DIGITAL CORP	Corporate Obligation, 4.750%; 02/15/2026	8,882	8,957
	WESTERN MIDSTREAM OPERATING LP	Corporate Obligation, 3.100%; 02/01/2025	4,821	4,963
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	Corporate Obligation, 4.700%; 09/15/2028	11,595	11,136
	WILLIS NORTH AMERICA INC	Corporate Obligation, 4.500%; 09/15/2028	1,906	1,998
	WILLIS NORTH AMERICA INC	Corporate Obligation, 5.350%; 05/15/2033	9,012	9,256
	ZIMMER BIOMET HOLDINGS INC	Corporate Obligation, 3.550%; 04/01/2025	10,736	10,924
	CRESCENT CAP BDC INC NT CAL 26 5%	Corporate Obligation, 5.000%; 05/25/2026	19,952	20,698
	EAGLE POINT INCOME CO INC NT 7.75% SER-B	Corporate Obligation, 7.750%; 07/31/2028	20,437	20,608
	GREAT ELM CAP CORP 8.125%	Corporate Obligation,8.125%; 12/31/2029	11,780	11,847
	OXFORD LANE CAP CORP 6.25%	Corporate Obligation, 6.250%; 02/28/2027	25,172	26,417
	RUNWAY GROWTH FIN CO	Corporate Obligation, 7.500%; 07/28/2027	19,929	20,117
	SARATOGA INVT CORP CAL NT 27	Corporate Obligation, 6.000%; 04/30/2027	20,089	20,800
	SARATOGA INVT CRP CAL NT 28 8.5%	Corporate Obligation, 8.500%; 04/15/2028	16,088	16,715
			992,294	1,012,106

(Continued)
The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2024 **Schedule II**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	MANAGED HEDGE FUND:			
	IRONWOOD INSTIT MS LLC	Managed hedge fund	262,081	271,925
	PARTNERSHIP:			
	PROLOAN BOND FUND, LLC	Partnership	605,000	456,808
	TOTAL INVESTMENTS		$ 5,682,903	$ 6,522,963

* Party-in-interest

(Continued)

The accompanying notes are an integral part of these schedules.

5500 EFILE AUTHORIZATION

PLAN NAME:	Bricklayers & Allied Craftworkers Local 3 NY Rochester Chapter Welfare Fund
PLAN NUMBER:	501
PLAN YEAR:	September 30, 2024
PLAN ADMINISTRATOR:	Richard Williamson
PLAN SPONSOR:	Kim Gaylord

On behalf of the above-named plan sponsor/plan administrator, the undersigned herby 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 sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

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 DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.

Richard Williamson
SIGNATURE (PLAN ADMINISTRATOR)

01/30/2025
DATE

Kimberly J Gaylord
SIGNATURE (PLAN SPONSOR)

01/29/2025
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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report

[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program

[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1971

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)
JOINT BOARD OF TRUSTEES BRICKLAYERS &

33 SAGINAW DRIVE

ROCHESTER NY 14623

2b Employer Identification Number (EIN) 16-0983640

2c Plan Sponsor's telephone number

2d Business code (see instructions) 238100

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

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

SIGN HERE	Richard Williamson	01/30/2025	RICHARD WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Kimberly J Gaylord	01/29/2025	KIM GAYLORD
	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 (2023) v. 230728**

318401 11-21-23

3a Plan administrator's name and address [X] 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**	699
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	**6a(1)**	699
a(2) Total number of active participants at the end of the plan year	**6a(2)**	695
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	695
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	79

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4C 4D 4E 4F 4K 4Q

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

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

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

a Pension Schedules
- (1) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) - Number Attached ____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [X] **A** (Insurance Information) - Number Attached 5
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended September 30, 2024

Schedule III

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions							
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 298,825	$ -	$ 298,825	$ 298,825	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 547,286	$ -	$ -	$ 547,286	$ 547,286	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 286,368	$ -	$ 286,368	$ 286,368	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 479,067	$ -	$ -	$ 479,067	$ 479,067	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 350,000	$ -	$ -	$ 350,000	$ 350,000	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 350,000	$ -	$ 350,000	$ 350,000	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 355,501		$ -	$ 355,501	$ 355,501	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 313,722	$ -	$ 313,722	$ 313,722	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 489,649	$ -	$ -	$ 489,649	$ 489,649	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 367,847	$ -	$ 367,847	$ 367,847	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 277,767	$ -	$ -	$ 277,767	$ 277,767	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 442,837	$ -	$ -	$ 442,837	$ 442,837	$ -
Wilmington US Government Money Market	Cash Equivalents	$ -	$ 305,633	$ -	$ 305,633	$ 305,633	$ -
Wilmington US Government Money Market	Cash Equivalents	$ 280,086	$ -	$ -	$ 280,086	$ 280,086	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ 300,000	$ -	$ -	$ 300,000	$ 300,000	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ -	$ 300,559	$ -	$ 300,559	$ 300,559	$ -
II. Series of Transactions, Not Involving Securities, with the Same Person							
None.							
III. Series of Transactions Involving Securities of the Same Issue							
Wilmington US Government Money Market Fund	Cash Equivalents	$ 4,216,893	$ -	$ -	$ 4,216,893	$ 4,216,893	$ -
Wilmington US Government Money Market Fund	Cash Equivalents	$ -	$ 4,417,878	$ -	$ 4,417,878	$ 4,417,878	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ 340,000	$ -	$ -	$ 340,000	$ 340,000	$ -
Federated Hermes Govt Obl Prm	Mutual Funds	$ -	$ 365,559	$ -	$ 365,559	$ 365,559	$ -
IV. Series of Transactions, Involving Securities, with the Same Person							
None.							

The accompanying notes are an integral part of these schedules.