

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan CENTRAL NEW YORK LABORERS' ANNUITY FUND
1b Three-digit plan number (PN) 002
1c Effective date of plan 04/01/1984
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) CENTRAL NEW YORK LABORERS' ANNUITY FUND BOARD OF TRUSTEES 7051 FLY ROAD EAST SYRACUSE, NY 13057
2b Employer Identification Number (EIN) 16-1229376
2c Plan Sponsor's telephone number 315-434-9305
2d Business code (see instructions) 525100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for GABRIEL ROSETTI III and EARL R. HALL.

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

Form 5500 (2023) v. 230707

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	702
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)	221
	6a(2)	254
	6b	22
	6c	362
	6d	638
	6e	27
	6f	665
	6g(1)	653
6g(2)	665	
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:
2E

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 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.
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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' ANNUITY FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' ANNUITY FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 16-1229376	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	52814	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

JENNIFER MARTELL

16-1229376

(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	29063	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)

RENEE SAGER

16-1229376

(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	27673	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)

TOBIE WEILAND

16-1229376

(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	22178	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	17411	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)

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	16300	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)

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	7300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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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' ANNUITY FUND	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' ANNUITY FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 16-1229376

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 138778	306154
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 145313	170153
(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) 82618	110730
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 15650312	16228505
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	34446	18719
f Total assets (add all amounts in lines 1a through 1e)	1f	16051467	16834261
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	35435	32451
i Acquisition indebtedness	1i		
j Other liabilities	1j	28119	14895
k Total liabilities (add all amounts in lines 1g through 1j)	1k	63554	47346
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15987913	16786915

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)	1053953	
(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)		1053953
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3346	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3346
(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)	759177	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		759177
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		634107
c Other income	2c		114857
d Total income. Add all income amounts in column (b) and enter total	2d		2565440

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1555093	
(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)		1555093
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)	78915	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	4582	
(4) IQPA audit fees.....	2i(4)	16300	
(5) Investment advisory and investment management fees	2i(5)	61114	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	1000	
(8) Legal fees	2i(8)	17411	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	32023	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		211345
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1766438

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		799002
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	
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 _____.

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.
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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' ANNUITY FUND</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL NEW YORK LABORERS' ANNUITY FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>16-1229376</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>16-6265706</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 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 _____.

CENTRAL NEW YORK
LABORERS' ANNUITY FUND

FINANCIAL STATEMENTS
June 30, 2024 and 2023

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

BOARD OF TRUSTEES CENTRAL NEW YORK LABORERS' ANNUITY FUND

Opinion

We have audited the accompanying financial statements of **CENTRAL NEW YORK LABORERS' ANNUITY 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 Central New York Laborers' Annuity 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 Central New York Laborers' Annuity 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 Central New York Laborers' Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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<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 Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the 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 Central New York Laborers' Annuity 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 Central New York Laborers' Annuity 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 as of June 30, 2024 and 2023, and the 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 as of June 30, 2024 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

April 9, 2025

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

June 30, 2024 and 2023

	2024	2023
ASSETS		
Investments, at Fair Value	\$ 16,339,235	\$ 15,732,930
Receivables:		
Employer Contributions	<u>170,153</u>	<u>145,313</u>
Total Receivables	170,153	145,313
Cash	306,154	138,778
Property and Equipment, Net of Accumulated Depreciation of \$57,493 and \$49,333, Respectively	6,216	14,376
Right-of-Use Asset - Operating Lease	<u>12,503</u>	<u>20,070</u>
TOTAL ASSETS	16,834,261	16,051,467
LIABILITIES		
Accrued Expenses	32,451	35,435
Due to Affiliated Funds	2,392	8,049
Operating Lease Liability	<u>12,503</u>	<u>20,070</u>
TOTAL LIABILITIES	<u>47,346</u>	<u>63,554</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 16,786,915</u></u>	<u><u>\$ 15,987,913</u></u>

See notes to financial statements.

CENTRAL NEW YORK LABORERS' ANNUITY 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 (Depreciation) in Fair Value of Investments	\$ 634,107	\$ (96,585)
Interest Income	3,346	1,813
Dividend Income	<u>759,177</u>	<u>865,021</u>
	1,396,630	770,249
Less: Investment Expenses	<u>61,114</u>	<u>59,070</u>
Net Investment Income	1,335,516	711,179
Contributions from Employers	1,272,827	1,208,006
Less: Reciprocal Payments	<u>(218,874)</u>	<u>(198,954)</u>
Net Contributions	1,053,953	1,009,052
Miscellaneous Income	1,423	1,597
Madoff Recovery	<u>113,434</u>	<u>322,005</u>
Total Additions	2,504,326	2,043,833
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	1,555,093	2,097,637
Administrative Expenses	<u>150,231</u>	<u>161,501</u>
Total Deductions	<u>1,705,324</u>	<u>2,259,138</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	799,002	(215,305)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>15,987,913</u>	<u>16,203,218</u>
End of Year	<u><u>\$ 16,786,915</u></u>	<u><u>\$ 15,987,913</u></u>

See notes to financial statements.

CENTRAL NEW YORK LABORERS' ANNUITY 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' Annuity Fund (the Fund) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Central New York Laborers' Annuity Fund is a multiemployer defined contribution plan, established April 1, 1984 pursuant to a collective bargaining agreement between the Contractors' Association and Local 633 of the Laborers' International Union of North America, to provide pension, death and termination benefits to the employees of contributing employers, their families and dependents as determined by the trustees of the plan. 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.

The plan is funded by employers' contributions and the earnings on investments. The employers' contributions are at a fixed rate per hour worked for employees in differing job positions covered by the current bargaining agreement. The Fund's Board of Trustees is responsible for oversight of the plan. Fund management determines the appropriateness of the Fund's investment offerings and monitors investment performance.

Net assets available for benefits are reserved for the payment of future benefits to the eligible members and for the cost associated with the administration of such plan.

Participation

An employee shall become a participant in the plan as of the first day they complete 400 hours of service within a plan year.

Participant Accounts

Each participant's account is credited with (a) the employer's contributions and (b) an allocation of plan earnings net of administrative expenses. Allocations are based on account balances as defined.

Each participant's account is reduced by the amount of any distributions to the participant.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Vesting

Each employee who qualifies for participation, 400 work hours, in the plan shall be fully and immediately vested in their individual account balance.

Retirement

A participant shall be eligible for retirement upon the attainment of age 50 and upon the cessation of covered employment.

Benefits

On retirement, disability or death, a participant or their beneficiary, will receive a benefit after receiving benefits under the Central New York Laborers' Pension Fund or Social Security. Required minimum distributions commence by April 1st after the year attaining age 72.

The Husband and Wife Pension benefit is a qualified Joint and Survivor Annuity which provides a lifetime monthly annuity for a married participant, and, upon death, for a surviving spouse, unless the participant and spouse elect otherwise, including lump sum and installment payments. The amount of the monthly benefit payment shall be the amount that can be provided by the participant's vested account balance through the purchase of a nontransferable single premium annuity contract from an insurance company.

Alternative investments were initially limited to 70% of the balance of the participant's account vested in the alternative investments with additional benefit distributions authorized by the Board of Trustees as the investments are valued and after redemption and recoveries are accumulated.

Severance

Any participant who has a balance in their individual account, who has ceased employment with a covered employer and has not received any contributions in his individual account for two full plan years is eligible to receive a termination benefit under the plan.

Forfeitures

Amounts contributed during a plan year on behalf of an employee who fails to qualify as a participant, (less than 400 work hours), during that plan year shall be forfeited. Forfeitures are allocated to the eligible participants' accounts and amounted to \$39,401 and \$48,695 for 2024 and 2023, respectively.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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 and custodians. See Note 3 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 (depreciation) in fair value of investments includes the plan's gains and losses on investments bought and sold as well as held during the year.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

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 \$113,434 and \$322,005, respectively, represents recoveries from the Income Plus Common / Collective Trust.

Employer Contributions Receivable

Employer contributions receivable represent amounts due as of June 30, 2024 and 2023 under the terms of the collective bargaining agreement. Credit losses are provided on the allowance method based on management's evaluation of outstanding contributions receivable and their collectability. The Fund's attorney handles collection efforts upon 60 and 90 days' delinquent. Subsequent recoveries are recorded as income.

Property and Equipment

Leasehold improvements, office furniture and equipment, and computer software are depreciated by the straight-line method of accounting over estimated useful lives of either five years, seven years, or thirty-nine years. Depreciation expense was \$8,160 for both years ended June 30, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Fund's administrative expenses are paid by the Fund as provided by the plan document. Certain expenses incurred in connection with the general administration of the Fund that are paid by the Fund are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Leases

The Fund determines if an arrangement is or contains a lease at inception. Leases are included as right-of-use ("ROU") lease assets and lease liabilities in the statements of net assets available for benefits. ROU lease assets and lease liabilities reflect the present value of the future minimum lease payments over the lease term. In determining the present value of lease payments, the Fund uses a risk free rate of a period comparable with that of the lease term. The Fund does not report ROU assets and lease liabilities for its short-term leases (leases with a term of 12 months or less). Operating lease expense is recognized on a straight-line basis over the expected lease term. Operating variable lease payments are expensed as incurred.

Subsequent Events

Management has evaluated subsequent events and transactions as of April 9, 2025, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – FAIR VALUE MEASUREMENT

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.

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. The 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.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – FAIR VALUE MEASUREMENT – Continued

The following table sets forth by level, within the 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	\$ 110,730	\$ 0	\$ 0	\$ 110,730
Mutual Funds	<u>16,228,505</u>	<u>0</u>	<u>0</u>	<u>16,228,505</u>
Total Investments at Fair Value	<u>\$ 16,339,235</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 16,339,235</u>

Investments at Fair Value as of June 30, 2023

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 82,618	\$ 0	\$ 0	\$ 82,618
Mutual Funds	<u>15,650,312</u>	<u>0</u>	<u>0</u>	<u>15,650,312</u>
Total Investments at Fair Value	<u>\$ 15,732,930</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 15,732,930</u>

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

CENTRAL NEW YORK LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 4 – 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 Annuity Fund reimburses the Health and Welfare Fund monthly for payroll, equipment and various other services it utilizes at the Fund office. The joint administrative expenses for the years ended June 30, 2024 and 2023 were \$94,792 and \$100,449, respectively.

The Health and Welfare Fund collects contractor fund contributions and remits them to the affiliated funds.

At June 30, 2024 and 2023, the Annuity Fund owes the affiliated funds \$2,392 and \$8,049, respectively, on a net basis.

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

NOTE 5 – LEASES

As of July 1, 2012, the Central New York Laborers' Annuity Fund entered into a triple net lease with the affiliated Central New York Laborers' Pension Fund to rent space. Under the terms of the lease for rental of office space, the amount paid to the Pension Fund for the years ended June 30, 2024 and 2023 was \$8,640 and \$8,287, respectively.

The current lease agreement is effective December 1, 2018 through December 31, 2025. The right-of-use ("ROU") lease asset represents the Fund's right to use an underlying asset for the lease term and lease liabilities represent the Fund's obligation to make payments in exchange for that right of use. ROU lease assets and liabilities are recognized at the lease commencement date based on the remaining present value of the lease payments over the lease term. In determining the present value of lease payments, the Fund uses the risk free rate. The weighted average discount rate applied to calculate lease liabilities as of June 30, 2024 and 2023 was 3.0%. Lease expense is recognized on a straight-line basis over the expected lease term. As of June 30, 2024 and 2023, the weighted-average remaining lease term for the Fund's operating lease was 1.5 years and 2.5 years, respectively.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 5 – LEASES – Continued

The following is a summary of lease cost and other required information for the years ended June 30, 2024 and 2023:

Lease Cost	Classification	June 30, 2024	June 30, 2023
Operating Lease	Rent Expense	\$ 8,640	\$ 8,287
Total Lease Expense		<u>\$ 8,640</u>	<u>\$ 8,287</u>
Supplemental Cash Flow Information:			
Cash Paid for Amounts Included in the			
Measurement of Lease Liabilities:			
Operating Cash Flows Related to Operating Leases		<u>\$ 8,640</u>	<u>\$ 8,287</u>

Future minimum lease payments and reconciliation to the statements of financial position at June 30, 2024, are as follows:

July 2024 - June 2025	\$ 8,993
July 2025 - December 2025	<u>4,584</u>
Total Future Undiscounted Lease Payments	13,577
Less: Imputed Interest	<u>1,074</u>
Present Value of Operating Lease Liability	12,503
Less: Current Portion	<u>7,819</u>
Total Long-Term Lease Liability	<u>\$ 4,684</u>

CENTRAL NEW YORK LABORERS' ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 6 – PLAN TERMINATION

The future of the Fund will be determined by the terms of the Collective Bargaining Agreements and Trust Agreement. Although it has not expressed any intention to do so, the Fund's Board of Trustees has the right to amend, suspend, or discontinue the plan subject to the provisions set forth in ERISA. In the event of Fund termination, all participants' accounts would be credited with their fair share of investment income or loss since the end of the previous year. Administration expenses, including expenses of terminating the Fund, would also be allocated and deducted from participants' accounts. The remaining balance in each participant's account would then be paid out to each participant if fully vested in the Fund.

NOTE 7 – INCOME TAX STATUS

The Fund obtained its latest determination letter on January 9, 2015 in which the Internal Revenue Service stated that the plan qualifies under Section 401(a) and 501(a) and, as then designated, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). 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.

NOTE 8 – 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. Market risk includes global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

OTHER FINANCIAL INFORMATION

SCHEDULES OF ADMINISTRATIVE EXPENSES

Years Ended June 30, 2024 and 2023

	2024	2023
Joint Administrative Expenses:		
Salaries	\$ 50,082	\$ 47,104
Payroll Taxes	4,278	4,019
Employee's Annuity, Welfare and Pension Benefits	24,555	22,860
Common Expenses	1,768	2,550
Computer Expenses	1,350	3,330
Contractors Audit Fees	4,582	12,460
Fiduciary Insurance and Bond	6,729	6,042
Conferences and Meetings Expenses	1,448	2,084
	<hr/>	<hr/>
Total Joint Administrative Expenses	94,792	100,449
Professional Fees:		
Legal	17,411	22,660
Actuary	1,000	3,000
Accounting	16,300	14,125
	<hr/>	<hr/>
Total Professional Fees	34,711	39,785
Other Direct Expenses:		
Rent	8,640	8,287
Depreciation	8,160	8,160
Office Supplies	0	154
Building Operating Expenses	3,928	4,666
	<hr/>	<hr/>
Total Other Direct Expenses	20,728	21,267
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 150,231</u>	<u>\$ 161,501</u>

See notes to financial statements.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN: 16-1229376

Plan Number: 002

(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	
Money Market Fund				
	Black Rock Liquidity Treas. Trust Inst.	Money Market	\$ 1,553	\$ 1,553
*	Wilmington US Treasury MMKT SLCT	Money Market	<u>109,177</u>	<u>109,177</u>
Total Money Market Funds			<u>110,730</u>	<u>110,730</u>
Mutual Funds				
*	SEI Core Fixed Income Fund #285	Mutual Fund	4,353,427	3,856,495
*	SEI Emerging Markets Debt Fd #270	Mutual Fund	575,431	483,987
*	SEI High Yield Bond Fd #284	Mutual Fund	603,173	493,607
*	SEI Inst Investment Trust - Real Return Plus A	Mutual Fund	1,028,271	966,549
*	SIIT Multi Asset Real Return Fund	Mutual Fund	1,035,570	973,346
*	SEI Extended Market Index Fund	Mutual Fund	467,383	496,327
*	SEI Inst Inv Trust L/C Disciplined Equity Fund	Mutual Fund	507,934	496,388
*	SEI Limited Duration Bond	Mutual Fund	3,922,381	3,872,533
*	SIIT Global Managed Volatility Fund	Mutual Fund	978,141	980,138
*	SEI Inst Inv Trust - S & P 500 Index Fund	Mutual Fund	899,373	1,157,443
*	SEI Inst World Select Equity Fund	Mutual Fund	962,500	1,145,195
*	SEI Inst Inv Trust World Eq Ex US Fund A #280	Mutual Fund	<u>1,329,164</u>	<u>1,306,497</u>
Total Mutual Funds			<u>16,662,748</u>	<u>16,228,505</u>
Total			<u>\$ 16,773,478</u>	<u>\$ 16,339,235</u>

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

See notes to financial statements.

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 16-1229376

Plan Number: 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets:</u>								
* SEI CORE FIXED INCOME FD #285		\$ 0	\$ 1,094,212	\$ 0	\$ 0	\$ 1,089,565	\$ 1,089,565	\$ 4,647
* SEI LIMITED DURATION BOND		1,119,112	0	0	0	1,119,112	1,119,112	0
		<u>\$ 1,119,112</u>	<u>\$ 1,094,212</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,208,677</u>	<u>\$ 2,208,677</u>	<u>\$ 4,647</u>

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

NONE

CENTRAL NEW YORK LABORERS' ANNUITY FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii) - Series of Transactions Involving Securities of Same Issue Exceeds 5% of Plan Assets:</u>								
	BLACKROCK LIQUIDITY TREAS TR INST	\$ 815,116	\$ 0	\$ 0	\$ 0	\$ 815,116	\$ 815,116	\$ 0
	BLACKROCK LIQUIDITY TREAS TR INST	0	815,000	0	0	815,000	815,000	0
		<u>\$ 815,116</u>	<u>\$ 815,000</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,630,116</u>	<u>\$ 1,630,116</u>	<u>\$ 0</u>
	* SEI CORE FIXED INCOME FD #285	\$ 1,258,996	\$ 0	\$ 0	\$ 0	\$ 1,258,996	\$ 1,258,996	\$ 0
	* SEI CORE FIXED INCOME FD #285	0	19,014	0	0	18,815	19,014	199
		<u>\$ 1,258,996</u>	<u>\$ 19,014</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,277,811</u>	<u>\$ 1,278,010</u>	<u>\$ 199</u>
	* SEI LIMITED DURATION BOND	\$ 187,204	\$ 0	\$ 0	\$ 0	\$ 187,204	\$ 187,204	\$ 0
	* SEI LIMITED DURATION BOND	0	1,147,224	0	0	1,142,566	1,147,224	4,659
		<u>\$ 187,204</u>	<u>\$ 1,147,224</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,329,770</u>	<u>\$ 1,334,428</u>	<u>\$ 4,659</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 Income Security Act of 1974

See notes to financial statements.

CENTRAL NEW YORK LABORERS' ANNUITY FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN: 16-1229376

Plan Number: 002

(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	
Money Market Fund				
	Black Rock Liquidity Treas. Trust Inst.	Money Market	\$ 1,553	\$ 1,553
*	Wilmington US Treasury MMKT SLCT	Money Market	109,177	109,177
Total Money Market Funds			<u>110,730</u>	<u>110,730</u>
Mutual Funds				
*	SEI Core Fixed Income Fund #285	Mutual Fund	4,353,427	3,856,495
*	SEI Emerging Markets Debt Fd #270	Mutual Fund	575,431	483,987
*	SEI High Yield Bond Fd #284	Mutual Fund	603,173	493,607
*	SEI Inst Investment Trust - Real Return Plus A	Mutual Fund	1,028,271	966,549
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*	SEI Extended Market Index Fund	Mutual Fund	467,383	496,327
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*	SEI Limited Duration Bond	Mutual Fund	3,922,381	3,872,533
*	SIIT Global Managed Volatility Fund	Mutual Fund	978,141	980,138
*	SEI Inst Inv Trust - S & P 500 Index Fund	Mutual Fund	899,373	1,157,443
*	SEI Inst World Select Equity Fund	Mutual Fund	962,500	1,145,195
*	SEI Inst Inv Trust World Eq Ex US Fund A #280	Mutual Fund	1,329,164	1,306,497
Total Mutual Funds			<u>16,662,748</u>	<u>16,228,505</u>
Total			<u>\$ 16,773,478</u>	<u>\$ 16,339,235</u>

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

See notes to financial statements.

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 16-1229376

Plan Number: 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets:</u>								
* SEI CORE FIXED INCOME FD #285		\$ 0	\$ 1,094,212	\$ 0	\$ 0	\$ 1,089,565	\$ 1,089,565	\$ 4,647
* SEI LIMITED DURATION BOND		1,119,112	0	0	0	1,119,112	1,119,112	0
		<u>\$ 1,119,112</u>	<u>\$ 1,094,212</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,208,677</u>	<u>\$ 2,208,677</u>	<u>\$ 4,647</u>

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

NONE

CENTRAL NEW YORK LABORERS' ANNUITY FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii) - Series of Transactions Involving Securities of Same Issue Exceeds 5% of Plan Assets:</u>								
	BLACKROCK LIQUIDITY TREAS TR INST	\$ 815,116	\$ 0	\$ 0	\$ 0	\$ 815,116	\$ 815,116	\$ 0
	BLACKROCK LIQUIDITY TREAS TR INST	0	815,000	0	0	815,000	815,000	0
		<u>\$ 815,116</u>	<u>\$ 815,000</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,630,116</u>	<u>\$ 1,630,116</u>	<u>\$ 0</u>
	* SEI CORE FIXED INCOME FD #285	\$ 1,258,996	\$ 0	\$ 0	\$ 0	\$ 1,258,996	\$ 1,258,996	\$ 0
	* SEI CORE FIXED INCOME FD #285	0	19,014	0	0	18,815	19,014	199
		<u>\$ 1,258,996</u>	<u>\$ 19,014</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,277,811</u>	<u>\$ 1,278,010</u>	<u>\$ 199</u>
	* SEI LIMITED DURATION BOND	\$ 187,204	\$ 0	\$ 0	\$ 0	\$ 187,204	\$ 187,204	\$ 0
	* SEI LIMITED DURATION BOND	0	1,147,224	0	0	1,142,566	1,147,224	4,659
		<u>\$ 187,204</u>	<u>\$ 1,147,224</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,329,770</u>	<u>\$ 1,334,428</u>	<u>\$ 4,659</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 Income Security Act of 1974

See notes to financial statements.