

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

C If the plan is a collectively-bargained plan, check here.

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CENTRAL NEW YORK LABORERS' PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES</u></p> <p><u>7051 FLY ROAD</u> <u>EAST SYRACUSE, NY 13057</u></p>	<p>1c Effective date of plan <u>01/05/1960</u></p> <p>2b Employer Identification Number (EIN) <u>15-6016579</u></p> <p>2c Plan Sponsor's telephone number <u>315-434-9305</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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.	04/15/2025	GABRIEL ROSETTI III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2025	EARL R. HALL
	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 <input checked="" type="checkbox"/> 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	1061
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	196
	6a(2)	201
	6b	619
	6c	206
	6d	1026
	6e	37
	6f	1063
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	99

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan <u>CENTRAL NEW YORK LABORERS' PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>15-6016579</u>	

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

1a Enter the valuation date: Month 07 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	<u>46603152</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>48289795</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>81449459</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>81449459</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>139444556</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>1803748</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>8327782</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>7920481</u>

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

SIGN HERE <u>BENJAMIN P. ABLIN</u> Type or print name of actuary <u>HORIZON ACTUARIAL SERVICES, LLC</u> Firm name <u>8601 GEORGIA AVENUE, SUITE 905, SILVER SPRING, MD 20910</u> Address of the firm	<u>04/03/2025</u> Date <u>23-07725</u> Most recent enrollment number <u>240-247-4542</u> Telephone number (including area code)
---	--

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	46603152
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	628	93474622
(2) For terminated vested participants	208	22444811
(3) For active participants:		
(a) Non-vested benefits		1572377
(b) Vested benefits		21952746
(c) Total active	197	23525123
(4) Total	1033	139444556
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	33.42 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2023	3266057				
09/15/2024	608473				
Totals ▶			3(b)	3874530	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	59.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. <input checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2041

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j
k Has a change been made in funding method for this plan year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method			5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females.....	6c(2)	A A
d Valuation liability interest rate.....	6d	7.25 % 7.25 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	7.2 %
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	364638
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	901302	93731

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	30428489
b Employer's normal cost for plan year as of valuation date.....	9b	879180

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	13747157	4209382
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		2574986
e Total charges. Add lines 9a through 9d.....	9e		38092037
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		3874530
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	11015982	2414134
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		293419
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	38315585	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	79955400	
(3) FFL credit.....	9j(3)		0
k (1) Waived funding deficiency.....	9k(1)		0
(2) Other credits.....	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		6582083
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		31509954
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		31509954
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan CENTRAL NEW YORK LABORERS' PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 15-6016579	

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

SEI TRUST COMPANY

06-1271230

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

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

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

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

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

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

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

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

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

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

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

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

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

SEI

23-1707341

(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 51	NONE	236499	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	61208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLITMAN & KING, LLP

16-1047304

(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	50553	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RENEE SAGER

15-6016579

(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?
30 50	EMPLOYEE	44277	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOBIE WEILAND

15-6016579

(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?
30 50	EMPLOYEE	31050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UPSTATE ADVISORS GROUP

16-1540179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	21200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DERMODY, BURKE & BROWN, CPAS, LLC

01-0723685

(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	19325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH W. MCCARTHY & ASSOCIATES

16-1120588

(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	16633	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNIFER MARTELL

15-6016579

(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?
30 50	EMPLOYEE	14532	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>CENTRAL NEW YORK LABORERS' PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
---	---	------------

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>15-6016579</u>
--	--

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SEI CORE PROPERTY COLLECTIVE INVEST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>27-3224429-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5292784</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SEI GLOBAL PRIVATE ASSET IV

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>81-5067490-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2449754</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: GPA V, LP

b Name of sponsor of entity listed in (a): SEI GLOBAL PRIVATE ASSETS V

c EIN-PN <u>84-3069065-136</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1442668</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: GPA VI, LP

b Name of sponsor of entity listed in (a): SEI GLOBAL PRIVATE ASSETS VI

c EIN-PN <u>92-0237855-165</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>185905</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CENTRAL NEW YORK LABORERS' PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 15-6016579

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	522916	608473
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1216940	1061539
(2) U.S. Government securities	1c(2)		13821872
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5870	4986
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	909000	909000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10685731	9371111
(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)	33381759	39349966
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7023	7572

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	17358	16344
f Total assets (add all amounts in lines 1a through 1e)	1f	46746597	65150863
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	125777	132744
i Acquisition indebtedness	1i		
j Other liabilities	1j	17668	-9808
k Total liabilities (add all amounts in lines 1g through 1j)	1k	143445	122936
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	46603152	65027927

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)	3874530	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3874530
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32688	
(B) U.S. Government securities	2b(1)(B)	231113	
(C) Corporate debt instruments	2b(1)(C)	287	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		264088
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	755791	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		755791
(3) Rents	2b(3)		101258
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	4599539	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4588726	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10813
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	235952	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-1285150
(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)		4397831
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		18313111
d Total income. Add all income amounts in column (b) and enter total.....	2d		26668224

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7581777	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7581777
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)	89858	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	16633	
(4) IQPA audit fees.....	2i(4)	19325	
(5) Investment advisory and investment management fees.....	2i(5)	236499	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	2356	
(7) Actuarial fees.....	2i(7)	61208	
(8) Legal fees.....	2i(8)	50553	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	185240	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		661672
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8243449

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18424775
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DERMODY, BURKE & BROWN, CPAS, LLC**

(2) EIN: **01-0723685**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		909000
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 491637.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>CENTRAL NEW YORK LABORERS' PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>15-6016579</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-3060382</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
---	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **ALLIED POWER SERVICES, LLC**

b EIN **37-1857278** **c** Dollar amount contributed by employer **558175**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 11.40

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

a Name of contributing employer **SALT CITY CONSTRUCTORS**

b EIN **86-2041895** **c** Dollar amount contributed by employer **453073**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 11.40

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

a Name of contributing employer **RICCELLI NORTHERN CONTRACTING**

b EIN **82-2442685** **c** Dollar amount contributed by employer **265113**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 11.40

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	15
b The plan year immediately preceding the current plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	15
c The second preceding plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	15

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.00
b The corresponding number for the second preceding plan year	15b	1.00

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

a Enter the number of employers who withdrew during the preceding plan year	16a	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 39.00 % Private Equity: 6.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 45.00 %
 High-Yield Debt: _____ % Real Assets: 1.00 % Cash or Cash Equivalents: 1.00 % Other: 8.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

CENTRAL NEW YORK
LABORERS' PENSION FUND

FINANCIAL STATEMENTS
June 30, 2024 and 2023

Table of Contents

CENTRAL NEW YORK LABORERS' PENSION FUND

INDEPENDENT AUDITORS' REPORT	1
AUDITED FINANCIAL STATEMENTS	4
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6
OTHER FINANCIAL INFORMATION	26
SUPPLEMENTAL SCHEDULES OF ADMINISTRATIVE EXPENSES	26
SUPPLEMENTAL SCHEDULES OF RENTAL INCOME	27
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	28
SCHEDULE OF REPORTABLE TRANSACTIONS	30



Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

BOARD OF TRUSTEES CENTRAL NEW YORK LABORERS' PENSION FUND

Opinion

We have audited the accompanying financial statements of the **CENTRAL NEW YORK LABORERS' PENSION FUND**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 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 Central New York Laborers' Pension Fund as of June 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 Central New York Laborers' Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

443 North Franklin Street • Syracuse, NY 13204-1441 • (315) 471-9171 • Fax (315) 471-8555

1120 Corporate Drive • Auburn, NY 13021-1634 • (315) 253-6273 • Fax (315) 253-0890

4350 Middle Settlement Road • New Hartford, NY 13413-5328 • (315) 732-2991 • Fax (315) 732-0282

<http://www.dbbllc.com>

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 judgement 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 Central New York Laborers' Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Central New York Laborers' Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses and rental income as of June 30, 2024 and 2023 and schedule of assets (held at end of year) at June 30, 2024 and schedule of reportable transactions as of June 30, 2024, together referred to as “supplemental information,” are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions 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 is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

March 17, 2025

CENTRAL NEW YORK LABORERS' PENSION FUND**AUDITED FINANCIAL STATEMENTS****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

June 30, 2024 and 2023

ASSETS

	2024	2023
Investments, at Fair Value:		
Money Market Funds	\$ 731,227	\$ 1,105,316
Mutual Funds	39,349,966	33,381,759
Common / Collective Trusts	9,371,111	10,685,731
Collateralized Mortgage Obligations	4,986	5,870
U.S. Treasury Securities	13,821,872	0
Real Estate	909,000	909,000
	<u>64,188,162</u>	<u>46,087,676</u>
Total Investments	64,188,162	46,087,676
Receivables:		
Due from Affiliates	9,808	0
Employer Contributions	608,473	522,916
	<u>618,281</u>	<u>522,916</u>
Total Receivables	618,281	522,916
Cash	330,312	111,624
Prepaid Expenses	7,572	7,023
Construction in Process - Building Addition	8,600	0
Office Furniture and Equipment, Net of Accumulated Depreciation of \$118,697 and \$109,083, Respectively	7,744	17,358
	<u>65,160,671</u>	<u>46,746,597</u>
TOTAL ASSETS	65,160,671	46,746,597
LIABILITIES		
Accrued Expenses	132,744	125,777
Due to Affiliates	0	17,668
	<u>132,744</u>	<u>143,445</u>
TOTAL LIABILITIES	132,744	143,445
NET ASSETS AVAILABLE FOR BENEFITS	\$ 65,027,927	\$ 46,603,152

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation in Investments	\$ 3,359,446	\$ 3,276,085
Interest Income	264,088	15,312
Dividend Income	755,791	95,414
Net Rental Income	101,258	91,641
	4,480,583	3,478,452
Less: Investment Expenses	238,855	257,313
Net Investment Income	4,241,728	3,221,139
Contributions:		
Employer Contributions	4,502,284	4,385,180
Less: Reciprocal Payments and Refunds	627,754	575,650
Net Contributions	3,874,530	3,809,530
Other Income:		
PBGC Special Financial Assistance	18,295,930	0
Madoff Recovery	14,912	50,658
Miscellaneous Income	2,269	5,151
Total Other Income	18,313,111	55,809
Total Additions	26,429,369	7,086,478
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	7,581,777	7,570,566
Administrative Expenses	422,817	394,625
Total Deductions	8,004,594	7,965,191
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	18,424,775	(878,713)
NET ASSETS AVAILABLE FOR BENEFITS		
Balance, Beginning of Year	46,603,152	47,481,865
Balance, End of Year	\$ 65,027,927	\$ 46,603,152

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the Central New York Laborers' Pension Fund (the Fund) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General

The Central New York Laborers' Pension Fund is a defined benefit pension plan, established pursuant to a Collective Bargaining Agreement between the Contractors' Association and Local 633 of the Laborers' International Union of North America, to provide pension, permanent disability pension benefits, death benefits and other related benefits to eligible participants. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The board of trustees oversees governance of the plan, determines the appropriateness of the plan's investments and monitors investment performance.

Eligibility

A new employee will become a participant on the earliest of January 1st or July 1st following completion of a twelve consecutive month period during which they completed at least 870 hours of Covered Employment.

Funding Policy

All contributions to the plan are made by employers in accordance with their Collective Bargaining Agreements with the Union or pursuant to a Participation Agreement with the Fund. The Collective Bargaining Agreements and Participation Agreements require contributions to the plan at fixed rates per hour worked.

Reciprocal contributions represent contributions collected from employers and remitted on behalf of participants to another area's Laborers' Pension Fund. The plan has met the minimum funding requirements of ERISA.

As described in Note 8, the Fund was certified to be in "critical" status. Also, under IRC 432(b)(7), the Fund is deemed to be in critical status as a result of being approved for Special Financial Assistance ("SFA") as further described in Note 9. The certification also notified the Trustees that the Fund is making scheduled progress in meeting the requirements of its rehabilitation plan.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Vesting

The vesting percentage is 100% after five years of vested service and attainment of the normal retirement age.

Normal Retirement Age

A participant's normal retirement age is the latter of attaining age 65 or the fifth anniversary of participation.

Regular Retirement Age

A participant may retire if he meets the following requirements:

- a. he has attained age 60,
- b. he has at least 18 pension credits, and
- c. he worked in Covered Employment for at least 600 hours in a fiscal year which began after he attained age 48.

Early Retirement Age

A participant shall be entitled to retire on an Early Retirement Pension if he meets the following requirements:

- a. he has attained age 55,
- b. he has at least 18 pension credits, and
- c. he has worked in Covered Employment for at least 600 hours in a fiscal year which began after he attained age 48.

Early Retirement Amount of Benefit

The monthly amount of the early retirement pension is the amount of the regular pension reduced by 1/2 percent for each month that the date of early retirement precedes age 60.

For Central New York Laborers' participants with at least 30 pension credits, the monthly amount of the regular pension for pension credit earned prior to July 1, 2012 is reduced by 1/4 percent for each month that the date of early retirement precedes age 60.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Deferred Pension

A participant shall be entitled to a deferred pension if he has stopped working in Covered Employment after becoming vested. A deferred pension shall be payable to a retired participant after the participant has attained normal retirement age or has fulfilled all the requirements for an early retirement pension.

The monthly amount of the deferred pension is calculated the same way as the regular pension. However, the dollar amount of each past service credit and future service credit depends upon the amount in effect when the participant last worked in Covered Employment.

Disability Pension

A participant may retire on a disability pension if at the time of becoming permanently and totally disabled: is between age 45 and 55, has earned twenty (20) pension credits and worked in Covered Employment 600 hours within 24 months.

A disability pension shall commence six months after the month in which the disability began.

Husband and Wife Pension

A lifetime benefit is provided for the participant's spouse following his death. Under this arrangement, the amount of the monthly benefit payable to the participant is reduced during his lifetime depending on his age and his spouse's age. In exchange, after the participant's death, 50% of the benefit amount he was receiving will be paid to his surviving spouse for life.

The participant and his spouse may reject the husband and wife pension benefit. This rejection must be in writing before the effective date of the participant's pension.

If rejected or if not married, benefits are payable for life of employee with 5 years of payment guaranteed without reduction, in accordance with the restated plan.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Pop-Up Benefit Option

If the spouse of a pensioner who is receiving a reduced benefit predeceases the pensioner, then the pensioner shall be entitled to the higher amount which would have been payable under the regular form of benefit. This option is effective for husband and wife pensions approved on or after November 1, 1989 provided the participant has worked at least 1,000 hours in Covered Employment within three years of the effective date of the participant's pension.

Severance

There are no age requirements but the service requirement is 10 or more years of pension credits, at least five years of which are attributable to periods of employment on or after January 1, 1959. The lump sum benefit amount is \$100 for each year of contributed pension credit earned.

Pre-Retirement Death Benefit

The designated beneficiary of a Central New York Laborers' participant may receive only one of the following benefits:

- 60 Payments Certain – Age requirement of participant – 55; service requirement – 18 pension credits; amount – monthly benefits to which the employee would have been entitled had he retired the day before he died. The designated beneficiary can elect to continue to receive the monthly payments until a total of 60 have been made.
- Spouse's Benefit – Age requirement – none; service requirement – 5 vested credits; amount – 50% of the benefit employee would have received had he retired the day before he died and elected the joint and survivor option. Benefits to spouse will commence when employee would have reached the earliest retirement age under the plan.

Benefits vary for beneficiaries of Oswego Laborers' participants.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Cash

Cash 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 Fund management believes it is not exposed to any significant credit risk with respect to cash.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Fund's board of trustees determines the Fund's valuation policies utilizing information provided by its investment advisors, custodians, and insurance company. See Note 5 for discussion of fair value measurements.

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

Madoff Recovery

Madoff Recovery is recognized when monies are distributed to the Fund as the court recoups underlying investment assets. For the years ended June 30, 2024 and 2023, the Madoff Recovery of \$14,912 and \$50,658, respectively, represents recoveries from the Income Plus Common / Collective Trust.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Employer Contributions Receivable

Employer contributions receivable represent amounts due as of June 30, 2024 and 2023 under the terms of the collective bargaining agreement. Bad debts are provided on the allowance method based on management's evaluation of outstanding contributions receivable. The Fund's attorney handles collection efforts upon 60 to 90 days' delinquent. Subsequent recoveries are recorded as income. There were no uncollectable account recoveries for the years ended June 30, 2024 and 2023.

Office Furniture and Equipment

Office furniture and equipment are depreciated by the straight-line method of accounting over estimated useful lives of either five, seven, or thirty-nine years. Depreciation expense was \$9,614 for both years ended June 30, 2024 and 2023.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The plan's expenses are paid by the plan. Certain expenses incurred in connection with the general administration of the plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

Management has evaluated subsequent events and transactions as of March 17, 2025, which is the date the financial statements were available to be issued.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are based upon the provisions of the plan which are summarized in Note 1. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable due to retirement, death, and termination of employment are included, to the extent they are deemed attributable, to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

As of July 1, 2023 and 2022, an independent actuary from Horizon Actuarial Services, LLC determined the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Had the valuations been performed as of June 30, 2024 and 2023, there would be no material differences from the amounts shown as of July 1, 2023 and 2022.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – Continued

The actuarial present value of accumulated plan benefits as of July 1, 2023 and 2022 are as follows:

	2023	2022
Vested Benefits:		
Participants Currently Receiving Payments	\$ 60,713,070	\$ 60,901,773
Inactive Vested Participants	10,016,024	10,502,694
Active Vested Participants	<u>9,436,241</u>	<u>10,173,811</u>
Total Vested Benefits	80,165,335	81,578,278
Nonvested Benefits	<u>1,284,124</u>	<u>1,318,845</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 81,449,459</u>	<u>\$ 82,897,123</u>

For the years ended June 30, 2024 and 2023, the actuarial present value of accumulated plan benefits decreased by \$1,447,664 and \$2,608,375, respectively, as a result of the following factors:

	2023	2022
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 82,897,123	\$ 85,505,498
Increase (Decrease) During the Year Attributed to:		
Benefits Accumulated and Actuarial Gain (Loss)	350,009	(474,758)
Benefits Paid	(7,570,566)	(7,567,120)
Interest Due to Decrease in Discount Period	5,772,893	5,967,276
Changes to Actuarial Assumptions	<u>0</u>	<u>(533,773)</u>
Net Change	<u>(1,447,664)</u>	<u>(2,608,375)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 81,449,459</u>	<u>\$ 82,897,123</u>

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – Continued

Actuarial Assumptions

As of July 1, 2023 and 2022, the significant actuarial assumptions and funding methods of the plan were as follows:

Assumptions:

- Interest Rate – 7.25% per annum, compounded annually, net of investment expense for determining costs and liabilities for both July 1, 2023 and 2022. 2.85% and 2.27% per annum was used for determining current liability for July 1, 2023 and 2022, respectively.
- Retirement Age – 100% of active participants are assumed to commence benefits at the age of 65+ with varying rates applied between 0.10 and 0.50 for ages 58 through 64. Inactive vested participants are assumed to commence benefits at age 60 with 18 or more pension credits; otherwise, at age 65 with at least 5 years of participation.
- Operating Expenses Assumed Costs – Expenses are assumed to be the average of the prior two years' actual expenses increased by 3% and adjusted with interest to the beginning of the year amounting to \$364,638 and \$326,921 for the plan years beginning July 1, 2023 and 2022, respectively.
- Hours Worked – For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours worked in the year prior to the valuation and earn one year of pension credit in each future year.
- Contribution Income – Future contributions are assumed to be equal to the actual hours worked by each active participant during the prior plan year multiplied by the expected contribution rate for the current plan year.
- Active Participant – For valuation purposes, an active participant is a participant who worked at least 600 hours during the prior plan year and has not retired as of the valuation date.
- Non-Disabled Mortality Rates and Beneficiaries –
Sex Distinct RP-2014 Employee and Annuitant Mortality Tables with blue collar adjustment and age set forward one year, adjusted to base year 2006, projected to 2019 with 100% of Scale MP-2019, and future mortality improvements after 2019 projected on a generational basis using 25% of Scale MP-2019.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used for July 1, 2023 and 2022.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN ASSETS – Continued

Actuarial Assumptions – Continued

Assumptions – Continued:

- Disabled Mortality Rates –
Sex-distinct RP-2014 Disabled Retiree Mortality Tables with age set forward one year, adjusted to base year 2006, projected to 2019 with 100% of Scale MP-2019, and future mortality improvements after 2019 projected on a generational basis using 25% of Scale MP-2019

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used for July 1, 2023 and 2022.
- Actuarial Cost Method – Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for the other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and the end of the year. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of year. The normal cost and actuarial liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants; however, the sum of the individual normal cost is then adjusted by the ratio of the assumed contributory hours for the coming year to the total contributory hours for the prior year.
- Asset Valuation Method – The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses during each of the last 5 years at a rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighed based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

The foregoing actuarial assumptions are based on the presumption that the plan will continue. Were the plan to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN ASSETS – Continued**

Changes in Actuarial Assumptions

Changes in the actuarial assumptions and methods for the plan year beginning July 1, 2023 are as follows:

- The current liability interest rate was changed from 2.27% to 2.85%, in accordance with the change in the IRS prescribed rates.
- The mortality table used to determine the RPA '94 current liability was updated in accordance with the changes in the IRS prescribed assumptions.

Changes in the actuarial assumptions and methods for the plan year beginning July 1, 2022 are as follows:

- The current liability interest rate was changed from 2.33% to 2.27%, in accordance with the change in the IRS prescribed rates.
- The mortality table used to determine the RPA '94 current liability was updated in accordance with the changes in the IRS prescribed assumptions.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 4 – PLAN TERMINATION

The Fund can only be terminated through collective bargaining, except that it could be terminated by government actions if certain minimum funding requirements of the federal pension law are not met.

In the event of termination, the assets then remaining in the Fund after providing for any administrative expenses shall be allocated among the pensioners, beneficiaries, and participants in the following order:

1. First, in the case of benefits payable as a pension:
 - a. In the case of the pension of a participant or beneficiary which was in pay status as of the beginning of the 3-year period ending on the termination date of the Fund, to each such pension, based on the provisions of the Fund (as in effect during the 5-year period ending on such date) under which such pension would be the least. The lowest pension in pay status during the 3-year period shall be considered the pension in pay status for such period.
 - b. In the case of a pension of a participant or beneficiary which would have been in pay status as of the beginning of the 3-year period if the participant had retired prior to the beginning of the 3-year period and if his pension had commenced (in the standard form) as of the beginning of such period, to each such pension based on the provisions of the Fund (as in effect during the 5-year period ending on such date) under which the pension would be the least.
2. Second, to all other benefits (if any) of the individuals under the Fund guaranteed under Title IV of ERISA.
3. Third, to all other vested benefits under this Fund.
4. Fourth, to all other benefits under this Fund.

Certain benefits under this plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the plan terminates. Generally, the PBGC guarantees at least part of the following types of benefits: vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 4 – PLAN TERMINATION – Continued

The PBGC guarantees a portion of the vested benefits at the level in effect on the date of Fund termination except that any benefit increases that have been in effect less than five years before the time the Fund terminates are not guaranteed at all. If the Fund temporarily runs into financial difficulties, benefits may be reduced even if the Fund is not terminated.

Whether all participants receive their benefits should the Fund terminate at some future time will depend on the sufficiency, at that time, of the Fund's assets to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. Participants should refer to the Plan Document for a more complete description of the Fund's provisions.

NOTE 5 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

Following is a description of the valuation methodologies used for assets measured at fair value. There has been no changes in methodologies used at June 30, 2024 and 2023.

Money Market Funds: Valued at the daily closing price reported by the fund. Money market funds are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market funds held by the Fund are deemed to be actively traded.

Mutual Funds: Valued at the daily closing price reported by the fund. Mutual funds held by the plan are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Collateralized Mortgage Obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. Collateralized mortgage obligations are a type of mortgage backed security consisting of a pool of mortgages from a financial institution. The fair value quotes incorporate and are generally based on internal and proprietary dealer models.

Common / Collective Trusts: Valued at the net asset value, based on the fair values of the underlying investments reported by the trustee of the funds. Fair values for the underlying assets were based on either quoted prices in active markets or observable inputs or quotations from inactive markets.

Common / Collective Trusts: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

U.S. Treasury Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. The government securities consisted of primarily U.S. Treasury Notes and U.S. Treasury Bills.

Real Estate: Consists of an investment in a commercial building of which the determination of fair value takes into account consideration of a range of factors, including, but not limited to the valuation provided by an independent appraiser and the price at which the investment was acquired, the nature of the investment, local market conditions, and the current and projected operating performance. These valuation methodologies involve a significant degree of judgment by Fund management.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within a fair value hierarchy, the Fund's investments at fair value as of June 30, 2024 and 2023:

Investments at Fair Value as of June 30, 2024

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 731,227	\$ 0	\$ 0	\$ 731,227
Mutual Funds	39,349,966	0	0	39,349,966
Collateralized Mortgage Obligations	0	4,986	0	4,986
Common / Collective Trusts	0	5,292,784	0	5,292,784
U.S. Treasury Securities	0	13,821,872	0	13,821,872
Real Estate	0	0	909,000	909,000
Total Investments in the Fair Value Hierarchy	40,081,193	19,119,642	909,000	60,109,835
Investments Measured at NAV:				
Common Collective Trusts	0	0	0	4,078,327
Total Investments at Fair Value	<u>\$ 40,081,193</u>	<u>\$ 19,119,642</u>	<u>\$ 909,000</u>	<u>\$ 64,188,162</u>

Investments at Fair Value as of June 30, 2023

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 1,105,316	\$ 0	\$ 0	\$ 1,105,316
Mutual Funds	33,381,759	0	0	33,381,759
Collateralized Mortgage Obligations	0	5,870	0	5,870
Common / Collective Trusts	0	7,142,640	0	7,142,640
Real Estate	0	0	909,000	909,000
Total Investments in the Fair Value Hierarchy	34,487,075	7,148,510	909,000	42,544,585
Investments Measured at NAV:				
Common Collective Trusts	0	0	0	3,543,091
Total Investments at Fair Value	<u>\$ 34,487,075</u>	<u>\$ 7,148,510</u>	<u>\$ 909,000</u>	<u>\$ 46,087,676</u>

Gains and losses included in changes in net assets available for benefits for the years ended June 30, 2024 and 2023 are reported in net appreciation in fair value of investments.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

Level 3 Fair Value Measurement

The following table sets forth a summary of changes in the fair value of the Fund's Level 3 assets for the years ended June 30, 2024 and 2023:

	Real Estate - Commercial Building	Total Level 3 Assets at June 30
Balance, Beginning of Year	\$ 909,000	\$ 909,000
Gains (Losses)	0	0
Purchases (Sales)	0	0
Earnings (Loss)	0	0
	<hr/>	<hr/>
Balance, End of Year	<u>\$ 909,000</u>	<u>\$ 909,000</u>

There were no realized or unrealized gains (losses) on the Level 3 assets in 2024 and 2023. Fund management determines fair value measurement policies and procedures, subject to oversight by the Fund's board of trustees. These policies and procedures are reassessed at least annually to determine the current valuation techniques are still appropriate. The unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on the current market conditions and other third-party information.

In estimating the fair value of the Level 3 Investment of the Real Estate – Commercial Building at June 30, 2024 and 2023, the board of trustees considered the valuation provided by an independent appraiser. In substantiating the reasonableness of the pricing data provided to the appraisers, the board of trustees evaluates a variety of factors including a review of methods and assumptions used by the appraisers, recently executed transactions, existing rental contracts, geographic location, economic conditions, and industry and market developments.

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

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

Fair Value of Investments that Calculate Net Asset Value

The following table sets forth investments measured at fair value based on NAV per share as of June 30:

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
SEI GPA IV CIT Private	\$ 2,449,754	N/A (a)	See (a)	See (a)
SEI Global Private Assets V	1,442,668	N/A (a)	See (a)	See (a)
SEI Global Private Assets VI	185,905	N/A (a)	See (a)	See (a)

June 30, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
SEI GPA IV CIT Private	\$ 2,455,162	N/A (a)	See (a)	See (a)
SEI Global Private Assets V	1,087,929	N/A (a)	See (a)	See (a)

- (a) The portfolio of investments includes venture capital, real estate and real estate strategies. Unfunded commitments are unknown. The redemption is restricted, targeting a maximum 10-year fund life.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 6 – RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 7 – INCOME TAX STATUS

A determination letter has been received as of July 27, 2015 and the Fund has been advised that it is exempt from United States Federal Income Tax under Section 401(a) of the Internal Revenue Code. The plan has been amended since receiving the determination letter. Although the Fund has been amended since receiving the determination letter, the Fund administrator and the Fund's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore, believe that the Fund was qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 8 – CRITICAL STATUS

The plan was certified in critical status as defined by the Pension Protection Act of 2006 (the “PPA”) for the Fund year beginning July 1, 2010, and continues to be in critical status for the Fund year beginning July 1, 2023. As a result, the Pension Fund’s board of trustees, as plan sponsor of the Pension Fund, is required under the PPA, among other things, to develop a “Rehabilitation Plan,” which addresses the financial condition of the Pension Fund in accordance with standards set forth in the PPA. In order to comply with this statutory mandate, the board of trustees of the Pension Fund has adopted a Rehabilitation Plan, effective November 5, 2010 and amended August 26, 2014.

Under the PPA, a rehabilitation plan must include one or more schedules showing revised benefit structures, revised contributions, or both, which, if adopted by the plan sponsor and agreed upon by the bargaining parties, may reasonably be expected to enable a pension fund to emerge from critical status by the end of the pension fund’s rehabilitation period, or where that is not reasonable, to emerge from critical status at a later time or to forestall possible insolvency.

A rehabilitation plan must normally include a schedule of benefits and contributions commonly referred to as the “default schedule.” Under the PPA, the default schedule must consist of (i) the reduction of all future benefit accruals to the extent permitted by law, (ii) the lawful elimination of adjustable benefits, and, to the extent necessary, (iii) an increase in contribution rates, which, taken together, are projected to allow a pension fund to emerge from critical status.

Under the PPA, a rehabilitation plan is a plan which is intended, through various changes in benefits and contributions together with reasonably anticipated experience and reasonable actuarial assumptions, to enable a pension fund to emerge from critical status by the end of its rehabilitation period or by a date sometime after the rehabilitation period. However, under the PPA, if the plan sponsor of a pension fund “determines that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures,” the pension fund is not expected to emerge from critical status by the close of the plan’s rehabilitation period, then the plan sponsor can fashion a rehabilitation plan that includes reasonable measures that are designed to allow the pension fund to emerge from critical status at a later time or to forestall possible insolvency.

The actuary to the plan issued a certification to the Internal Revenue Service on September 28, 2018 indicating that the plan is in critical status under Section 432 of the Internal Revenue Code (“Red Zone”) for the 2018 Plan Year. The actuary also certified that the plan is making scheduled progress in meeting the requirements of its Rehabilitation Plan. This certification takes into account the applicable changes to the PPA under Multiemployer Pension Reform Act of 2014.

CENTRAL NEW YORK LABORERS' PENSION FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 9 – PBGC SPECIAL FINANCIAL ASSISTANCE

In March 2021, the American Rescue Plan Act of 2021 (“ARPA”) was enacted, which allows certain financially troubled multiemployer plans to apply for financial assistance through the PBGC’s Special Financial Assistance Program. On November 4, 2023, an application for special financial assistance (“SFA”) was approved with the Pension Benefit Guaranty Corporation (“PBGC”) by Central New York Laborers’ Pension Plan, 15-6016579/001 (the “Fund”) under section 4262 of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) and PBGC’s regulation on SFA at part 4262 of title 29 of the Code of Federal Regulations. In December 2023, the Fund received \$18,295,930 in SFA funding, which was recorded as income in the statement of changes in net assets available for benefits for the year ending June 30, 2024.

Fund management has determined there is no requirement to pay back the special financial assistance, and it is not deemed a loan. In accordance with section 4262(b)(1) of ERISA and section 4262.3 of PBGC’s regulation, the SFA and any earnings thereon may be used to pay benefits to participants. As of June 30, 2024, \$4,222,005 had been spent towards benefits paid to participants.

NOTE 10 – RELATED PARTY TRANSACTIONS AND TRANSACTIONS WITH PARTIES-IN-INTEREST

The Central New York Laborers’ Pension Fund, Health and Welfare Fund, Training Fund and the Annuity Fund are affiliated through trustees in common.

Under an administrative services agreement, the Pension Fund reimburses the Health and Welfare Fund monthly for payroll, equipment and various other services it utilizes at the Fund office. These costs are allocated on an appropriate basis. The joint administrative expenses for the years ended June 30, 2024 and 2023 were \$137,043 and \$168,383, respectively.

Under terms of a triple net lease agreement effective July 1, 2012, the Training Fund, Annuity Fund, Welfare Fund, and Local Union No. 633 rent office space from the Pension Fund. The Pension Fund received rental income and reimbursed building expenses from the related funds of \$150,182 and \$142,885 for the years ended June 30, 2024 and 2023, respectively.

At June 30, 2024, the affiliated funds owes the Pension Fund \$9,808 on a net basis.

At June 30, 2023, the Pension Fund owes the affiliated funds \$17,668 on a net basis.

The Fund’s attorney, actuary, accountants, and consultants provide services to the plan and are party-in-interest transactions which qualify as exempt transactions.

CENTRAL NEW YORK LABORERS' PENSION FUND**OTHER FINANCIAL INFORMATION****SUPPLEMENTAL SCHEDULES OF ADMINISTRATIVE EXPENSES**

Years Ended June 30, 2024 and 2023

	2024	2023
Joint Administrative Expenses:		
Salaries	\$ 58,946	\$ 55,060
Fringe Benefits	25,919	24,131
Payroll Taxes	4,993	4,651
Common Expenses	6,010	8,669
Computer Expenses	4,590	11,322
Contractors Payroll Audit	16,633	45,445
Insurance	19,504	17,021
Foundation Dues and Other Expenses	448	2,084
	<hr/>	<hr/>
Total Joint Administrative Expenses	137,043	168,383
Professional Fees:		
Legal	50,553	36,927
Actuary	61,208	57,976
Financial Assistance	75,198	40,000
Consultant	21,200	21,200
Audit and Accounting	19,325	17,200
	<hr/>	<hr/>
Total Professional Fees	227,484	173,303
Other Direct Expenses:		
Processing Fees	11,856	8,669
PBGC Premium	36,750	34,656
Office Supplies	70	0
Depreciation	9,614	9,614
	<hr/>	<hr/>
Total Other Direct Expenses	58,290	52,939
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 422,817</u>	<u>\$ 394,625</u>

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

SUPPLEMENTAL SCHEDULES OF RENTAL INCOME

Years Ended June 30, 2024 and 2023

	2024	2023
INCOME		
Rental Income	\$ 111,591	\$ 107,345
Reimbursed Expenses	<u>38,591</u>	<u>35,540</u>
Total Income	150,182	142,885
EXPENSES		
Insurance	4,773	3,396
Real Estate Taxes	17,525	17,601
Utilities	12,861	14,377
Telephone	531	666
Pest Control	2,783	2,407
Snow Removal and Lawn Care	4,850	5,670
Trash Removal	1,306	1,300
Building Maintenance and Repairs	4,141	5,657
Water	140	170
Building Supplies	<u>14</u>	<u>0</u>
Total Expenses	<u>48,924</u>	<u>51,244</u>
NET RENTAL INCOME	<u>\$ 101,258</u>	<u>\$ 91,641</u>

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Mutual Funds				
*	SEI Core Fixed Income	Mutual Funds	\$ 5,603,231	\$ 5,123,611
*	SEI Emerging Markets Debt Fd	Mutual Funds	2,173,397	1,860,667
*	SEI High Yield Bond Fund	Mutual Funds	2,824,756	2,357,102
*	SEI Extended Mkt Index	Mutual Funds	2,077,480	2,346,439
*	SEI Inst Inv S & P 500 Index	Mutual Funds	4,383,207	5,713,110
*	SEI Limited Duration Bond	Mutual Funds	5,123,064	5,160,120
*	SEI Inst Inc L/C Dis EQTY-A	Mutual Funds	2,837,240	2,843,967
*	SEI World Eq Ex US Fd A	Mutual Funds	7,797,168	7,432,863
*	SEI World Select Equity Fund	Mutual Funds	5,737,489	6,512,087
			<u>\$ 38,557,032</u>	<u>\$ 39,349,966</u>
Collateralized Mortgage Obligations				
	Merrill Lynch & Co.	2.560% 2/25/34	\$ 5,370	\$ 4,986
Money Market Funds				
	Blackrock Liquidity Funds			
	Treasury Trust Fund Institutional	Variable Interest Rate	\$ 12,655	\$ 12,655
	Blackrock Liquidity Funds			
	Treasury Trust Fund Instit. (SFA)	Variable Interest Rate	718,572	718,572
			<u>\$ 731,227</u>	<u>\$ 731,227</u>
Common Collective Trust				
*	SEI GPA IV CIT Private	Common / Collective Trust	\$ 1,337,021	\$ 2,449,754
*	SEI Global Private Asset V	Common / Collective Trust	1,299,225	1,442,668
*	SEI Core Property	Common / Collective Trust	2,676,347	5,292,784
*	SEI GPA VI 30725	Mutual Funds	185,905	185,905
			<u>\$ 5,498,498</u>	<u>\$ 9,371,111</u>
Real Estate				
*	Commercial Building	Real Estate	\$ 671,933	\$ 909,000
Sub-Total			<u>\$ 45,464,060</u>	<u>\$ 50,366,290</u>

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF ASSETS HELD (AT END OF YEAR)

June 30, 2024 and 2023

Attachment for Schedule H, Line 4i

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Sub-Total		<u>\$ 45,464,060</u>	<u>\$ 50,366,290</u>
	U.S. Treasury Securities			
	U.S. Government	U.S. Treasury Bills, 07/11/24	\$ 647,214	\$ 665,372
	U.S. Government	U.S. Treasury Bills, 08/08/24	644,214	662,317
	U.S. Government	U.S. Treasury Bills, 09/05/24	641,720	659,626
	U.S. Government	U.S. Treasury Notes, 0.625%, 10/15/24	641,441	657,772
	U.S. Government	U.S. Treasury Notes, 0.750%, 11/15/24	639,880	655,363
	U.S. Government	U.S. Treasury Notes, 1.000%, 12/15/24	639,516	653,471
	U.S. Government	U.S. Treasury Notes, 1.125%, 01/15/25	638,736	654,817
	U.S. Government	U.S. Treasury Notes, 1.625%, 02/15/25	630,576	637,649
	U.S. Government	U.S. Treasury Notes, 1.750%, 03/15/25	641,076	654,305
	U.S. Government	U.S. Treasury Notes, 2.000%, 02/15/25	643,262	657,400
	U.S. Government	U.S. Treasury Notes, 2.125%, 05/15/25	641,770	651,535
	U.S. Government	U.S. Treasury Notes, 2.250%, 11/15/25	637,532	645,078
	U.S. Government	U.S. Treasury Notes, 2.625%, 04/15/25	648,970	657,517
	U.S. Government	U.S. Treasury Notes, 2.875%, 06/15/25	647,928	653,711
	U.S. Government	U.S. Treasury Notes, 3.000%, 07/15/25	648,658	662,221
	U.S. Government	U.S. Treasury Notes, 3.125%, 08/15/25	649,413	660,851
	U.S. Government	U.S. Treasury Notes, 3.500%, 09/15/25	653,308	661,838
	U.S. Government	U.S. Treasury Notes, 3.875%, 01/15/26	657,308	668,897
	U.S. Government	U.S. Treasury Notes, 4.000%, 12/15/25	658,767	659,568
	U.S. Government	U.S. Treasury Notes, 4.250%, 10/15/25	661,581	666,714
	U.S. Government	U.S. Treasury Notes, 4.625%, 03/15/26	672,993	675,850
			<u>\$ 13,585,863</u>	<u>\$ 13,821,872</u>
	Total		<u>\$ 59,049,923</u>	<u>\$ 64,188,162</u>

* Party-in-interest, as defined by ERISA of 1974, as amended.

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description	Purchase	Selling	Lease	Expense Incurred with Transaction	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets:								
	Blackrock Liquidity Treasury Trust	\$ 17,645,930	\$ 0	\$ 0	\$ 0	\$ 17,645,930	\$ 17,645,930	\$ 0
	Blackrock Liquidity Treasury Trust	<u>0</u>	<u>17,645,930</u>	<u>0</u>	<u>0</u>	<u>17,645,930</u>	<u>17,645,930</u>	<u>0</u>
		<u>\$ 17,645,930</u>	<u>\$ 17,645,930</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 35,291,860</u>	<u>\$ 35,291,860</u>	<u>\$ 0</u>

Category (ii) - Series of Transactions Involving Property Other Than Securities with the Same Person is Excess of 5% of Plan Assets:

NONE

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description	Purchase	Selling	Lease	Expense Incurred with Transaction	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - Series of Transactions Involving Securities of Same Issue Exceeds 5% of Plan Assets:								
	Blackrock Liquidity Treasury Trust	\$ 27,812,103	\$ 0	\$ 0	\$ 0	\$ 27,812,103	\$ 27,812,103	\$ 0
	Blackrock Liquidity Treasury Trust	<u>0</u>	<u>28,077,129</u>	<u>0</u>	<u>0</u>	<u>5,527,386</u>	<u>28,077,129</u>	<u>0</u>
		<u>\$ 27,812,103</u>	<u>\$ 28,077,129</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 33,339,489</u>	<u>\$ 55,889,232</u>	<u>\$ 0</u>
*	SEI Core Fixed Income Fund #285	\$ 2,520,767	\$ 0	\$ 0	\$ 0	\$ 2,520,767	\$ 2,520,767	\$ 0
*	SEI Core Fixed Income Fund #285	<u>0</u>	<u>113,045</u>	<u>0</u>	<u>0</u>	<u>117,131</u>	<u>113,045</u>	<u>(4,086)</u>
		<u>\$ 2,520,767</u>	<u>\$ 113,045</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,637,898</u>	<u>\$ 2,633,812</u>	<u>\$ (4,086)</u>
*	SEI Limited Duration Bond	\$ 1,264,451	\$ 0	\$ 0	\$ 0	\$ 1,264,451	\$ 1,264,451	\$ 0
*	SEI Limited Duration Bond	<u>0</u>	<u>1,984,309</u>	<u>0</u>	<u>0</u>	<u>1,978,848</u>	<u>1,984,309</u>	<u>5,461</u>
		<u>\$ 1,264,451</u>	<u>\$ 1,984,309</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 3,243,299</u>	<u>\$ 3,248,760</u>	<u>\$ 5,461</u>

Category (iv) - Series of Transactions Involving Securities With a Single Person Exceeds 5% of Plan Assets:

NONE


* Indicates a party-in-interest as defined by the Employee Retirement Security Act of 1974.

See notes to financial statements.

Schedule MB, Line 4b

Illustration Supporting Actuarial Certification of Status

As indicated on line 4b, the Plan was certified to be in critical and declining status under the Pension Protection Act of 2006 ("PPA") for the plan year beginning July 1, 2023. The following excerpts from the certification report show the key measures used in determining the Plan's status.

Form 15315 (December 2022)	Department of the Treasury - Internal Revenue Service Annual Certification for Multiemployer Defined Benefit Plans		OMB Number 1545-2111
This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3) Complete all entries in accordance with the instructions			
For calendar plan year _____ or fiscal plan year beginning <u>July 1, 2023</u> and ending <u>June 30, 2024</u>			
Part I – Basic Plan Information			
1a. Name of plan CENTRAL NEW YORK LABORERS' PENSION FUND		1b. Three-digit plan number (PN) 001	
1c. Plan sponsor's name CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES		1d. Employer identification number (EIN) 15-6016579	
1e. Plan sponsor's telephone number 315-434-9305	1f. Plan sponsor's address, city, state, ZIP code 7051 FLY ROAD, EAST SYRACUSE, NY 13057		
Part II – Plan Actuary's Information			
2a. Plan actuary's name BENJAMIN P. ABLIN		2b. Plan actuary's firm name HORIZON ACTUARIAL SERVICES, LLC	
2c. Plan actuary's firm address, city, state, ZIP code 8601 GEORGIA AVE, SUITE 700, SILVER SPRING, MD 20910			
2d. Plan actuary's enrollment number 23-07725		2e. Plan actuary's telephone number 240-247-4542	
Part III – Plan Status			
3. Check the appropriate box to indicate the plan's IRC Section 432 status			
<input type="checkbox"/> Neither endangered nor critical	<input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)		
<input type="checkbox"/> Endangered	<input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)		
<input type="checkbox"/> Seriously endangered	<input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)		
<input type="checkbox"/> Critical			
<input checked="" type="checkbox"/> Critical and declining			
Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan			
4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)			
	Yes	No	N/A
Funding Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part V – Sign Here			
Statement by Enrolled Actuary			
To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.			
Actuary's signature 		Date 9/28/2023	

Catalog Number 35051D

www.irs.gov

Form **15315** (12-2022)



Schedule MB, Line 4b

Illustration Supporting Actuarial Certification of Status

3. Certification Calculations

Exhibit 3 shows the projected funding percentage and projected funding standard account (in other words, projected credit balances and funding deficiencies) to the year where the projected funding deficiency occurs. Figures for the prior plan year (still preliminary) are shown for reference.

Exhibit 3 – Projection of Funded Percentage and Funding Standard Account

	Prior	Current
Plan year beginning	7/1/2022	7/1/2023
Plan year ending	6/30/2023	6/30/2024
Valuation interest rate	7.25%	7.25%
Funded percentage		
Actuarial value of assets	49,997,495	48,087,961
Actuarial accrued liability (unit credit method)	<u>82,897,123</u>	<u>81,475,588</u>
Funded percentage	60.3%	59.0%
Funding standard account		
Charges		
(a) Prior year funding deficiency, if any	28,457,049	30,504,731
(b) Employer's normal cost for plan year	841,191	890,585
(c) Amortization charges as of valuation date		
(1) Bases for which extensions do not apply	5,439,809	4,225,162
(2) Funding waivers	-	-
(3) Bases for which extensions apply	-	-
(d) <u>Interest as applicable to end of plan year</u>	<u>2,518,509</u>	<u>2,582,485</u>
(e) Total charges	37,256,558	38,202,963
Credits		
(f) Prior year credit balance, if any	-	-
(g) Employer contributions	3,717,662	3,606,132
(h) Amortization credits as of valuation date	2,703,403	2,414,134
(i) Interest as applicable to end of plan year	330,762	305,747
(j) Full funding limitation credit	-	-
(k) Waived funding deficiency or other credits	-	-
(l) Total credits	6,751,827	6,326,013
(m) Credit balance	-	-
(n) Funding deficiency	30,504,731	31,876,950

Schedule MB, Line 4b

Illustration Supporting Actuarial Certification of Status

Exhibit 4 – Critical and Declining Status Tests

Section 432(b)(6): Critical and Declining Status

Plan Year Beginning July 1, 2023

Certification status	Critical
Number of inactive participants	847
Number of active participants	200
Ratio of inactive participants to active participants	4.2
Funded percentage (threshold = 80.0%)	59.0%
Solvency projection period (years)	Current and next 19 years
Projected date of insolvency	Projected insolvency on or before 6/30/2042

	Plan Year Ending	Employer Contributions	Benefit Payments	Operating Expenses	Net Investment Return	Ending Market Value of Assets
PY	6/30/2023	\$ 3,717,662	\$ (7,703,866)	\$ (372,986)	\$ 3,239,112	\$ 46,361,787
CY	6/30/2024	3,606,132	(7,719,032)	(384,176)	3,198,211	45,062,922
1	6/30/2025	3,497,948	(7,717,006)	(395,701)	3,099,777	43,547,940
2	6/30/2026	3,393,009	(7,667,057)	(407,572)	2,987,517	41,853,837
3	6/30/2027	3,291,219	(7,572,082)	(419,799)	2,864,004	40,017,179
4	6/30/2028	3,192,483	(7,507,574)	(432,393)	2,729,149	37,998,844
5	6/30/2029	3,096,708	(7,422,303)	(445,365)	2,581,969	35,809,853
6	6/30/2030	3,003,807	(7,314,641)	(458,726)	2,423,318	33,463,611
7	6/30/2031	2,913,693	(7,158,831)	(472,488)	2,255,098	31,001,083
8	6/30/2032	2,826,282	(6,974,902)	(495,375)	2,079,234	28,436,322
9	6/30/2033	2,769,756	(6,840,648)	(510,236)	1,895,567	25,750,761
10	6/30/2034	2,742,059	(6,703,576)	(525,543)	1,704,274	22,967,975
11	6/30/2035	2,714,638	(6,505,030)	(541,309)	1,508,154	20,144,428
12	6/30/2036	2,687,492	(6,289,331)	(557,548)	1,309,693	17,294,734
13	6/30/2037	2,660,617	(6,097,352)	(574,274)	1,108,469	14,392,194
14	6/30/2038	2,634,011	(5,955,374)	(591,502)	901,593	11,380,922
15	6/30/2039	2,607,670	(5,768,921)	(609,247)	688,436	8,298,860
16	6/30/2040	2,581,594	(5,589,632)	(627,524)	469,878	5,133,176
17	6/30/2041	2,555,778	(5,396,876)	(646,350)	245,735	1,891,463
18	6/30/2042	2,530,220	(5,235,684)	(665,741)	14,925	-
19	6/30/2043	2,504,918	(5,049,881)	(685,713)	-	-

"PY" = preceding plan year; "CY" = current plan year



Schedule MB, Line 4b

Illustration Supporting Actuarial Certification of Status

4. Actuarial Basis

As required under section 432(b)(3)(B) of the Code, this certification is based on actuarial projections for the current and succeeding plan years for the current value of Plan assets and Plan liabilities related to participants and beneficiaries covered under the Plan. The projections are based on reasonable actuarial estimates, assumptions, and methods that (except as noted below) offer the actuary's best estimate of anticipated experience under the Plan.

Actuarial Assumptions and Methods

For this certification for the 2023 Plan Year, projections of Plan liabilities are based on the actuarial valuation as of July 1, 2022. With the exception of the hours assumption (described in more detail below), the actuarial assumptions and methods used in that actuarial valuation, including a valuation interest rate assumption of 7.25%, are the same as those used in this certification. Please refer to the actuarial valuation report for a summary of applicable assumptions, methods, and plan provisions.

The demographic actuarial assumptions used in the actuarial valuation and this certification were developed based on a review of past experience and anticipated future experience for the Plan, given the particular characteristics of the Plan's participant population. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor.

Projection of Plan Assets and Liabilities

Projections of Plan liabilities were performed using an open group valuation methodology. In other words, each year, hypothetical new entrants were added to the population to achieve the expected level of projected industry activity which was developed based on information provided by the Board of Trustees. The demographic characteristics of the assumed new entrants were developed based on a review of new participants under the Plan in recent years.

The actuarial projection of Plan assets used in this certification is based on the preliminary net investment return for the plan year ending June 30, 2023, provided by the Plan's investment advisor. Future net investment returns are assumed to be 7.25% per year, the assumed rate of return on Plan assets.

Future Industry Activity and Contributions

The actuarial projection of Plan assets is also based on a projection of industry activity and employer contributions for the current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees. Specifically, future covered hours are assumed to be approximately equal to 280,578 for the 2022 plan year, declining by 3% per year through 2032 and 1% per year thereafter. In general, the projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.



SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

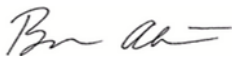
A Name of plan CENTRAL NEW YORK LABORERS' PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTRAL NEW YORK LABORERS' PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 15-6016579	

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

1a Enter the valuation date: Month 07 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	46,603,152
(2) Actuarial value of assets for funding standard account.....	1b(2)	48,289,795
c (1) Accrued liability for plan using immediate gain methods	1c(1)	81,449,459
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	81,449,459
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	139,444,556
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,803,748
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	8,327,782
(3) Expected plan disbursements for the plan year	1d(3)	7,920,481

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

SIGN HERE	 Signature of actuary	<u>4/3/2025</u> Date
	<u>BENJAMIN P. ABLIN</u> Type or print name of actuary	<u>2307725</u> Most recent enrollment number
	<u>HORIZON ACTUARIAL SERVICES, LLC</u> Firm name	<u>240-247-4542</u> Telephone number (including area code)
	<u>8601 GEORGIA AVENUE, SUITE 905</u> <u>SILVER SPRING MD 20910</u> Address of the firm	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate.....	6d	7.25 % 7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.2 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	364,638
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	901,302	93,731

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	[]
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	[]
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	[]
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	[]
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	30,428,489
b Employer's normal cost for plan year as of valuation date	9b	879,180
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13,747,157
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	2,574,986
e Total charges. Add lines 9a through 9d	9e	38,092,037
Credits to funding standard account:		
f Prior year credit balance, if any	9f	0
g Employer contributions. Total from column (b) of line 3	9g	3,874,530
h Amortization credits as of valuation date	Outstanding balance	
9h	11,015,982	2,414,134
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	293,419
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	38,315,585
(2) "RPA '94" override (90% current liability FFL)	9j(2)	79,955,400
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	6,582,083
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	31,509,954
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	31,509,954
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule MB, Line 8b(2)

Schedule of Active Participant Data

Measurement Date: July 1, 2023

[Schedule MB, Line 8b(2)]

Years of Credited Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	2	5	-	-	-	-	-	-	-	-	7
25 - 29	3	13	5	-	-	-	-	-	-	-	21
30 - 34	3	9	4	6	-	-	-	-	-	-	22
35 - 39	3	14	3	9	2	1	-	-	-	-	32
40 - 44	1	8	2	6	7	2	-	-	-	-	26
45 - 49	1	2	1	3	5	4	-	-	-	-	16
50 - 54	-	3	4	2	8	6	-	1	-	-	24
55 - 59	-	-	4	7	6	4	1	6	3	-	31
60 - 64	-	1	3	3	4	3	1	-	-	1	16
65 - 69	-	-	-	1	-	-	-	-	-	1	2
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	13	55	26	37	32	20	2	7	3	2	197



Schedule MB, Line 8b(3)

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: July 1, 2023

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning July 1	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$ 3,606,132	\$ 0	\$ 3,606,132
2024	3,497,948	0	3,497,948
2025	3,393,009	0	3,393,009
2026	3,291,219	0	3,291,219
2027	3,192,483	0	3,192,483
2028	3,096,708	0	3,096,708
2029	3,003,807	0	3,003,807
2030	2,913,693	0	2,913,693
2031	2,826,282	0	2,826,282
2032	2,769,756	0	2,769,756

Notes

- The projection above was used for the Plan's 2023 status certification. The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- Based on the information provided by the Trustees, total hours worked are assumed to be 280,578 for the 2022 plan year, declining by 3% per year through 2032.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) and participation agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The Plan is not assumed to receive future withdrawal liability payments.



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Charges [Schedule MB, Line 9c]

Type	Date	Initial	Initial	Outstanding at 7/1/2023		Annual
	Established	Period	Balance	Period	Balance	Payment
Amendment	7/1/2000	30.00	Not Available	7.00	\$ 211,152	\$ 36,850
Amendment	7/1/2007	30.00	Not Available	14.00	117,618	12,729
Exper Loss	7/1/2009	15.00	Not Available	1.00	705,151	705,151
Exper Loss	7/1/2010	15.00	Not Available	2.00	240,071	124,234
Exper Loss	7/1/2012	15.00	Not Available	4.00	3,150,240	872,069
Amendment	1/1/1994	30.00	Not Available	0.50	4,771	4,771
Assumption	1/1/1998	30.00	Not Available	4.50	761,215	190,452
Amendment	1/1/1999	30.00	Not Available	5.50	298,782	63,212
Assumption	1/1/1999	30.00	Not Available	5.50	1,047,194	221,549
Amendment	1/1/2000	30.00	Not Available	6.50	1,308,929	242,073
Assumption	1/1/2001	30.00	Not Available	7.50	901,843	149,270
Assumption	1/1/2007	30.00	Not Available	13.50	141,789	15,680
Exper Loss	1/1/2009	15.00	Not Available	0.50	762,355	762,355
Assumption	1/1/2010	15.00	Not Available	1.50	38,697	26,246
Exper Loss	1/1/2011	15.00	Not Available	2.50	181,616	76,480
Exper Loss	1/1/2012	15.00	Not Available	3.50	422,933	131,584
Exper Loss	7/1/2013	15.00	1,119,095	5.00	511,420	117,078
Assumption	7/1/2014	15.00	2,854,663	6.00	1,513,613	298,373
Exper Loss	7/1/2018	15.00	241,154	10.00	187,046	25,118
Exper Loss	7/1/2020	15.00	278,648	12.00	243,594	28,978
Assumption	7/1/2020	15.00	109,615	12.00	95,826	11,399
Exper Loss	7/1/2023	15.00	901,302	15.00	901,302	93,731
Total Charges					\$ 13,747,157	\$ 4,209,382



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 7/1/2023		Annual Payment
				Period	Balance	
Amendment	7/1/2011	15.00	Not Available	3.00	\$ 331,235	\$ 118,224
Exper Gain	7/1/2011	15.00	Not Available	3.00	184,364	65,802
Amendment	7/1/2012	15.00	Not Available	4.00	56,788	15,721
Amendment	1/1/2004	30.00	Not Available	10.50	184,536	23,968
Amendment	1/1/2005	30.00	Not Available	11.50	1,381,219	168,880
Assumption	1/1/2009	15.00	Not Available	0.50	10,913	10,913
Exper Gain	1/1/2010	15.00	Not Available	1.50	293,379	198,989
Assumption	1/1/2011	15.00	Not Available	2.50	962,802	405,444
Exper Gain	7/1/2014	15.00	2,213,228	6.00	1,173,509	231,329
Exper Gain	7/1/2015	15.00	1,885,816	7.00	1,128,401	196,929
Method	7/1/2015	10.00	2,816,946	2.00	734,523	380,110
Exper Gain	7/1/2016	15.00	1,536,378	8.00	1,016,707	160,298
Exper Gain	7/1/2017	15.00	1,485,092	9.00	1,070,369	154,814
Exper Gain	7/1/2019	15.00	591,649	11.00	489,110	61,576
Exper Gain	7/1/2021	15.00	1,081,852	13.00	994,331	112,507
Exper Gain	7/1/2022	15.00	510,798	14.00	490,859	53,120
Assumption	7/1/2022	15.00	533,773	14.00	512,937	55,510
Total Credits					\$ 11,015,982	\$ 2,414,134
Net Total					\$ 2,731,175	\$ 1,795,248

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases



Schedule MB, Line 6f(1)

Description of Withdrawal Liability Interest Rate

For vested benefit liabilities up to the market value of assets, the greater of PBGC rates as of the valuation date and the valuation rate used for Plan funding. For vested benefit liabilities in excess of the market value of assets, the lesser of the PBGC rates and the valuation rate used for Plan funding.

PBGC rates: 5.38% for 20 years and 5.09% beyond 20 years.

Funding rate: 7.25% per annum, compounded annually, net of investment expenses.



Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: July 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning July 1	Expected Benefit Payments			Total
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	
2023	110,663	244,224	7,465,274	7,820,161
2024	195,240	351,341	7,214,846	7,761,427
2025	299,997	423,153	6,948,272	7,671,422
2026	404,618	496,563	6,660,145	7,561,326
2027	494,987	588,309	6,377,298	7,460,594
2028	598,142	665,380	6,085,124	7,348,646
2029	703,037	724,528	5,784,804	7,212,369
2030	772,451	766,577	5,486,361	7,025,389
2031	818,840	797,092	5,184,879	6,800,811
2032	886,700	882,381	4,881,324	6,650,405
2033	943,909	940,049	4,593,234	6,477,192
2034	979,810	957,459	4,306,337	6,243,606
2035	1,014,340	959,662	4,021,797	5,995,799
2036	1,036,909	982,652	3,740,769	5,760,330
2037	1,065,190	1,025,558	3,464,388	5,555,136
2038	1,099,838	1,019,361	3,193,741	5,312,940
2039	1,126,550	1,014,537	2,930,390	5,071,477
2040	1,131,423	1,021,541	2,675,380	4,828,344
2041	1,134,573	1,049,223	2,428,196	4,611,992
2042	1,136,247	1,049,384	2,190,839	4,376,470
2043	1,147,730	1,026,002	1,964,242	4,137,974
2044	1,150,164	1,054,501	1,748,765	3,953,430
2045	1,153,138	1,095,369	1,545,191	3,793,698
2046	1,139,462	1,069,226	1,355,721	3,564,409
2047	1,121,642	1,065,594	1,179,892	3,367,128

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.



Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: July 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning July 1	Expected Benefit Payments			Total
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	
2048	1,112,095	1,065,804	1,018,133	3,196,032
2049	1,094,026	1,030,124	870,730	2,994,880
2050	1,077,830	1,006,344	737,771	2,821,945
2051	1,049,957	968,700	619,139	2,637,796
2052	1,010,191	935,011	514,480	2,459,682
2053	977,791	895,290	423,265	2,296,346
2054	945,391	866,213	344,756	2,156,360
2055	911,752	818,321	278,048	2,008,121
2056	876,390	785,182	222,097	1,883,669
2057	826,436	740,286	175,787	1,742,509
2058	782,173	695,049	137,964	1,615,186
2059	735,871	647,924	107,486	1,491,281
2060	696,115	606,139	83,251	1,385,505
2061	656,749	562,755	64,221	1,283,725
2062	613,137	521,324	49,459	1,183,920
2063	572,641	481,830	38,133	1,092,604
2064	531,190	444,238	29,523	1,004,951
2065	493,352	408,489	23,022	924,863
2066	456,768	374,520	18,126	849,414
2067	420,861	342,259	14,439	777,559
2068	386,891	311,647	11,645	710,183
2069	355,118	282,646	9,510	647,274
2070	324,791	255,223	7,854	587,868
2071	296,180	229,364	6,547	532,091
2072	269,217	205,050	5,498	479,765

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.



CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Mutual Funds				
*	SEI Core Fixed Income	Mutual Funds	\$ 5,603,231	\$ 5,123,611
*	SEI Emerging Markets Debt Fd	Mutual Funds	2,173,397	1,860,667
*	SEI High Yield Bond Fund	Mutual Funds	2,824,756	2,357,102
*	SEI Extended Mkt Index	Mutual Funds	2,077,480	2,346,439
*	SEI Inst Inv S & P 500 Index	Mutual Funds	4,383,207	5,713,110
*	SEI Limited Duration Bond	Mutual Funds	5,123,064	5,160,120
*	SEI Inst Inc L/C Dis EQTY-A	Mutual Funds	2,837,240	2,843,967
*	SEI World Eq Ex US Fd A	Mutual Funds	7,797,168	7,432,863
*	SEI World Select Equity Fund	Mutual Funds	5,737,489	6,512,087
			<u>\$ 38,557,032</u>	<u>\$ 39,349,966</u>
Collateralized Mortgage Obligations				
	Merrill Lynch & Co.	2.560% 2/25/34	\$ 5,370	\$ 4,986
Money Market Funds				
	Blackrock Liquidity Funds			
	Treasury Trust Fund Institutional	Variable Interest Rate	\$ 12,655	\$ 12,655
	Blackrock Liquidity Funds			
	Treasury Trust Fund Instit. (SFA)	Variable Interest Rate	718,572	718,572
			<u>\$ 731,227</u>	<u>\$ 731,227</u>
Common Collective Trust				
*	SEI GPA IV CIT Private	Common / Collective Trust	\$ 1,337,021	\$ 2,449,754
*	SEI Global Private Asset V	Common / Collective Trust	1,299,225	1,442,668
*	SEI Core Property	Common / Collective Trust	2,676,347	5,292,784
*	SEI GPA VI 30725	Mutual Funds	185,905	185,905
			<u>\$ 5,498,498</u>	<u>\$ 9,371,111</u>
Real Estate				
*	Commercial Building	Real Estate	\$ 671,933	\$ 909,000
Sub-Total			<u>\$ 45,464,060</u>	<u>\$ 50,366,290</u>

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF ASSETS HELD (AT END OF YEAR)

June 30, 2024 and 2023

Attachment for Schedule H, Line 4i

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Sub-Total		<u>\$ 45,464,060</u>	<u>\$ 50,366,290</u>
	U.S. Treasury Securities			
	U.S. Government	U.S. Treasury Bills, 07/11/24	\$ 647,214	\$ 665,372
	U.S. Government	U.S. Treasury Bills, 08/08/24	644,214	662,317
	U.S. Government	U.S. Treasury Bills, 09/05/24	641,720	659,626
	U.S. Government	U.S. Treasury Notes, 0.625%, 10/15/24	641,441	657,772
	U.S. Government	U.S. Treasury Notes, 0.750%, 11/15/24	639,880	655,363
	U.S. Government	U.S. Treasury Notes, 1.000%, 12/15/24	639,516	653,471
	U.S. Government	U.S. Treasury Notes, 1.125%, 01/15/25	638,736	654,817
	U.S. Government	U.S. Treasury Notes, 1.625%, 02/15/25	630,576	637,649
	U.S. Government	U.S. Treasury Notes, 1.750%, 03/15/25	641,076	654,305
	U.S. Government	U.S. Treasury Notes, 2.000%, 02/15/25	643,262	657,400
	U.S. Government	U.S. Treasury Notes, 2.125%, 05/15/25	641,770	651,535
	U.S. Government	U.S. Treasury Notes, 2.250%, 11/15/25	637,532	645,078
	U.S. Government	U.S. Treasury Notes, 2.625%, 04/15/25	648,970	657,517
	U.S. Government	U.S. Treasury Notes, 2.875%, 06/15/25	647,928	653,711
	U.S. Government	U.S. Treasury Notes, 3.000%, 07/15/25	648,658	662,221
	U.S. Government	U.S. Treasury Notes, 3.125%, 08/15/25	649,413	660,851
	U.S. Government	U.S. Treasury Notes, 3.500%, 09/15/25	653,308	661,838
	U.S. Government	U.S. Treasury Notes, 3.875%, 01/15/26	657,308	668,897
	U.S. Government	U.S. Treasury Notes, 4.000%, 12/15/25	658,767	659,568
	U.S. Government	U.S. Treasury Notes, 4.250%, 10/15/25	661,581	666,714
	U.S. Government	U.S. Treasury Notes, 4.625%, 03/15/26	672,993	675,850
			<u>\$ 13,585,863</u>	<u>\$ 13,821,872</u>
	Total		<u>\$ 59,049,923</u>	<u>\$ 64,188,162</u>

* Party-in-interest, as defined by ERISA of 1974, as amended.

See notes to financial statements.

Schedule MB, Line 11

Justification for Change in Actuarial Assumptions

*Justification for
Changes in
Assumptions*

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description	Purchase	Selling	Lease	Expense Incurred with Transaction	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets:								
	Blackrock Liquidity Treasury Trust	\$ 17,645,930	\$ 0	\$ 0	\$ 0	\$ 17,645,930	\$ 17,645,930	\$ 0
	Blackrock Liquidity Treasury Trust	<u>0</u>	<u>17,645,930</u>	<u>0</u>	<u>0</u>	<u>17,645,930</u>	<u>17,645,930</u>	<u>0</u>
		<u>\$ 17,645,930</u>	<u>\$ 17,645,930</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 35,291,860</u>	<u>\$ 35,291,860</u>	<u>\$ 0</u>

Category (ii) - Series of Transactions Involving Property Other Than Securities with the Same Person is Excess of 5% of Plan Assets:

NONE

See notes to financial statements.

CENTRAL NEW YORK LABORERS' PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 15-6016579

Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description	Purchase	Selling	Lease	Expense Incurred with Transaction	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - Series of Transactions Involving Securities of Same Issue Exceeds 5% of Plan Assets:								
	Blackrock Liquidity Treasury Trust	\$ 27,812,103	\$ 0	\$ 0	\$ 0	\$ 27,812,103	\$ 27,812,103	\$ 0
	Blackrock Liquidity Treasury Trust	<u>0</u>	<u>28,077,129</u>	<u>0</u>	<u>0</u>	<u>5,527,386</u>	<u>28,077,129</u>	<u>0</u>
		<u>\$ 27,812,103</u>	<u>\$ 28,077,129</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 33,339,489</u>	<u>\$ 55,889,232</u>	<u>\$ 0</u>
*	SEI Core Fixed Income Fund #285	\$ 2,520,767	\$ 0	\$ 0	\$ 0	\$ 2,520,767	\$ 2,520,767	\$ 0
*	SEI Core Fixed Income Fund #285	<u>0</u>	<u>113,045</u>	<u>0</u>	<u>0</u>	<u>117,131</u>	<u>113,045</u>	<u>(4,086)</u>
		<u>\$ 2,520,767</u>	<u>\$ 113,045</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,637,898</u>	<u>\$ 2,633,812</u>	<u>\$ (4,086)</u>
*	SEI Limited Duration Bond	\$ 1,264,451	\$ 0	\$ 0	\$ 0	\$ 1,264,451	\$ 1,264,451	\$ 0
*	SEI Limited Duration Bond	<u>0</u>	<u>1,984,309</u>	<u>0</u>	<u>0</u>	<u>1,978,848</u>	<u>1,984,309</u>	<u>5,461</u>
		<u>\$ 1,264,451</u>	<u>\$ 1,984,309</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 3,243,299</u>	<u>\$ 3,248,760</u>	<u>\$ 5,461</u>

Category (iv) - Series of Transactions Involving Securities With a Single Person Exceeds 5% of Plan Assets:

NONE

* Indicates a party-in-interest as defined by the Employee Retirement Security Act of 1974.

See notes to financial statements.

Schedule MB Attachments

Statement by Enrolled Actuary

Plan Sponsor: Central New York Laborers' Pension Fund Board of Trustees
EIN / PN: 15-6016579 / 001
Plan Year: Beginning July 1, 2023 and ending June 30, 2024
Plan Name: Central New York Laborers' Pension Fund (the "Plan")
Enrolled Actuary: Benjamin P. Ablin
Enrollment Number: 23-07725

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information provided by the Plan auditor, Dermody, Burke & Brown, CPAs, LLC. There were no withdrawal liability payments.

Timing of Line 3 contributions: The contribution amounts listed effective 12/31/2023 were made throughout the plan year. The contribution amounts listed effective 9/15/2024 were made after the end of the plan year.

Attached as separate exhibits are:

- Line 4b - Illustration Supporting Actuarial Certification of Status
- Line 4f - Cash Flow Projections
- Line 6 - Statement of Actuarial Assumptions/Methods
- Line 6 - Summary of Plan Provisions
- Line 6f(1) - Description of Withdrawal Liability Interest Rate
- Line 8b(1) - Schedule of Projection of Expected Benefit Payments
- Line 8b(2) - Schedule of Active Participant Data
- Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h - Schedule of Funding Standard Account Bases
- Line 11 - Justification for Change in Actuarial Assumptions

u:\cny_laborers\ret\2024\gov\2023 schedule mb\cnyl_2023_schmb_attach.docx



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name	Central New York Laborers' Pension Plan
Plan Sponsor	Board of Trustees of the Central New York Laborers' Pension Plan
EIN / PN	15-6016579 / 001
Interest Rates	<p>7.25% per annum, compounded annually, net of investment expense for determining costs and liabilities.</p> <p>The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate reflects professional judgment.</p> <p>The highest rate within the IRS allowable range for determining Current Liability, which is 2.85% per annum as of the valuation date.</p>



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Age

Active participants:

Age	Rate
55	0.10
56	0.15
57	0.15
58	0.10
59	0.25
60	0.15
61	0.10
62	0.35
63	0.05
64	0.20
65+	1.00

Inactive vested participants: Age 60 with 18 or more Pension Credits; otherwise, age 65 with at least 5 years of participation.

The weighted average retirement age for active participants as of the valuation date is 62.6. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Operating Expenses

Expenses are assumed to be the average of the prior two years’ actual expenses increased by 3% and adjusted with interest to the beginning of the year. The expense assumption for the current valuation is equal to \$364,638.

This assumption was selected based on our review of prior years’ experience and expectations for the upcoming year.

Hours Worked

For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours worked in the year prior to the valuation and earn one year of Pension Credit in each future year.

This assumption was selected based on our analysis of past experience with regard to hours worked as well as input from the Trustees regarding future work levels.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Contribution Income Future contributions are assumed to equal the actual hours worked by each active participant during the prior plan year multiplied by the expected contribution rate for the current plan year.

Active Participant For valuation purposes, an active participant is a participant who worked at least 600 hours during the prior plan year and had not retired as of the valuation date.

Non-Disabled Mortality Sex-distinct RP-2014 Employee and Annuitant Mortality Tables with blue collar adjustment and age set forward one year, adjusted to base year 2006, projected to 2019 with 100% of Scale MP-2019, and future mortality improvements after 2019 projected on a generational basis using 25% of Scale MP-2019.

The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality Sex-distinct RP-2014 Disabled Retiree Mortality Tables with age set forward one year, adjusted to base year 2006, projected to 2019 with 100% of Scale MP-2019, and future mortality improvements after 2019 projected on a generational basis using 25% of Scale MP-2019.

The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan's definition of disabled, expectations regarding future mortality improvement, and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Disability Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Rate
20	0.0005
25	0.0005
30	0.0005
35	0.0006
40	0.0009
45	0.0018
50	0.0040
55	0.0085
60	0.0174

The disability assumption was chosen based on a review of standard termination rate tables and historical and current demographic data and reflects anticipated future experience and professional judgment.

Withdrawal Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages (the same rates are used for males and females):

Representative Withdrawal Rates

Age	Rate
20	0.0794
25	0.0772
30	0.0722
35	0.0628
40	0.0515
45	0.0398
50	0.0256
55	0.0094
60	0.0009

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data and reflects anticipated future experience and professional judgment.

Reemployment It is assumed that participants will not be reemployed following a break in service.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Form of Payment	Single participants are assumed to elect a Life Annuity (for former Central New York participants, the benefit accrued through June 30, 2012 includes a 60 month guarantee). Married participants are assumed to elect a 50% Joint and Survivor Annuity.
Marriage	80% of non-retired participants are assumed to be married.
Spouse Ages	Female spouses of participants are assumed to be three years younger than male participants.
Cost Method	The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants; however, the sum of the individual normal costs is then adjusted by the ratio of the assumed contributory hours for the coming year to the total actual contributory hours for the prior year.
Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.
Participant Data	Participant census data as of the valuation date was provided by the Plan Administrator.
Missing or Incomplete Participant Data	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Financial Information Financial information was obtained from the audited financial statements for the plan year ended June 30, 2023, as prepared by Dermody, Burke & Brown, CPAs, LLC.

Nature of Actuarial Calculations The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Changes in Assumptions and Methods Since the prior valuation, the following assumptions and methods have been changed:

Current Liability:

- The current liability interest rate was changed from 2.27% to 2.85%, in accordance with the change in the IRS prescribed rates.
- The mortality tables used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.



Schedule MB, Line 6

Summary of Plan Provisions

Plan Name	Central New York Laborers' Pension Plan
Plan Sponsor	Board of Trustees of the Central New York Laborers' Pension Plan
EIN / PN	15-6016579 / 001
Effective Date and Most Recent Amendment	The original effective date of the Plan is December 31, 1959. The Plan was most recently amended and restated effective November 25, 2014.
Plan Year	The twelve-month period beginning July 1 and ending June 30.
Employers	A contributing Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.
Participants	All employees working in covered employment will become a Participant in the Plan on the earliest January 1 or July 1 following completion 870 hours in a 12 consecutive month period. A person who incurs two consecutive One-Year Breaks in Service will cease to be a Participant as of the last day of the plan year of the second consecutive One-Year Break in Service, unless such participant is a pensioner or has acquired the right to a pension (other than disability), whether immediate or deferred.



Schedule MB, Line 6

Summary of Plan Provisions

Pension Credit

Pension Credit is used for purposes of determining participation in the Plan and the amount of retirement and other benefits.

Pension Credits are determined under the following schedule:

Hours Worked	Pension Credit
July 1, 2012 forward:	
600-899	0.50
900-1,199	0.75
1,200 or more	1.00
July 1, 2011 to June 30, 2012:	
500-749	0.50
750-999	0.75
1,000 or more	1.00
July 1, 1976 to June 30, 2011:	
150-300	0.25
301-600	0.50
601-869	0.75
870 or more	1.00
July 1, 1964 to June 30, 1976:	
150-300	0.25
301-600	0.50
601-899	0.75
900 or more	1.00
January 1, 1964 to June 30, 1964:	
150-300	0.25
300 or more	0.50
January 1, 1960 to December 31, 1963:	
150-300	0.25
301-600	0.50
601-899	0.75
900 or more	1.00
January 1, 1959 to December 31, 1959:	
100-225	0.25
226-450	0.50
451-674	0.75
675 or more	1.00

For former Participants in the Oswego Laborers Local No. 214 Retirement Plan, Pension Credit prior to January 1, 2012 was earned in accordance with the provisions of the Oswego Plan. A special schedule applies to hours worked between January 1, 2012 and June 30, 2012 for these participants.



Schedule MB, Line 6

Summary of Plan Provisions

Vesting Service Vesting Service is used for purposes of determining vesting and eligibility for retirement and other benefits.

Vesting Service is determined under the following schedule:

Hours Worked	Pension Credit
July 1, 2012 forward:	
600-749	0.50
750-999	0.75
1,000 or more	1.00
July 1, 1976 to June 30, 2012:	
150-300	0.25
301-600	0.50
601-869	0.75
870 or more	1.00
Prior to July 1, 1976: Equal to Pension Credits	

For former Participants in the Oswego Laborers Local No. 214 Retirement Plan, Vesting Service prior to January 1, 2012 was earned in accordance with the provisions of the Oswego Plan. A special schedule applies to hours worked between January 1, 2012 and June 30, 2012 for these participants.

Normal Retirement Age The later of attaining age 65 or the fifth anniversary of participation.

Regular Retirement Age The later of age 60 or 18 Pension Credits, and worked at least 600 hours in a plan year which began after attaining age 48.

Break-In-Service Two consecutive One-Year Breaks in Service. A Participant has a One-Year Break in Service in a plan year in which he fails to complete 500 hours of service. A Participant may reinstate his participation in the Plan and previously earned Pension Credits and Years of Vesting Service if he subsequently earns a number of Years of Vesting Service that equal the number of One-Year Breaks in Service prior to incurring a Permanent Break in Service.

Permanent Break in Service: For non-vested benefits, cancellation of Pension Credit occurs after five consecutive One-Year Breaks in Service.

Normal/Regular Retirement-Eligibility The earlier of the attainment of Normal Retirement Age or Regular Retirement Age.



Schedule MB, Line 6

Summary of Plan Provisions

Normal/Regular Retirement – Amount of Benefit

The total monthly benefit is the benefit accrued for service earned prior to July 1, 2012 plus the benefit accrued for service earned on or after July 1, 2012:

For Pension Credit earned on or after to July 1, 2012

- \$70.00 per month per pension credit earned for all participants

For Pension Credit earned prior to July 1, 2012

For Central New York Laborers Participants:

- \$85.00 per month for each year of pension credit earned prior to July 1, 2000
- \$84.00 per month for each year of pension credit earned from July 1, 2000 through June 30, 2011
- \$80.00 per month for each year of pension credit earned from July 1, 2011 through June 30, 2012

For former Oswego Laborers Participants:

- \$3.00 per month for each year of Past Service earned prior to July 1, 1965
- \$79.00 per month for each year of Future Service earned from July 1, 1965 through December 31, 2003
- \$70.00 per month for each year of Future Service earned from January 1, 2004 through June 30, 2012

See Appendices B and C of the Plan Document restated November 25, 2014 for a complete listing of historical benefit multipliers.

Early Retirement – Eligibility

Age 55 with 18 Pension Credits and worked at least 600 hours in a plan year which began after attaining age 48.

Early Retirement – Amount of Benefit

The calculated Regular Retirement monthly benefit reduced by $\frac{1}{2}$ of one percent for each month that the date of Early Retirement precedes age 60.

For Central New York Laborers Participants with at least 30 Pension Credits, the calculated Regular Retirement monthly benefit for Pension Credit earned prior to July 1, 2012 in the Central New York Laborers Pension Plan is reduced by $\frac{1}{4}$ of one percent for each month that the date of Early Retirement precedes age 60.

Disability Pension – Eligibility

Permanent and total disability and age 45 with 20 Pension Credits.



Schedule MB, Line 6

Summary of Plan Provisions

Disability Pension – Amount of Benefit	The calculated Regular Retirement monthly benefit reduced for early commencement with no reduction prior to age 55, if applicable.
Temporary and Supplemental Pension – Eligibility	A former Oswego Laborers Participant prior to January 1, 2005 with 30 Years of Vesting Service and age 55.
Temporary Pension – Amount of Benefit	A monthly benefit equal to \$500 payable from the first day in which pension payments are made to the Participant until the Participant attains age 62.
Supplemental Pension – Amount of Benefit	A monthly benefit equal to \$200 payable from the first day in which pension payments are made to the Participant until the Participant attains age 65.
Vested Benefit	A Participant’s benefits become 100% vested upon attainment of Normal Retirement Age or with at least 5 years of Vesting Service.
Pre-Retirement Death Benefits	<p><i>Spouse Survivor Benefit:</i> If a vested married participant dies, his or her spouse would receive a monthly benefit equal to 50% of the accrued benefit, reduced for early commencement and the J&S option, starting at the later of the 1st of the month following the participant’s death or at early retirement age.</p> <p><i>Pre-Retirement 5 Year Guaranteed Benefit:</i> If a vested unmarried Participant dies, the Participant’s designated beneficiary would receive 60 monthly payments equal to the Regular Retirement monthly benefit earned prior to July 1, 2012 only under the Central New York Laborers’ Pension Plan, starting at the later of the 1st of the month following the participant’s death or at early retirement age.</p>
Former Oswego Laborers Death Benefits	<p><i>Future Service Death Benefit:</i> If a Participant dies and was a former Oswego Laborers Participant, a lump sum of \$1,000 times their Pension Credit, to a maximum of ten years, is payable to the Participant’s beneficiary. The amount is reduced by the amount of total benefit payments received, but not below 10% of the original amount.</p> <p><i>Lump Sum Death Benefit:</i> If a Participant dies and was a former Oswego Laborers Participant and was actively employed as of February 1, 1993, a lump sum of \$10,000 (for Participants under age 65) or \$2,000 (for Participants over age 65) is payable to the Participant’s beneficiary.</p>



Schedule MB, Line 6

Summary of Plan Provisions

Forms of Payment

Normal Form:

For Unmarried Participants:

- On or after July 1, 2012 – Life Annuity
- Prior to July 1, 2012
 - For Central New York Laborers Participants: Life Annuity with 5 Years Certain
 - For former Oswego Laborers Participants: Life Annuity

For Married Participants:

- 50% Joint and Survivor Annuity

Optional Forms:

- 75% Married Couples (Joint and Survivor Annuity)
 - 50% Joint and Survivor Annuity with Pop-Up
 - 75% Married Couples (Joint and Survivor Annuity) with Pop-Up
-

Contribution Rates

Onondaga and Cayuga Counties:

- Building – \$11.40 per hour
- Heavy/Highway – \$11.40 per hour

Oswego County:

- Building "A" – \$11.40 per hour
 - Building "D" – \$11.40 per hour
 - Heavy/Highway – \$11.40 per hour
-

Changes in Plan Provisions

There have been no changes in plan provisions since the previous actuarial valuation.



SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning _____ and ending _____	
A Name of plan	B Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a	Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

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

a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter _____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Attachment to 2023 Form 5500
Schedule R, Summary of Rehabilitation Plan

Plan Name Central New York Laborers' Pension Fund

EIN: 15-6016579

Plan Sponsor's Name Central New York Laborers' Pension Fund Board of Trustees

PN: 001

Summary:

The Plan was originally certified in critical status for the plan year beginning July 1, 2009. However, the Board of Trustees used the option under the Worker, Retiree, and Employer Recovery Act of 2008 ("WRERA") to continue to operate as if the Plan were not in critical status.

The Plan was then certified in critical status for the plan year beginning July 1, 2010, and the Board of Trustees adopted a Rehabilitation Plan in November 2010, as required under section 432(e). The Plan's rehabilitation period, as defined under section 432(e)(4), began on July 1, 2011. The Rehabilitation Plan was amended effective August 26, 2014 and annual updates have been made since then.

The Rehabilitation Plan lists actions taken by the Board of Trustees to improve the Plan's funding status. Under the Rehabilitation Plan, the employer contribution rate must increase by \$0.50 per hour for each year until an ultimate contribution rate of \$11.40 is reached. The Rehabilitation Plan also includes changes to provisions regarding Regular Pension eligibility/Unreduced Pension eligibility, Regular Pension amount, Early Pension eligibility, Early Pension amount, Disability Pension eligibility, Social Security Option, Pension Credits, Eligibility Credits, One-Year Break in Service/Break Year/Break in Service, 60-month benefit guarantee/lump sum death benefit, and the Optional Married Couple Survivor Annuity.

The Board of Trustees has determined, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, that the Plan cannot reasonably be expected to emerge from critical status by the end of the rehabilitation period. Therefore, as described in section 432(e)(3)(A)(ii) of the Code, the amended Rehabilitation Plan consists of actions to forestall possible insolvency.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN)		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)		

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

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

a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter _____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Attachment to 2023 Form 5500
Schedule R, line 14 - Inactive Participant Information

Plan Name Central New York Laborers' Pension Fund

EIN: 15-6016579

Plan Sponsor's Name Central New York Laborers' Pension Fund Board of Trustees

PN: 001

Information on Inactive Participants whose contributing Employer is No longer making contribution to the plan :
Update and reassessment of the census data to reflect correct number of
individuals that are currently inactive and whose contributing employer is no
longer making contributions to the plan.