

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 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

1a Name of plan <u>CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND BOARD OF TRUSTEES</u> <u>7051 FLY ROAD</u> <u>EAST SYRACUSE, NY 13057</u>	1c Effective date of plan <u>05/21/1953</u> 2b Employer Identification Number (EIN) <u>16-6044095</u> 2c Plan Sponsor's telephone number <u>315-434-9305</u> 2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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

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	500
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)	197
	6a(2)	196
	6b	209
	6c	104
	6d	509
	6e	
	6f	
	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:

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 16-6044095

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN NATIONAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-0484030	60739	14802452	500	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	178593
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	4356
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	4356
d Total of balance and additions (add lines 7b and 7c(6))	7d	182949
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	182949

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 16-6044095</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10262	204	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 3259</p>	<p>(b) Total amount of fees paid 0</p>
--	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BOLTON PARTNERS, INC. 25 SENTRY PARKWAY EAST, SUITE 100 BLUE BELL, PA 19422

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3259			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input checked="" type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	92284
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	
Specify nature of costs.		

Part IV Provision of Information

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

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

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' HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 16-6044095	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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)

UMR, INC.

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	101311	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8312	Yes <input type="checkbox"/> No <input checked="" 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	52742	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)

BOLTON PARTNERS

22-3502478

(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	37152	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)

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	34439	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)

RENEE SAGER

16-6044095

(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	33208	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

16-6044095

(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"/>

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)

JENNIFER MARTELL

16-6044095

(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	21798	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	19600	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)

INTEGRA CONSULTING, INC.

16-1600723

(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	13044	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)

JOSEPH 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?
49 50	NONE	11484	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)

COMPUDAT SYSTEMS, INC.

14-1834265

(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	6884	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)

DELTA DENTAL

11-1980218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	5060	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 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
--	--	--

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' HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NEW YORK LABORERS' HEALTH & WELFARE FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 16-6044095

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	221235	187732
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	368333	441075
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23569	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	438256	132480
(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)	8518941	10194244
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	178593	182949
(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	63569	34776
f Total assets (add all amounts in lines 1a through 1e)	1f	9812496	11173256
Liabilities			
g Benefit claims payable	1g	142000	537000
h Operating payables	1h	94337	82431
i Acquisition indebtedness	1i		
j Other liabilities	1j	72407	63554
k Total liabilities (add all amounts in lines 1g through 1j)	1k	308744	682985
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9503752	10490271

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)	2739848	
(B) Participants	2a(1)(B)	131458	
(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)		2871306
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	30517	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30517
(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)	427504	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		427504
(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)		236561
c Other income	2c		88651
d Total income. Add all income amounts in column (b) and enter total	2d		3654539

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1991951	
(2) To insurance carriers for the provision of benefits.....	2e(2)	92132	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2084083
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)	86340	
(2) Contract administrator fees.....	2i(2)	146725	
(3) Recordkeeping fees.....	2i(3)	11484	
(4) IQPA audit fees.....	2i(4)	19600	
(5) Investment advisory and investment management fees	2i(5)	34439	
(6) Bank or trust company trustee/custodial fees	2i(6)	2400	
(7) Actuarial fees	2i(7)	37152	
(8) Legal fees	2i(8)	52742	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	193055	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		583937
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2668020

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		986519
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		182949
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 _____.

CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS
June 30, 2024 and 2023

Table of Contents

CENTRAL NEW YORK LABORERS' HEALTH AND WELFARE 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	24
SCHEDULES OF ADMINISTRATIVE EXPENSES	24
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	25
SCHEDULE OF REPORTABLE TRANSACTIONS	26



Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

BOARD OF TRUSTEES CENTRAL NEW YORK LABORERS' HEALTH AND WELFARE FUND

Opinion

We have audited the accompanying financial statements of **CENTRAL NEW YORK LABORERS' HEALTH AND WELFARE 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' Health and Welfare 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' Health and Welfare 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' Health and Welfare 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 Central New York Laborers' Health and Welfare 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' Health and Welfare 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 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 are 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 11, 2025

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

AUDITED FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2024 and 2023

ASSETS	2024	2023
Investments:		
Investments, at Fair Value:		
Money Market Funds	\$ 132,480	\$ 438,256
Mutual Funds	<u>10,194,244</u>	<u>8,518,941</u>
Total Investments, at Fair Value	10,326,724	8,957,197
Fully Benefit-Responsive Investment Contract at Contract Value	<u>182,949</u>	<u>178,593</u>
Total Investments	10,509,673	9,135,790
Receivables:		
Employer Contributions	441,075	368,333
Due from Affiliated Funds	<u>0</u>	<u>23,569</u>
Total Receivables	441,075	391,902
Cash	187,732	221,235
Property and Equipment, Net of Accumulated Depreciation of \$427,352 and \$418,738, Respectively	1,435	10,049
Right-of-Use Asset - Operating Lease	<u>33,341</u>	<u>53,520</u>
Total Assets	11,173,256	9,812,496
LIABILITIES		
Deferred Revenue	14,653	18,887
Accrued Expenses	82,431	94,337
Due to Affiliated Funds	15,560	0
Operating Lease Liability	<u>33,341</u>	<u>53,520</u>
Total Liabilities	<u>145,985</u>	<u>166,744</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 11,027,271</u></u>	<u><u>\$ 9,645,752</u></u>

See notes to financial statements.

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE 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:		
Interest	\$ 30,517	\$ 12,688
Dividends	427,504	449,087
Net Appreciation (Depreciation) in Investments	<u>236,561</u>	<u>(176,196)</u>
	694,582	285,579
Less: Investment Expenses and Custodial Fees	<u>36,839</u>	<u>34,244</u>
Net Investment Income	657,743	251,335
Contributions:		
Employer Contributions	3,333,350	3,027,665
Cobra Contributions and Self Pay	<u>131,458</u>	<u>140,407</u>
Total Contributions	3,464,808	3,168,072
Less: Reciprocal Payments	<u>593,502</u>	<u>553,081</u>
	2,871,306	2,614,991
Madoff Recovery	45,319	129,747
Miscellaneous Income	<u>43,332</u>	<u>66,627</u>
Total Additions	3,617,700	3,062,700
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Payments For:		
Health Claims	1,278,129	1,608,089
New York State Surcharge	109,660	131,903
Third Party Administrator Fees	146,725	145,300
Death Benefits	56,000	44,000
Disability Benefits	10,557	12,619
Stop Loss Insurance	92,132	89,342
Payments From:		
Retiree Medical Accounts	93,107	68,875
Personal Accounts	<u>159,158</u>	<u>151,676</u>
	1,945,468	2,251,804
Administrative Expenses	289,658	308,089
Excise Tax	<u>1,055</u>	<u>1,131</u>
Total Deductions	<u>2,236,181</u>	<u>2,561,024</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,381,519	501,676
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>9,645,752</u>	<u>9,144,076</u>
End of Year	<u><u>\$ 11,027,271</u></u>	<u><u>\$ 9,645,752</u></u>

See notes to financial statements.

**CENTRAL NEW YORK LABORERS’
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of Central New York Laborers’ Health and Welfare 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’ Health and Welfare Fund is a multiemployer plan, established pursuant to a collective bargaining agreement between the Contractor’s Association and Local 633 of the Laborers’ International Union of North America to provide self-insured health, accident and death benefits to the employees of contributing employers, their families and dependents as determined by the Trustees of the Fund. The plan is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees the governance of the plan, determines the appropriateness of the plan’s investments and monitors investment performance.

The plan also provides health benefits to participants during periods of unemployment, provided they have accumulated in the current year or in prior years’ credit amounts (expressed in hours) in excess of the hours required for current coverage. Accumulated eligibility credits equal to one year’s coverage may be carried forward.

Personal Account Program and Retiree Medical Service accounts are maintained for participants for health benefits and insurance premiums.

Health, disability, and death claims of active and retired participants, dependents, and beneficiaries are processed by the third party administrators, but the responsibility for payments to participants and providers is retained by the plan.

Eligibility

An employee shall become a participant in the plan as of the first day he or she completes eligible hours of service within a plan year.

Funding Policy

The plan is funded primarily by employers’ contributions and the earnings on investments. The employers’ contributions are at a fixed rate per hour for employees in differing job positions covered by the current bargaining agreement. Retirees and their spouses pay monthly premiums.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Participant Accounts

Each participant's account, under the Personal Account Program or Retiree Medical Service, is credited with employer's contributions and reduced by benefits paid or forfeited. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Personal Accounts are vested upon disability and retirement. Retiree Medical Account balances are vested upon retirement.

Benefits

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

Claim payments for medical benefits are recorded in the statements of changes in net assets available for benefits when paid by the third party processor.

Stop Loss Coverage

The Fund has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Forfeitures

Personal Account and Retiree Medical Account balances are forfeited if a participant is unavailable for covered employment for eight or four consecutive eligibility periods unless retired, respectively. Personal Accounts are not forfeited upon disability. All forfeitures are returned to the general assets of the plan.

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 generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities and changes therein at the date of the financial statements. Actual results could 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 (except for the fully benefit-responsive investment contract, which is reported at contract 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (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.

Madoff Recovery

Madoff Recovery is recognized when monies are distributed to the Fund as the court recoups assets.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Deferred Revenue

Deferred revenue represents self-pay receipts in advance of premium due date.

Employer Contributions Receivable

Employer contributions receivable represents the 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, Net

Property and equipment is capitalized at cost and depreciated on a straight line basis over the estimated useful life of the asset. Depreciation expense amounted to \$8,614 for both years ended June 30, 2024 and 2023.

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.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Reciprocal Payments

The Fund participates in reciprocity agreements with other health and welfare funds to ensure continued coverage for participants who work in jurisdictions outside of their home fund's coverage area. Under these agreements, contributions made on behalf of covered employees working in another jurisdiction are transferred to their home fund, allowing them to maintain eligibility for benefits. Reciprocal payments included in accrued expenses at June 30, 2024 and 2023 amounted to \$41,353 and \$56,966, respectively.

Payment of Benefits

Benefits are recorded when paid.

Stop Loss

Premiums for stop loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits.

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.

Reclassifications

Certain amounts for fiscal 2023 have been reclassified to conform to the fiscal 2024 presentation. These reclassifications had no impact on the total assets, liabilities, net assets or change in net assets.

Subsequent Events

Management evaluated subsequent events and transactions as of April 11, 2025, which is the date the financial statements were available to be issued.

**CENTRAL NEW YORK LABORERS’
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – POST-RETIREMENT AND BENEFIT OBLIGATIONS

Post-retirement self-insurance benefits are those benefits to which a participant is entitled after separation from service. The total obligation for each participant is measured based on a number of factors, including annual cost of benefit data adjusted by inflation assumptions, the timing and likelihood of payments based on mortality and turnover assumptions, present value adjustments using an assumed discount rate, expected participation rates for plans with "buy-in" requirements, and lifetime limits on certain benefits, such as major medical. The total obligation for each participant is recorded as a benefit obligation evenly over the participant’s working life, from date of hire (initiation) to the earliest date he is fully eligible for post-retirement benefits.

Projected post-retirement self-insurance benefits are measured as the actuarial present value of all future health and welfare benefits expected to be paid to (a) currently retired employees and their dependents and beneficiaries and (b) active employees and their dependents and beneficiaries after retirement, reduced by the actuarial present value of contributions (self-payments) expected to be received. The projection is based on current costs of benefits per participant, trended forward for medical inflation, and reduced for turnover and mortality assumptions. For each participant, the portion of the total obligation which is considered “earned” to date is based on years worked to date, and remaining years to the participant’s full eligibility date.

Assumptions

The following assumptions were used to input variables into this model for 2024 and 2023:

	2024	2023
Discount Rate	5.28%	4.89%
Medical and Prescription Drug Claims Projection	7.50%	7.50%
Rate of Inflation	2.6%	2.6%
Rate of Growth in Real Income/GDP per Capita	1.4%	1.4%
Extra Trend Due to Technology and Other Factors	0.9%	0.9%
Health Share of GDP Resistance Point	17.0%	17.0%
Year for Limiting Cost Growth to GDP Growth	2075	2075

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – POST-RETIREMENT AND BENEFIT OBLIGATIONS –

Continued

Assumptions – Continued

Retirement Rates: 100% at earlier of Age 58 and 18 years of service, or Age 65 and 5 years of service

Turnover Rate: T-5 Pension Actuary Handbook

Changes in Assumptions

Medical Trend: (Updated) 2024 Society of Actuaries (SOA) Long-Run Medical Cost Trend Model with IRA.

Last year the 2024 Society of Actuaries (SOA) Long-Run Medical Cost Trend Model without IRA was used.

Discount Rate: The single-equivalent discount rate increased from 4.89% to 5.28% based on matching the Plan's projected cash flows to the spot rates in the Financial Times Stock Exchange (FTSE) Pension Discount Curve as of the prior and current measurement dates.

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – POST-RETIREMENT AND BENEFIT OBLIGATIONS –

Continued

The benefit obligations as of June 30, 2024 and 2023 are as follows:

	2024	2023
Amounts Currently Payable:		
Claims Incurred But Not Reported	\$ 537,000	\$ 142,000
Post-Employment Benefit, Net of Amounts Currently Payable:		
Accumulated Eligibility Credits	1,118,000	840,000
Post-Retirement Benefit Obligations, Net of Amounts Currently Payable:		
Retired Participants	2,362,410	2,612,529
Participants Fully Eligible for Benefits	1,772,852	1,999,031
Participants Not Fully Eligible for Benefits	<u>2,926,062</u>	<u>4,211,581</u>
Total Post-Retirement Benefit Obligations	<u>7,061,324</u>	<u>8,823,141</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 8,716,324</u></u>	<u><u>\$ 9,805,141</u></u>

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – POST-RETIREMENT AND BENEFIT OBLIGATIONS –

Continued

Changes in benefit obligations as of June 30, 2024 and 2023 are as follows:

	2024	2023
Amounts Currently Payable Claims Incurred but Not Reported:		
Balance at Beginning of Year	\$ 142,000	\$ 212,000
Claims Reported and Approved for Payment Including Benefits Reclassified from Benefit Obligation	1,991,951	1,815,259
Claims Paid	<u>(1,596,951)</u>	<u>(1,885,259)</u>
Balance at End of Year	537,000	142,000
Post-Employment Benefit Obligation, Net of Accounts Currently Payable, Accumulated Eligibility Credits:		
Balance at Beginning of Year	840,000	1,013,000
Benefits Earned (Paid)	<u>278,000</u>	<u>(173,000)</u>
Balance at End of Year	1,118,000	840,000
Post-Retirement Benefit Obligations:		
Balance at Beginning of Year	8,823,141	8,547,557
Increase During the Year Attributable to:		
Benefits Earned and Other Changes	(165,976)	(84,905)
Benefit Accruals, Demographic and Claim Experience	(1,780,201)	(20,269)
Assumption Changes	(243,033)	5,683
Changes Due to Passage of Time	<u>427,393</u>	<u>375,075</u>
Post-Retirement Benefit Obligations, End of Year	<u>7,061,324</u>	<u>8,823,141</u>
TOTAL BENEFIT OBLIGATIONS AT YEAR END	<u>\$ 8,716,324</u>	<u>\$ 9,805,141</u>

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 4 – 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.

**CENTRAL NEW YORK LABORERS’
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 4 – 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.

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	\$ 132,480	\$ 0	\$ 0	\$ 132,480
Mutual Funds	10,194,244	0	0	10,194,244
Total Investments at Fair Value	\$ 10,326,724	\$ 0	\$ 0	\$ 10,326,724

Investments at Fair Value as of June 30, 2023

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 438,256	\$ 0	\$ 0	\$ 438,256
Mutual Funds	8,518,941	0	0	8,518,941
Total Investments at Fair Value	\$ 8,957,197	\$ 0	\$ 0	\$ 8,957,197

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 (depreciation) in fair value of investments.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 5 – GUARANTEED INTEREST RATE CONTRACT

On January 11, 2018, the plan entered into a guaranteed interest rate contract with American National Insurance Company. The contract value is \$182,949, and \$178,593 at June 30, 2024 and 2023, respectively.

This contract meets the fully-benefit responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported by American National Insurance Company, represents contributions made to the contract plus interest credited plus dividends, if any, minus expenses withdrawn and minus withdrawals made.

The guaranteed participation contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan. The credit rating is based on a formula established by the contract issuer, but may not be less than 1.0%. The contract has a surrender charge of 1% and a guaranteed interest rate of 3.35% for the years ended June 30, 2024 and 2023. The average annual effective interest rate was 2.50% for both years ended June 30, 2024 and 2023.

Certain events might limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or actuarial plan termination or merger with another plan), (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy or other events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Fund management does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring. In addition, certain events allow the issuer, American National Insurance Company, to terminate the contracts with the plan and settle at an amount different from contract value. Such events include the following: (1) an uncured violation of the plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 6 – INCOME TAX STATUS

The Internal Revenue Service has ruled that the plan qualifies as tax-exempt under Section 501(c)(9) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under the present income tax laws. 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 7 – PLAN TERMINATION

Although it has not expressed the intent to do so, in the event the plan terminates, the Trustees reserve the right to terminate the plan and shall allocate and distribute the assets of the Fund in accordance with the applicable provisions of ERISA.

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 the amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

NOTE 9 – CONCENTRATIONS

Cash includes demand deposit accounts and all highly liquid investments purchased with maturities of three months or less. The Fund maintains its cash in bank accounts, which at times, may exceed federally insured limits. The Fund has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk with respect to cash.

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 10 – RECONCILIATION TO REGULATORY FILING

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at June 30:

	2024	2023
Net Assets Available for Benefits per the Financial Statements	\$ 11,027,271	\$ 9,645,752
Less: Amounts Due for Claims Incurred but not Reported	<u>(537,000)</u>	<u>(142,000)</u>
Total	<u><u>\$ 10,490,271</u></u>	<u><u>\$ 9,503,752</u></u>

The following is a reconciliation of benefits paid and payments to provide benefits to participants per the financial statements to the Form 5500 for the years ended June 30:

	2024	2023
Benefits Paid and Payments to Provide Benefits to Participants per the Financial Statements	\$ 1,596,951	\$ 1,885,259
Add: Amounts Due for Claims Incurred but not Reported, Current Year	537,000	142,000
Less: Amounts Due for Claims Incurred but not Reported, Prior Year	<u>(142,000)</u>	<u>(212,000)</u>
Total	<u><u>\$ 1,991,951</u></u>	<u><u>\$ 1,815,259</u></u>

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 11 – TRANSACTIONS WITH PARTIES-IN-INTEREST

Under an administrative service agreement, the Welfare Fund pays all of the administrative expenses of the affiliated funds and is reimbursed based on appropriate measures such as direct labor hours and square footage as follows:

	2024	2023
Annuity Fund:		
Salaries	\$ 50,082	\$ 47,104
Fringe Benefits	24,555	22,726
Payroll Taxes	4,278	4,019
Overhead Charge	1,768	2,550
Direct Expenses	<u>14,109</u>	<u>24,050</u>
Total Annuity Fund	<u>\$ 94,792</u>	<u>\$ 100,449</u>
Training Fund:		
Salaries	\$ 10,851	\$ 10,223
Fringe Benefits	6,894	7,235
Payroll Taxes	929	874
Overhead Charge	884	1,275
Direct Expenses	<u>3,199</u>	<u>8,506</u>
Total Training Fund	<u>\$ 22,757</u>	<u>\$ 28,113</u>
Pension Fund:		
Salaries	\$ 58,946	\$ 55,060
Fringe Benefits	25,919	24,131
Payroll Taxes	4,993	4,651
Overhead Charge	6,010	8,669
Direct Expenses	<u>41,175</u>	<u>75,872</u>
Total Pension Fund	<u>\$ 137,043</u>	<u>\$ 168,383</u>

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

**CENTRAL NEW YORK LABORERS’
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 11 – TRANSACTIONS WITH PARTIES-IN-INTEREST –

Continued

The Due From/(Due To) Affiliated Funds at June 30, 2024 and 2023 are as follows:

	2024	2023
Annuity Fund	\$ 2,392	\$ 8,049
Pension Fund	(18,408)	12,500
Training Fund	456	3,020
	<hr/>	<hr/>
Total Due From (To) Affiliated Funds	<u>\$ (15,560)</u>	<u>\$ 23,569</u>

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

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

NOTE 12 – LEASES

As of July 1, 2012, the Central New York Laborers’ Health and Welfare 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 \$23,040 and \$22,099, 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'
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 12 – LEASES – Continued

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

Lease Cost	Classification	June 30, 2024	June 30, 2023
Operating Lease	Rent Expense	<u>\$ 23,040</u>	<u>\$ 22,099</u>
Total Lease Expense		<u><u>\$ 23,040</u></u>	<u><u>\$ 22,099</u></u>
Supplemental Cash Flow Information:			
Cash Paid for Amounts Included in the			
Measurement of Lease Liabilities:			
Operating Cash Flows			
Related to Operating Leases		<u><u>\$ 23,040</u></u>	<u><u>\$ 22,099</u></u>

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

July 2024 - June 2025	\$ 23,980
July 2025 - December 2025	<u>12,225</u>
Total Future Undiscounted Lease Payments	36,205
Less: Imputed Interest	<u>2,864</u>
Present Value of Operating Lease Liability	33,341
Less: Current Portion	<u>20,850</u>
Total Long-Term Lease Liability	<u><u>\$ 12,491</u></u>

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 13 – NET ASSETS AVAILABLE FOR BENEFITS

The total net assets available for benefits are comprised of the following:

	2024	2023
Allocated Amounts to Retiree Medical Accounts	\$ 1,133,223	\$ 1,192,040
Allocated Amounts to Personal Account Program	<u>734,484</u>	<u>872,709</u>
Total Allocated Amounts	1,867,707	2,064,749
Unallocated Amounts - Used for Plan Benefits and Fund Administration	<u>9,159,564</u>	<u>7,581,003</u>
Total	<u><u>\$ 11,027,271</u></u>	<u><u>\$ 9,645,752</u></u>

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

OTHER FINANCIAL INFORMATION

SCHEDULES OF ADMINISTRATIVE EXPENSES

Years Ended June 30, 2024 and 2023

	2024	2023
Joint Administrative Expenses:		
Salaries	\$ 55,418	\$ 51,813
Payroll Taxes	5,632	5,418
Fringe Benefits	25,290	24,131
Insurance	990	3,156
Telephone	2,851	2,179
Postage	3,267	3,208
Office Supplies and Expense	1,653	2,282
Computer Fees	6,884	16,982
Printing	1,085	2,473
Contractor Audit Fees	11,484	31,240
Fiduciary Insurance and Bond	3,883	3,458
Rent	23,040	22,099
Building Expenses	10,472	10,810
Foundation Dues and Other Expenses	364	8,281
Total Joint Administrative Expenses	152,313	187,530
Professional Fees:		
Legal	52,742	46,496
Audit and Accounting	19,600	18,100
Consulting - Medical	2,393	5,269
Consulting - Actuary	37,152	27,652
Consulting - Other	16,844	14,428
Total Professional Fees	128,731	111,945
Other Administrative Expenses:		
Depreciation	8,614	8,614
Total Other Direct Expenses	8,614	8,614
TOTAL ADMINISTRATIVE EXPENSES	\$ 289,658	\$ 308,089

See notes to financial statements.

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN: 15-6016579

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Rate of Interest, Collateral, Par, or Maturity Value	Cost	Value
	BlackRock Liquidity Treasury	Money Market Fund	\$ 132,480	\$ 132,480
*	SEI Core Fixed Income	Mutual Fund	3,093,431	2,804,551
*	SEI Emerging Markets Debt	Mutual Fund	345,325	301,328
*	SEI High Yield Bond	Mutual Fund	367,758	306,738
*	SEI Inst Inv Real Ret Plus-A	Mutual Fund	866,625	811,223
*	SIIT Multi Asset Real Return Fund	Mutual Fund	901,121	821,767
*	SIIT Global Managed Volatility	Mutual Fund	623,767	628,262
*	SEI Limited Duration Bond	Mutual Fund	2,864,787	2,822,140
*	SEI Extended Market	Mutual Fund	195,519	202,938
*	SEI Inst Inv L/C Dis Equity	Mutual Fund	208,441	217,224
*	SEI Inst Inv S&P 500	Mutual Fund	434,821	541,874
*	SEI World Eq Ex US	Mutual Fund	<u>734,981</u>	<u>736,199</u>
	Total Mutual Funds		10,636,576	10,194,244
*	American National Insurance Company	Guaranteed Interest Account at 3.35%	<u>182,949</u>	<u>182,949</u>
	Total		<u>\$ 10,952,005</u>	<u>\$ 10,509,673</u>

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

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 15-6016579

Plan Number: 501

(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		\$ 728,288	\$ 0	\$ 0	\$ 0	\$ 728,288	\$ 1,566,562	\$ 838,274
* SEI Limited Duration Bond		1,729,405	0	0	0	1,726,562	1,729,405	2,843
		<u>\$ 2,457,693</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,454,850</u>	<u>\$ 3,295,967</u>	<u>\$ 841,117</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'
HEALTH AND WELFARE 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>								
Black Rock Liquidity Trust, Money Market Fund		\$ 851,910	\$ 0	\$ 0	\$ 0	\$ 851,910	\$ 851,910	\$ 0
Black Rock Liquidity Trust, Money Market Fund		0	1,157,688	0	0	1,157,688	1,157,688	0
		<u>\$ 851,910</u>	<u>\$ 1,157,688</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,009,598</u>	<u>\$ 2,009,598</u>	<u>\$ 0</u>
* SEI Core Fixed Income FD #285		\$ 1,135,860	\$ 0	\$ 0	\$ 0	\$ 1,135,860	\$ 1,135,860	\$ 0
* SEI Core Fixed Income FD #285		0	0	0	0	0	0	0
		<u>\$ 1,135,860</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,135,860</u>	<u>\$ 1,135,860</u>	<u>\$ 0</u>
* SEI Limited Duration Bond		\$ 455,088	\$ 0	\$ 0	\$ 0	\$ 455,088	\$ 455,088	\$ 0
* SEI Limited Duration Bond		0	695,418	0	0	692,657	695,418	2,761
		<u>\$ 455,088</u>	<u>\$ 695,418</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,147,745</u>	<u>\$ 1,150,506</u>	<u>\$ 2,761</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'
HEALTH AND WELFARE FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN: 15-6016579

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Rate of Interest, Collateral, Par, or Maturity Value	Cost	Value
	BlackRock Liquidity Treasury	Money Market Fund	\$ 132,480	\$ 132,480
*	SEI Core Fixed Income	Mutual Fund	3,093,431	2,804,551
*	SEI Emerging Markets Debt	Mutual Fund	345,325	301,328
*	SEI High Yield Bond	Mutual Fund	367,758	306,738
*	SEI Inst Inv Real Ret Plus-A	Mutual Fund	866,625	811,223
*	SIIT Multi Asset Real Return Fund	Mutual Fund	901,121	821,767
*	SIIT Global Managed Volatility	Mutual Fund	623,767	628,262
*	SEI Limited Duration Bond	Mutual Fund	2,864,787	2,822,140
*	SEI Extended Market	Mutual Fund	195,519	202,938
*	SEI Inst Inv L/C Dis Equity	Mutual Fund	208,441	217,224
*	SEI Inst Inv S&P 500	Mutual Fund	434,821	541,874
*	SEI World Eq Ex US	Mutual Fund	<u>734,981</u>	<u>736,199</u>
	Total Mutual Funds		10,636,576	10,194,244
*	American National Insurance Company	Guaranteed Interest Account at 3.35%	<u>182,949</u>	<u>182,949</u>
	Total		<u>\$ 10,952,005</u>	<u>\$ 10,509,673</u>

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

**CENTRAL NEW YORK LABORERS'
HEALTH AND WELFARE FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

Attachment for Schedule H, Line 4j

EIN: 15-6016579

Plan Number: 501

(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		\$ 728,288	\$ 0	\$ 0	\$ 0	\$ 728,288	\$ 1,566,562	\$ 838,274
* SEI Limited Duration Bond		1,729,405	0	0	0	1,726,562	1,729,405	2,843
		<u>\$ 2,457,693</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,454,850</u>	<u>\$ 3,295,967</u>	<u>\$ 841,117</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'
HEALTH AND WELFARE 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>								
Black Rock Liquidity Trust, Money Market Fund		\$ 851,910	\$ 0	\$ 0	\$ 0	\$ 851,910	\$ 851,910	\$ 0
Black Rock Liquidity Trust, Money Market Fund		0	1,157,688	0	0	1,157,688	1,157,688	0
		<u>\$ 851,910</u>	<u>\$ 1,157,688</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,009,598</u>	<u>\$ 2,009,598</u>	<u>\$ 0</u>
* SEI Core Fixed Income FD #285		\$ 1,135,860	\$ 0	\$ 0	\$ 0	\$ 1,135,860	\$ 1,135,860	\$ 0
* SEI Core Fixed Income FD #285		0	0	0	0	0	0	0
		<u>\$ 1,135,860</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,135,860</u>	<u>\$ 1,135,860</u>	<u>\$ 0</u>
* SEI Limited Duration Bond		\$ 455,088	\$ 0	\$ 0	\$ 0	\$ 455,088	\$ 455,088	\$ 0
* SEI Limited Duration Bond		0	695,418	0	0	692,657	695,418	2,761
		<u>\$ 455,088</u>	<u>\$ 695,418</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,147,745</u>	<u>\$ 1,150,506</u>	<u>\$ 2,761</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.