

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
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 ☐ special extension (enter description) ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1963
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) BOT BRICKLAYERS & ALLIED CRAFTWORKERS,L 2, ALBANY,NY PENS FD 300 CENTRE DRIVE ALBANY, NY 12203
2b	Employer Identification Number (EIN) 14-6075802
2c	Plan Sponsor's telephone number 518-456-0259
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/30/2025	PATRICK TORINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/30/2025	TODD G. HELFRICH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1453
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) 502 6a(2) 470 6b 546 6c 305 6d 1321 6e 126 6f 1447 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 107

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOT BRICKLAYERS & ALLIED CRAFTWORKERS,L 2, ALBANY,NY PENS FD	D Employer Identification Number (EIN) 14-6075802

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

1a Enter the valuation date: Month 05 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 125259899
(2) Actuarial value of assets for funding standard account	1b(2) 137196946
c (1) Accrued liability for plan using immediate gain methods	1c(1) 158415812
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 158415812
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 241207367
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5211219
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11929575
(3) Expected plan disbursements for the plan year	1d(3) 11353915

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

SIGN HERE	11/17/2025
Signature of actuary BENJAMIN P. ABLIN	Date 20-07725
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 240-247-4542
Firm name 8601 GEORGIA AVENUE SUITE 700 SILVER SPRING, MD 20910	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	125259899
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	654	127498838
(2) For terminated vested participants	297	35851475
(3) For active participants:		
(a) Non-vested benefits		8537106
(b) Vested benefits		69319948
(c) Total active	502	77857054
(4) Total	1453	241207367
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.93 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/30/2025	6987343				
Totals ►			3(b)	6987343	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	86.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.56 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	6.75 %	6.75 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.8 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	553349		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1319607	-133589
8	2830255	222409

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2859819

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	61715024	9029100
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 802502**e** Total charges. Add lines 9a through 9d.....**9e** 12691421**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 27987134**g** Employer contributions. Total from column (b) of line 3.....**9g** 6987343**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2297036**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	12509024	2549352
9j(1)	68323060	
9j(2)	84597925	

9j(3) 0**k** (1) Waived funding deficiency**9k(1)** 0

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 39820865**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 27129444**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWORKERS,L 2, ALBANY,NY PENS FD	D Employer Identification Number (EIN) 14-6075802	

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CPG FOCUSED ACCESS FUND LLC
83-0809651

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUST GLOBAL PARTNERS OFFSHORE LP
90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GSO CAPITAL PARTNERS
01-0899018

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HAMILTON LANE ADVISORS LLC
06-1169696

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

HGK ASSET MANAGEMENT INC

27-4114943

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

IRONWOOD CAPITAL MANAGEMENT 110 NORTH WACKER DRIVE
STE 3125
CHICAGO, IL 60606

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

NB ALTERNATIVES

30-0536163

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

PROLOAN BOND FUND LLC

26-3436991

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

SALIENT MLP TOTAL RETURN TE FUND LP

61-1735376

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

SEI TRUST COMPANY

06-1271230

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

SIGULER GUFF ADVISORS LLC

13-3855629

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

STARBOARD VALUE LP

80-0684530

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

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(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?
15 19 27 33 49 50 51 55 64 99	NONE	229212	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	91725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(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	71402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KARPUS INVESTMENT MANAGEMENT

16-1290558

(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	62796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS WHITE INTERNATIONAL

61 BROADWAY
NEW YORK, NY 10006

(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	43402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	42837	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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	39605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(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	33878	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DOLAN MCENIRY CAPITAL MGT LLC

36-4169967

(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	26517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OCIO MONITOR

56-2532191

(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	25600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEVY CHASE TRUST COMPANY (BLACKROC

52-2037618

(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	22503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL MANAGEMENT LLC

26-0319356

(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	20331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MODERN ADMINISTRATION SYSTEMS LLC

92-2010862

(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	15708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH W MCCARTHY & ASSOCIATES

16-1120588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILVERCREST ASSET MGT GROUP LLC

13-4194623

(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	9964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	8996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWORKERS,L 2, ALBANY,NY PENS FD	D Employer Identification Number (EIN) 14-6075802	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST CO			
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2201538	
a Name of MTIA, CCT, PSA, or 103-12 IE: PROLOAN BOND FUND			
b Name of sponsor of entity listed in (a): PROLOAN BOND FUND LLC			
c EIN-PN 26-3436991-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7094883	
a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER INCOME-PLUS GROUP TRUST			
b Name of sponsor of entity listed in (a): MASTER INCOME-PLUS GROUP TRUST JP JEANNERET ASSOC INC			
c EIN-PN 22-6591835-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: RAINER MULTIPLE INVESTMENT TRUST			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 27-2402927-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWORKERS,L 2, ALBANY,NY PENS FD	D Employer Identification Number (EIN) 14-6075802	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1173310	1137765
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	694000	810000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	629200	374893
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1823249	1143644
(2) U.S. Government securities	1c(2)	311026	545027
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	16820863	17698565
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		1042508
(B) Common	1c(4)(B)	43217549	44242768
(5) Partnership/joint venture interests	1c(5)	12919472	11777866
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)	186087	583486
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4658194	2201538
(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)	6571391	7094883
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36979754	39739510
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	7517

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	362	135
f Total assets (add all amounts in lines 1a through 1e).....	1f	125984457	128400105
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	275424	197891
i Acquisition indebtedness.....	1i	164548	141550
j Other liabilities.....	1j	284586	425160
k Total liabilities (add all amounts in lines 1g through 1j)	1k	724558	764601
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	125259899	127635504

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)	6987343	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6987343
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19412	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	776465	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	201217	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		997094
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	22859	
(B) Common stock	2b(2)(B)	265994	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2316618	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2605471
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	21352447	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18346921	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3005526
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1874921	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1874921

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-61770
(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)		543918
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1868499
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14071160

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10648790	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10648790
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)	153421	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	22414	
(4) IQPA audit fees	2i(4)	57000	
(5) Investment advisory and investment management fees	2i(5)	519708	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	91725	
(8) Legal fees	2i(8)	42837	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	6236	
(11) Other expenses	2i(11)	153424	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1046765
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11695555

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2375605
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: **SCHULTHEIS & PANETTIERI LLP**

(2) EIN: **13-1577780**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		24857761
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 566785.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWORKERS,L 2, ALBANY,NY PENS FD		D Employer Identification Number (EIN) 14-6075802
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer DEBRINO CAULKING ASSOCIATES		
b	EIN 14-1588127	c	Dollar amount contributed by employer 678294
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 10.50		
	(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer LUPINI CONSTRUCTION		
b	EIN 16-1192030	c	Dollar amount contributed by employer 622594
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026		
e	Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer PCC CONTRACTING INC		
b	EIN 30-0169397	c	Dollar amount contributed by employer 486924
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026		
e	Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer MURNANE CONSTRUCTION SERVICES		
b	EIN 14-1827655	c	Dollar amount contributed by employer 219619
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026		
e	Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer DICK TILE AND MARBLE		
b	EIN 15-0592744	c	Dollar amount contributed by employer 209236
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer PAPA CONSTRUCTION LLC		
b	EIN 81-4784716	c	Dollar amount contributed by employer 206657
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 10.50		
	(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CANTARELLA AND SON INC

b EIN 55-0841802

c Dollar amount contributed by employer 198192

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 10.50

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

a Name of contributing employer INTERGRATED INDUSTRIAL SERVICES

b EIN 16-1419265

c Dollar amount contributed by employer 183215

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer AJS MASONRY INC

b EIN 14-1700880

c Dollar amount contributed by employer 171945

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 10.50

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

a Name of contributing employer BAC LOCAL 2 NY/VT

b EIN 14-0524750

c Dollar amount contributed by employer 164894

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 10.50

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 36.40 % Private Equity: 6.70 % Investment-Grade Debt and Interest Rate Hedging Assets: 27.50 %

High-Yield Debt: 4.80 % Real Assets: 5.20 % Cash or Cash Equivalents: 0.50 % Other: 18.90 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

450 Wireless Boulevard
Hauppauge, NY 11788
Telephone: (631) 273-4778
Fax: (631) 273-3488

21 Vernon Street
Floral Park, NY 11001
Telephone: (516) 216-5695

485A US Route 1 South
Suite 360
Iselin, NJ 08830
Telephone: (732) 268-1301

www.snpcpa.com

PARTNERS

Carol Westfall, CPA
Vincent F. Panettieri, CPA
Max Capone, CPA
James M. Heinzman, CPA, CFE
Donna Panettieri, CPA
Peter M. Murray, CPA, CFE
Gary Waldren, CPA
Jennifer Leible, CPA
Richard B. Silvestro, CPA
Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA
Michael Garafalo, CPA, CFE
Kyle Kamm, CPA
Kim T. D'Amico, CPA

DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma
Justin Katulka
Allison Newton, SHRM-SCP

Independent Auditor's Report**Board of Trustees**

Bricklayers and Allied Craftworkers, Local 2, Albany, New
York Pension Fund

Opinion

We have audited the accompanying financial statements of the Bricklayers and Allied Craftworkers, Local 2, Albany, New York Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended April 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2025 and 2024, and the changes in net assets available for benefits for the years ended April 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 17 through 34 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 35 through 36 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Schultheis + Panettieri, LLP

Hauppauge, New York
November 20, 2025

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

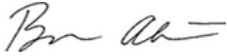
► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2 ALBANY NY PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2 ALBANY NY	D Employer Identification Number (EIN) 14-6075802

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

1a Enter the valuation date: Month 05 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 125,259,899
(2) Actuarial value of assets for funding standard account.....	1b(2) 137,196,946
c (1) Accrued liability for plan using immediate gain methods	1c(1) 158,415,812
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 158,415,812
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 241,207,367
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5,211,219
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11,929,575
(3) Expected plan disbursements for the plan year	1d(3) 11,353,915

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

SIGN HERE  Signature of actuary BENJAMIN P. ABLIN Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC Firm name 8601 GEORGIA AVENUE SUITE 905 SILVER SPRING MD 20910 Address of the firm	11/17/2025 Date 2307725 Most recent enrollment number 240-247-4542 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	125,259,899
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	654	127,498,838
(2) For terminated vested participants	297	35,851,475
(3) For active participants:		
(a) Non-vested benefits		8,537,106
(b) Vested benefits		69,319,948
(c) Total active	502	77,857,054
(4) Total	1,453	241,207,367
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.93 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	6,987,343				
Totals ▶			3(b)	6,987,343	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0**4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	86.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
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Line 3(a): Contributions paid throughout the year.

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.56 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.8 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	553,349
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,319,607	-133,589
8	2,830,255	222,409

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2,859,819

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	61,715,024		9,029,100
(2) Funding waivers.....	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0		0

d Interest as applicable on lines 9a, 9b, and 9c	9d	802,502
e Total charges. Add lines 9a through 9d.....	9e	12,691,421

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	27,987,134
g Employer contributions. Total from column (b) of line 3.....	9g	6,987,343

		Outstanding balance		
h Amortization credits as of valuation date.....	9h	12,509,024		2,549,352

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	2,297,036
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j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL).....	9j(1)	68,323,060		
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	84,597,925		
(3) FFL credit.....	9j(3)			0

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	39,820,865
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	27,129,444
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Plan Name Bricklayers and Allied Craftworkers Local 2 Albany, NY Pension Plan

Plan Sponsor Bricklayers and Allied Craftworkers Local 2 Albany, NY Pension Plan

EIN / PN 14-6075802/001

Interest Rates 6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor.

3.56% per annum for determining Current Liability (the highest rate within the permissible range).

Retirement Age Rates of retirement for active Participants are based on the attained age of the Participant. Rates are as follows:

Age	Rate
58	50%
59-61	25%
62	50%
63-64	50%
65	100%

Inactive vested Participants are assumed to retire at their earliest eligibility for retirement.

The retirement rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years.

The weighted average retirement age for active participants is 60.4. This average is based on the active population as of the valuation date. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Operating Expenses The actual expenses for the prior plan year, increased by 3% and adjusted to the beginning of the year, are added to the normal cost.

Expected expenses are based on actual prior and anticipated future experience.

Hours Worked Future hours worked by active Participants are based on the actual hours worked over the past year by the individual Participant.

The future hours assumption is based on actual prior and anticipated future experience as well as information provided in good faith by the Plan Sponsor.

Contributions Contributions for future years are based on the future hours worked (noted above) multiplied by the actual contribution rate for the plan year prior to the valuation date, increased by known contribution rate increases.

Active Participant For valuation purposes, an active participant is a continuing participant who worked at least 255 hours in the plan year preceding the valuation date or a new participant who worked at least 850 hours in the plan year preceding the valuation date.

Non-Disabled Mortality The sex-distinct RP-2019 Mortality Tables with Blue Collar adjustment with separate rates for employees and annuitants and 50% of Scale MP-2019 future improvement.

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

The non-disabled and disabled mortality assumptions including future improvement are based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of deaths and benefit weighted experience over the past several years.

Disabled Mortality The sex-distinct RP-2019 Disabled Retiree Mortality Tables with 50% of Scale MP-2019 future improvement.

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



Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Disability

200% of the 1965 Railroad Retirement Board Disability Rates. Rates at selected ages are as follows:

Age	Rate
20	0.12%
30	0.12%
40	0.24%
50	1.04%
60	6.70%

The disability assumption is based on a review of standard disability rate tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of disabled retirements over the past several years.

Withdrawal

Rates of withdrawal are based on age and participation. Ultimate withdrawal rates are used for Participants with 5 or more years of participation. For Participants with less than 5 years of participation, the ultimate rates are multiplied by 3. Rates at selected ages are as follows:

Age	Rate
20	6.60%
30	4.80%
40	3.80%
50	1.50%

The withdrawal rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of non-disabled terminations over the past several years.

Reemployment

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

Form of Payment

Participants are assumed to elect the normal form. The normal form for single participants is the 36 month certain and life pension form. The normal form for married participants is the 100% Husband & Wife Annuity.

Marriage

80% of non-retired participants are assumed to be married.



Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Spouse Ages

Spouses of participants are assumed to be three years younger than the participants.

Cost Method

For determination of the minimum and maximum contribution amounts and the funding standard account, the Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability for retirement, termination and ancillary benefits. Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The accrued benefit is based on the plan's accrual formula and upon service as of the beginning or end of the year. For benefits where the plan's accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actual accrued liability is the present value of the accrued benefits as of the beginning of the year for employed Participants and is the present value of all benefits for other Participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan Participants.

Asset Valuation Method

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the assumed investment return) during each of the last 5 years at the rate of 20% per year. The investment loss for the 2019 Plan year is recognized over ten years (instead of five years) in accordance with the provisions of the American Rescue Plan Act of 2021, as elected by the Trustees. Assumed investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.



Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

American Rescue Plan Act of 2021

The following special rules were elected by the Trustees under the American Rescue Plan Act of 2021:

- Special amortization rule: The portions of experience losses attributable to the eligible net investment loss incurred during the plan year ending April 30, 2020 are amortized in the funding standard account over a period ending April 30, 2049.
- Special asset valuation rule: Eligible net investment losses incurred during the plan year ending April 30, 2020 are smoothed in the actuarial value of assets over a period of 10 years.

The special rules apply retroactively to the plan year beginning May 1, 2019. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the "prospective" method described in IRS Notice 2010-83 was used.

Participant Data

Participant data and data for all inactive Participants as of the valuation date were provided in electronic file format by the Bricklayers and Allied Craftworkers Local 2 Albany, New York Pension Fund Office via Decusoft.

Missing or Incomplete Participant Data

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial Information

Financial information was obtained from the audited financial statements of the plan, as prepared by Schultheis & Panettieri, LLP.

Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

This attachment summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

<i>Plan Name</i>	Bricklayers and Allied Craftworkers Local 2 Albany, NY Pension Plan
<i>Plan Sponsor</i>	Bricklayers and Allied Craftworkers Local 2 Albany, NY Pension Plan
<i>EIN / PN</i>	14-6075802 / 001
<i>Effective Date and Most Recent Amendment</i>	The original effective date of the Plan is May 1, 1963. The Plan was most recently restated effective May 1, 2020.
<i>Plan Year</i>	The twelve-month period beginning May 1 and ending April 30.
<i>Employers</i>	A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.
<i>Participants</i>	The May 1 following completion of 850 hours of covered employment within a 12 month period. After completing the initial eligibility requirements, the Employee will continue as a Participant provided he works in Covered Employment for at least 255 hours in each subsequent Plan Year.
<i>Normal Retirement Age</i>	A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation.
<i>Break in Service</i>	A break in service will occur if an employee fails to complete at least 500 hours of covered employment during the Plan Year (255 hours prior to May 1, 1997).
<i>Normal Pension Eligibility</i>	Attainment of Normal Retirement Age.



Schedule MB, Line 6 - Summary of Plan Provisions

Benefit Service

Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Benefit Service and are determined based on Hours of Covered Employment. Hours worked include hours worked for which reciprocal contributions are paid from an annuity fund. Benefit Service is divided into Past and Future Service.

The amount of Future Service Credit earned by an Employee who is reported in Covered Employment during a Plan Year for at least 255 hours will be equal to a fraction, the numerator of which is the number of hours of Covered Employment reported in the Plan Year, and the denominator of which is 850 hours. The fraction shall be rounded to the nearest three (3) decimals.

Before May 1, 1999, the Benefit Service was truncated to the next lower 0.10 each plan year.

Past Service applies to service earned before May 1, 1963.

All of the Participant's Years of Benefit Service are taken into account in determining his monthly benefit except service while the employee was not in an Eligible Employee Classification.

Schedule MB, Line 6 - Summary of Plan Provisions

Vesting Service Years of Service for purposes of computing a Participant’s Vested Percentage are referred to as Years of Vesting Service and are determined based on Hours of Covered Employment.

Vesting Service Credit is earned according to the following schedules:

- 10 Year Plan: Pro-rata vesting credit is earned for each hour between 255 and 850 hours. Before May 1, 1999, vesting credit was earned in accordance with the following table:

Hours of Covered Employment Reported in a Plan Year	Vesting Service Earned in a Plan Year
850 and over	1.0
765 to 849	0.9
680 to 764	0.8
595 to 679	0.7
510 to 594	0.6
425 to 509	0.5
340 to 424	0.4
255 to 339	0.3
0 to 254	0.0

10-Year Rule: A Participant attains vested status at the end of the Plan Year in which he accrues 10 years of Vesting Service Credit. Under this rule, the Plan counts the Participant’s Vesting Service Credit as of April 30, 1997, plus his accrued Vesting Service Credit earned after May 1, 1997, as described above.

- 5 Year Plan: For Plan Years on or after May 1, 1997

Hours of Covered Employment Reported in a Plan Year	Vesting Service Earned in a Plan Year
1,000 and over	1.0
0 to 999	0.0

5-Year Rule: A Participant attains vested status at the end of the Plan Year in which he accrues 5 years of Vesting Service Credit. Under this rule, the Plan counts a Participant’s Vesting Service Credit as of April 30, 1997, plus his accrued Vesting Service Credit earned after May 1, 1997, as described above.



Schedule MB, Line 6 - Summary of Plan Provisions

**Normal Pension
– Amount of
Benefit**

The total monthly benefit is the benefit accrued for service earned prior to May 1, 2009 plus the benefit accrued for service on or after May 1, 2009 according to the following schedule:

For Benefit Service Prior to May 1, 2009

A Participant’s Normal Retirement Benefit is a monthly benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to the following:

- Participant’s years of benefit service multiplied by his applicable benefit rate.
- The applicable benefit rate for a Participant is based upon the Participant’s High 5 Contribution Rate as follows:

High 5 Contribution Rate	Factor
Up to \$2.50	15.75
Next \$0.70	11.00
Over \$3.20	6.00

- Participants with Service Credit earned under Bricklayers Local 19 shall have their Local 19 Service Credit valued using the following factors:

High 5 Contribution Rate	Factor
Up to \$3.20	19.70
Over \$3.20	6.00

All benefit units are rounded to the nearest \$0.10.

The High 5 Contribution Rate shall be determined as the sum of the Average Rate in the five Plan Years prior to May 1, 2009 with the highest Average Annual Rates in which the Participant earned at least one Year of Benefit Service, divided by five.

For Benefit Service On or After May 1, 2009 and Prior to May 1, 2012

A monthly benefit equal to 0.40% of contributions earned and reported on the Participant’s behalf on or after May 1, 2009 and prior to May 1, 2012.

For Benefit Service On or After May 1, 2012 and Prior to May 1, 2013

A monthly benefit equal to 0.60% of contributions earned and reported on the Participant’s behalf on or after May 1, 2012 and prior to May 1, 2013.

For Benefit Service On or After May 1, 2013

A monthly benefit equal to 0.80% of contributions earned and reported on the Participant’s behalf on or after May 1, 2013.

Schedule MB, Line 6 - Summary of Plan Provisions

Early Retirement Pension - Eligibility	Age 58 and the completion of 15 Years of Qualifying Service Credit (counting no more than one year of Service Credit in any one Plan Year).
---	---

Early Retirement Pension – Amount of Benefit	Determined in the same manner as the Normal Retirement Benefit but reduced by $\frac{1}{4}$ of 1% for each month that the Participant's Early Retirement Date precedes his Normal Retirement Date for Participants with less than 30 years of Qualifying Service Credit. However, a Participant with 30 or more years of Qualifying Service Credit is entitled to an unreduced Early Retirement Benefit upon attainment of age 60 or if under age 60, a benefit reduced by $\frac{1}{8}$ of 1% for each month that his Early Retirement Date precedes his 60th birthday.
---	--

Disability Pension - Eligibility

Disability Plan A

- 15 years of Qualifying Service Credit (counting no more than one year of Service Credit in any one Plan Year); and
- Attainment of age 45; and
- Approved for a Social Security Disability Award; and
- Worked in Covered Employment for at least 255 hours in one Plan Year within a three-year period that consists of the Plan Year in which he has a medically certified date of disability, and the two immediately preceding Plan Years.

Disability Plan B

- 10 years of Qualifying Service Credit (counting no more than one year of Service Credit in any one Plan Year); and
 - Approved for a Social Security Disability Award; and
 - Worked in Covered Employment for at least 255 hours in one Plan Year within the three-year period that consists of the Plan Year within the three-year period that consists of the Plan Year in which he has a medically certified date of disability, and the two immediately preceding Plan Years.
-

Disability Pension – Amount of Benefit

Determined in the same manner as the Normal Retirement Benefit commencing on the Participant's Disability Retirement Date. If the Participant qualifies for Disability Plan A, the Disability Retirement Benefit is unreduced. If the Participant qualifies for Disability Plan B, the Disability Retirement Benefit is reduced by $\frac{1}{4}$ of 1% for each month the benefit commencement date precedes the Participant's 62nd birthday, with a maximum reduction of 50%.



Schedule MB, Line 6 - Summary of Plan Provisions

Pre-Retirement Survivor Benefit

Eligibility: Vested and married for the purpose of the Spouse Survivor Benefit.
Vested and not married for the purpose of the Lump Sum.

Spouse Survivor Benefit: A monthly benefit equal to the amount that would have been paid had the Participant separated from service immediately prior to his earliest retirement date, adjusted for payment form and early retirement.

Lump Sum: If a Spouse Survivor Benefit is not payable, the Beneficiary will be eligible to receive a death benefit of \$1,000 for each whole year of Qualifying Service Credit (counting no more than one year of Service Credit in any one Plan Year), to a maximum of \$10,000.

Post-Retirement Death Benefit

Eligibility: Covered employment for at least 255 hours in each of the three Plan Years immediately preceding the Effective Date of Pension. Or at least 30 years of Basic Future Service and was reported in Covered Employment for at least 255 hours in three out of five Plan Years immediately preceding his Effective Date of Pension.

Benefit: \$5,000 is payable to the beneficiary of the Pensioner.

Vested Benefit

Eligibility: A Participant will become 100% vested upon completion of 5 Years of Vesting Service under the 5 Year Plan or 10 Years of Vesting Service under the 10 Year Plan. A Participant will also become 100% vested upon attainment of age and Service for an Early or Normal Retirement pension, whichever is earlier.

Benefit: Accrued monthly benefit payable at normal retirement (or at early retirement, if eligible, with reduction for early commencement).

13th Check

Additional payment of one third of the pensioner's monthly benefit.



Schedule MB, Line 6 - Summary of Plan Provisions

Forms of Payment

Normal Form:

For Married Participants: Qualified 100% Husband & Wife Annuity

For Non-Married Participants: Life Annuity with 36 Month Guarantee – Monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 3 years. In the event of the Participant's death prior to the expiration of 3 years, the same monthly pension benefit will be continued to the Participant's Beneficiary for the remainder of the 3-year period.

Optional Forms:

Life Annuity with 10 Years Certain

50% Husband & Wife Annuity

Upon the death of a Pensioner under the 36 Month Guarantee or the death of the later of the Pensioner or Spouse under the 50% or 100% Joint and Survivor Annuity, if the sum of monthly payments paid to the Pensioner are less than the Employer contributions made on behalf of the Pensioner, the Fund will pay to his designated Beneficiary a single sum equal to the remaining Employer contributions.

Change in Plan Provisions

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



Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: May 1, 2024

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

Expected Benefit Payments

Plan Year Beginning May 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2024	692,802	404,506	10,055,876	11,153,184
2025	1,207,346	515,103	9,769,945	11,492,394
2026	1,662,182	676,422	9,441,353	11,779,957
2027	2,000,286	841,582	9,156,449	11,998,317
2028	2,333,233	1,059,405	8,842,504	12,235,142
2029	2,608,504	1,205,907	8,550,706	12,365,117
2030	2,886,429	1,302,516	8,251,594	12,440,539
2031	3,088,555	1,361,181	7,953,727	12,403,463
2032	3,276,328	1,473,415	7,641,994	12,391,737
2033	3,428,323	1,542,249	7,329,196	12,299,768
2034	3,558,953	1,639,715	7,017,752	12,216,420
2035	3,719,540	1,690,097	6,703,382	12,113,019
2036	3,824,801	1,805,628	6,386,747	12,017,176
2037	3,942,720	1,914,743	6,068,505	11,925,968
2038	4,011,581	1,960,221	5,749,337	11,721,139
2039	4,088,485	2,021,265	5,429,975	11,539,725
2040	4,135,689	2,049,611	5,111,184	11,296,484
2041	4,185,027	2,111,124	4,793,723	11,089,874
2042	4,229,602	2,111,388	4,478,407	10,819,397
2043	4,283,192	2,126,415	4,166,034	10,575,641
2044	4,313,692	2,109,281	3,857,422	10,280,395
2045	4,338,577	2,137,424	3,553,459	10,029,460
2046	4,341,115	2,131,026	3,255,079	9,727,220
2047	4,319,554	2,141,467	2,963,363	9,424,384
2048	4,297,895	2,135,778	2,679,541	9,113,214

Notes

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



Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: May 1, 2024

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

Plan Year Beginning May 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	4,258,213	2,108,699	2,404,980	8,771,892
2050	4,203,718	2,077,867	2,141,236	8,422,821
2051	4,141,601	2,025,024	1,889,915	8,056,540
2052	4,093,070	1,986,240	1,652,610	7,731,920
2053	4,001,486	1,936,970	1,430,875	7,369,331
2054	3,902,287	1,861,601	1,226,016	6,989,904
2055	3,780,141	1,789,488	1,039,053	6,608,682
2056	3,651,730	1,704,810	870,627	6,227,167
2057	3,508,875	1,628,815	720,899	5,858,589
2058	3,363,910	1,541,257	589,574	5,494,741
2059	3,224,039	1,448,068	476,000	5,148,107
2060	3,064,120	1,353,558	379,164	4,796,842
2061	2,899,388	1,258,812	297,818	4,456,018
2062	2,725,272	1,171,524	230,538	4,127,334
2063	2,556,869	1,079,005	175,777	3,811,651
2064	2,389,305	988,873	131,941	3,510,119
2065	2,226,144	901,805	97,459	3,225,408
2066	2,068,238	818,545	70,826	2,957,609
2067	1,916,662	739,549	50,631	2,706,842
2068	1,769,540	665,177	35,603	2,470,320
2069	1,630,215	595,666	24,627	2,250,508
2070	1,498,718	531,122	16,756	2,046,596
2071	1,375,185	471,550	11,214	1,857,949
2072	1,259,594	416,866	7,384	1,683,844
2073	1,151,662	366,917	4,784	1,523,363

Notes

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



Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Measurement Date: May 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

Age	Years of Vesting Service										Total
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	-	25	1	-	-	-	-	-	-	-	26
25 - 29	-	28	13	3	-	-	-	-	-	-	44
30 - 34	-	27	17	6	1	-	-	-	-	-	51
35 - 39	-	19	20	8	20	-	-	-	-	-	67
40 - 44	-	14	12	7	17	10	-	-	-	-	60
45 - 49	-	5	4	9	10	19	8	1	-	-	56
50 - 54	-	5	8	4	4	23	18	11	-	-	73
55 - 59	-	6	1	5	3	25	27	11	9	-	87
60 - 64	-	-	1	1	2	5	11	8	3	-	31
65 - 69	-	1	-	1	1	2	-	1	-	1	7
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	-	130	77	44	58	84	64	32	12	1	502



Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year Beginning May 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 6,808,666	\$ 0	\$ 6,808,666
2025	6,845,999	0	6,845,999
2026	6,845,999	0	6,845,999
2027	6,845,999	0	6,845,999
2028	6,845,999	0	6,845,999
2029	6,845,999	0	6,845,999
2030	6,845,999	0	6,845,999
2031	6,845,999	0	6,845,999
2032	6,845,999	0	6,845,999
2033	6,845,999	0	6,845,999

Notes

- The projection above was used for the Plan's 2024 status certification. The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.



Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases

Charges				[Schedule MB, Line 9c]		
Type	Date Established	Initial Period	Initial Balance	Outstanding at 5/1/2024 Period	Balance	Annual Payment
Amendment	5/1/1995	-	Not Available	1.00	\$ 46,974	\$ 46,974
Assumption	5/1/1995	-	Not Available	1.00	96,409	96,409
Amendment	8/1/1995	-	Not Available	1.24	17,875	14,526
Amendment	5/1/1996	-	Not Available	2.00	1,113,938	575,154
Assumption	5/1/1996	-	Not Available	2.00	411,176	212,300
Amendment	5/1/1997	-	Not Available	3.00	1,202,100	427,140
Amendment	5/1/1998	-	Not Available	4.00	116,005	31,902
Assumption	5/1/1998	-	Not Available	4.00	378,700	104,143
Amendment	5/1/1999	-	Not Available	5.00	1,298,761	294,744
Amendment	5/1/2000	-	Not Available	6.00	3,735	728
Amendment	5/1/2001	-	Not Available	7.00	66,183	11,404
Amendment	5/1/2002	-	Not Available	8.00	519,037	80,639
Assumption	5/1/2003	-	Not Available	9.00	2,334,909	332,155
Amendment	5/1/2003	-	Not Available	9.00	315,373	44,864
Amendment	5/1/2004	-	Not Available	10.00	193,115	25,460
Assumption	5/1/2004	-	Not Available	10.00	3,092,512	407,709
Amendment	5/1/2005	-	Not Available	11.00	53,884	6,648
Amendment	5/1/2006	-	Not Available	12.00	789,657	91,896
Assumption	5/1/2006	-	Not Available	12.00	814,932	94,838
Amendment	5/1/2007	-	Not Available	13.00	427,993	47,294
Assumption	5/1/2007	-	Not Available	13.00	1,217,264	134,510
ENIL (2008)	5/1/2009	29.00	16,552,993	14.00	11,763,185	1,241,186
Exper Loss	5/1/2011	15.00	603,924	2.00	119,495	61,699
Exper Loss	5/1/2012	15.00	2,872,545	3.00	825,071	293,171
Exper Loss	5/1/2013	15.00	1,961,229	4.00	727,131	199,962
Exper Loss	5/1/2014	15.00	1,752,550	5.00	786,594	178,511
Assumption	5/1/2014	15.00	345,423	5.00	155,037	35,184
Exper Loss	5/1/2015	15.00	1,639,644	6.00	855,581	166,852
Assumption	5/1/2016	15.00	665,112	7.00	392,434	67,620
Exper Loss	5/1/2016	15.00	5,495,030	7.00	3,242,222	558,662
Exper Loss	5/1/2017	15.00	5,632,395	8.00	3,682,440	572,111
Exper Loss	5/1/2018	15.00	5,072,174	9.00	3,618,512	514,755
Exper Loss	5/1/2019	15.00	3,935,178	10.00	3,026,643	399,025
Assumption	5/1/2020	15.00	1,269,344	11.00	1,042,399	128,604
Exper Loss	5/1/2020	15.00	1,810,150	11.00	1,486,514	183,396

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 5/1/2024 Period	Balance	Annual Payment
ENIL (2019)	5/1/2020	29.00	\$ 3,047,332	25.00	\$ 2,887,692	\$ 226,922
Assumption	5/1/2021	15.00	3,965,587	12.00	3,449,658	401,452
ENIL (2019)	5/1/2021	28.00	1,066,567	25.00	1,022,398	80,343
ENIL (2019)	5/1/2022	27.00	2,664,891	25.00	2,587,949	203,368
ENIL (2019)	5/1/2023	26.00	2,744,779	25.00	2,703,282	212,431
ENIL (2019)	5/1/2024	25.00	2,830,255	25.00	2,830,255	222,409
Total Charges					\$ 61,715,024	\$ 9,029,100

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 5/1/2024 Period	Balance	Annual Payment
Exper Gain	5/1/2010	15.00	\$ 13,253,154	1.00	\$ 1,355,429	\$ 1,355,429
Assumption	5/1/2013	15.00	44,979	4.00	16,676	4,586
Other	5/1/2020	30.00	1,523,666	26.00	1,449,751	112,203
Exper Gain	5/1/2021	15.00	4,640,578	12.00	4,036,831	469,784
Exper Gain	5/1/2022	15.00	3,678,075	13.00	3,369,584	372,346
Exper Gain	5/1/2023	15.00	1,001,786	14.00	961,146	101,415
Exper Gain	5/1/2024	15.00	1,319,607	15.00	1,319,607	133,589
Total Credits					\$ 12,509,024	\$ 2,549,352
Net Total					\$ 49,206,000	\$ 6,479,748

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit base

The "ENIL (2019)" bases are the portions of the eligible net investment losses ("ENIL") for the plan year ending April 30, 2020. These bases are amortized over the period ending April 30, 2049, as permitted under the special amortization rule provided in the American Rescue Plan Act of 2021. The portions of the 2019 market value investment loss to be recognized have already been determined under the "prospective" method and are summarized in the table below.

Loss Recognized on May 1	Portion of 2019 ENIL to be Amortized	Amortization Period
2020	\$3,047,332	29
2021	1,066,567	28
2022	2,664,891	27
2023	2,744,779	26
2024	2,830,255	25
2025	2,882,837	24

Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

*Changes in
Assumptions and
Methods*

The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

*Justification for
Changes in
Assumptions*

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



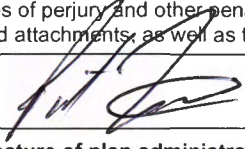
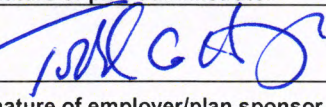
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
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 ☐ special extension (enter description) ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1963
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) BOT BRICKLAYERS & ALLIED CRAFTWORKERS, L 2, ALBANY, NY PENS FD 300 CENTRE DRIVE ALBANY NY 12203
2b	Employer Identification Number (EIN) 14-6075802
2c	Plan Sponsor's telephone number (518) 456-0259
2d	Business code (see instructions) 238900

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	☒  Signature of plan administrator	☒ 10/31/25 Date	☒ PATRICK TORINO Enter name of individual signing as plan administrator
SIGN HERE	☒  Signature of employer/plan sponsor	☒ 10/31/25 Date	☒ TODD G. HELFRICH Enter name of individual signing as employer or plan sponsor
SIGN HERE	☐ Signature of DFE	☐ Date	☐ Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1,453
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) 502 6a(2) 470 6b 546 6c 305 6d 1,321 6e 126 6f 1,447 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 107

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

1B

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK
PENSION FUND**

FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

YEARS ENDED APRIL 30, 2025 AND 2024

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Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

450 Wireless Boulevard
Hauppauge, NY 11788
Telephone: (631) 273-4778
Fax: (631) 273-3488

21 Vernon Street
Floral Park, NY 11001
Telephone: (516) 216-5695

485A US Route 1 South
Suite 360
Iselin, NJ 08830
Telephone: (732) 268-1301

www.snpcpa.com

PARTNERS

Carol Westfall, CPA
Vincent F. Panettieri, CPA
Max Capone, CPA
James M. Heinzman, CPA, CFE
Donna Panettieri, CPA
Peter M. Murray, CPA, CFE
Gary Waldren, CPA
Jennifer Leible, CPA
Richard B. Silvestro, CPA
Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA
Michael Garafalo, CPA, CFE
Kyle Kamm, CPA
Kim T. D'Amico, CPA

DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma
Justin Katulka
Allison Newton, SHRM-SCP

Independent Auditor's Report**Board of Trustees**

Bricklayers and Allied Craftworkers, Local 2, Albany, New
York Pension Fund

Opinion

We have audited the accompanying financial statements of the Bricklayers and Allied Craftworkers, Local 2, Albany, New York Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended April 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2025 and 2024, and the changes in net assets available for benefits for the years ended April 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 17 through 34 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 35 through 36 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Schultheis + Panettieri, LLP

Hauppauge, New York
November 20, 2025

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 939,334	\$ 1,561,979
U.S. government securities	82,626	46,115
Corporate debt instruments	17,698,565	16,820,863
Corporate stock	34,990,306	33,676,152
Partnership/joint venture interests	22,896,788	23,215,591
Common/collective trust funds	2,201,538	4,658,194
103-12 investment entities	7,094,883	6,571,391
Registered investment companies	<u>39,739,510</u>	<u>36,979,754</u>
Total investments	125,643,550	123,530,039
Receivables		
Employers' contributions	810,000	694,000
Accrued interest/dividends	196,678	185,837
Cash	<u>1,137,765</u>	<u>1,173,310</u>
Total assets	<u>127,787,993</u>	<u>125,583,186</u>
Liabilities		
Accounts payable	130,973	117,269
Related organizations	21,516	23,262
Net trades pending settlement	<u>-</u>	<u>182,756</u>
Total liabilities	<u>152,489</u>	<u>323,287</u>
Net assets available for benefits	\$ <u><u>127,635,504</u></u>	\$ <u><u>125,259,899</u></u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
<i>Additions to net assets attributed to:</i>		
Investment income		
Net appreciation in fair value of investments	\$ 3,481,857	\$ 7,051,139
Interest/dividends	3,477,135	2,490,094
Other investment income	<u>124,825</u>	<u>104,819</u>
Total investment income	7,083,817	9,646,052
Less investment expenses	<u>(519,708)</u>	<u>(520,206)</u>
Net investment income	6,564,109	9,125,846
Contributions		
Employers'	<u>6,987,343</u>	<u>7,206,195</u>
Total additions	<u>13,551,452</u>	<u>16,332,041</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid directly to participants or beneficiaries	10,648,790	10,195,345
Administrative expenses	<u>527,057</u>	<u>509,064</u>
Total deductions	<u>11,175,847</u>	<u>10,704,409</u>
Net increase	2,375,605	5,627,632
Net assets available for benefits		
Beginning of year	<u>125,259,899</u>	<u>119,632,267</u>
End of year	\$ <u><u>127,635,504</u></u>	\$ <u><u>125,259,899</u></u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the Bricklayers and Allied Craftworkers, Local 2, Albany, New York Pension Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective May 1, 1963 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the Bricklayers and Allied Craftworkers Local 2 (the "Union") and various employers and employer associations in the construction industry in the states of New York and Vermont. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement and death benefits to eligible participants.

Participation

An individual becomes a participant in the Plan upon completion of 850 hours of service in covered employment for a contributing employer. Employees of the Union and its related fringe benefit funds are also participants of the Plan.

Benefits

In general, participants with five or more years of vesting service are entitled to monthly pension benefits beginning at normal retirement age (65). The Plan permits early retirement and other forms of retirement based on age and years of credited service (pension credits).

Pension credits are based on hours worked in covered employment. A participant may accumulate fractional credits for hours worked in excess of 255 hours, with 850 hours being one full credit. Additional credits can be earned for hours worked in excess of 850.

Monthly pension benefits are based on employer contributions received on behalf of the participant times the benefit rate as described in the Plan document.

Participants who meet specific eligibility requirements are entitled to a death benefit.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employers' contributions receivable

Employers' contributions receivable is estimated based on receipts in the subsequent plan year that pertain to prior plan years.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Reciprocal agreements

The Plan is a party to reciprocal agreements with other pension funds of the Bricklayer and Allied Craft Trade Union.

Under reciprocal agreements, employer contributions are generally returned to the home area for members working outside their "home jurisdiction". The contributions due to the other jurisdictions are reflected as a reduction of employer contributions on the financial statements. Reciprocity paid for the years ended April 30, 2025 and 2024 was \$552,734 and \$411,711, respectively.

Administrative expense allocation

The administrative office is occupied by the Plan and its related Annuity and Health Funds. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended April 30, 2025 and 2024 were \$256,499 and \$241,491, respectively.

Note 2 - 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 or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 2 - Fair value measurements (cont'd)

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

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: The values of non-publicly traded corporate stock, partnerships/joint venture interests, common/collective trust funds, 103-12 investment entities and non-publicly traded registered investment companies are estimated by the management of the investment.

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

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of April 30, 2025, with fair value measurements on a recurring basis:

	<u>2025</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 939,334	\$ 939,334	\$ -	\$ -
U.S. government securities	82,626	82,626	-	-
Corporate debt instruments	17,698,565	-	17,698,565	-
Corporate stock	22,861,386	22,861,386	-	-
Registered investment companies	<u>36,289,600</u>	<u>36,289,600</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	77,871,511	\$ <u>60,172,946</u>	\$ <u>17,698,565</u>	\$ <u>-</u>
Investments measured at net asset value	<u>47,772,039</u>			
Investments at fair value	\$ <u>125,643,550</u>			

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of April 30, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 1,561,979	\$ 1,561,979	\$ -	\$ -
U.S. government securities	46,115	46,115	-	-
Corporate debt instruments	16,820,863	-	16,820,863	-
Corporate stock	21,740,246	21,740,246	-	-
Registered investment companies	<u>33,819,656</u>	<u>33,819,656</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	73,988,859	\$ <u>57,167,996</u>	\$ <u>16,820,863</u>	\$ <u>-</u>
Investments measured at net asset value	<u>49,541,180</u>			
Investments at fair value	\$ <u>123,530,039</u>			

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - Non-publicly traded corporate stock

The Plan is invested in non-publicly traded corporate stock. The fair value of these types of investments is determined by the management of the investment and is generally based on the estimated fair value of the underlying assets of the investment. The Plan records these types of investments at estimated fair value based on its capital shares, as reported on the annual audited financial statements. These investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, non-publicly traded corporate stock investments may be subject to withdrawal restrictions. Individually significant investments in non-publicly traded corporate stock held by the Plan are as follows:

CPG Focused Access Fund LLC (the "CPG Fund") was organized as a Delaware limited liability company. The CPG Fund's investment objective is to seek attractive, long-term, risk-adjusted returns by investing in a concentrated, select group of third-party alternative asset managers and the unregistered investment vehicles they operate that are represented on the Morgan Stanley Smith Barney LLC platform. The net asset value of the CPG Fund is determined monthly. The Plan does not have the right to require the CPG Fund to redeem units. However, the CPG Fund will at times repurchase units on a quarterly basis at the discretion of their Board of Directors. The estimated fair value of the Plan's investment as of April 30, 2025 and 2024 was \$6,992,981 and \$6,515,513, respectively.

Note 5 - Partnerships/joint venture interest

The Plan is invested in partnerships. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, partnership investments may be subject to withdrawal restrictions. Individually significant investments in partnerships held by the Plan are as follows:

HGK Trinity Street International Equity Fund, LP ("HGK Fund") is a Delaware limited partnership. The HGK Fund's investment objective is to produce superior long term returns over the course of both bull and bear market cycles. The HGK Fund aims to achieve this objective by investing primarily in publicly-traded equity securities of undervalued companies where there is a pricing discrepancy, with an emphasis on capital preservation. The net asset value of the HGK Fund is determined monthly. Limited partners may withdraw capital, upon at least 30 days written notice, subject to certain limitations. The estimated fair value of the Plan's investment as of April 30, 2025 and 2024 was \$11,801,282 and \$11,154,083, respectively.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 6 - Common/collective trust funds

The Plan is invested in common/collective trust funds. The fair value of the investments is determined by the management of each investment and is generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. There were no individually significant investments in common/collective trust funds held by the Plan as of April 30, 2025 and 2024.

Note 7 - 103-12 Investment entities

The Plan is invested in 103-12 investment entities. The fair value of the investments is determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, 103-12 investment entity investments may be subject to withdrawal restrictions. Individually significant investments in partnerships held by the Plan are as follows:

ProLoan Bond Fund, LLC (the "ProLoan Fund"), a Delaware limited liability company, is an open-ended private investment company. Units will be redeemed at the Net Asset Value determined as of the close of trading on the effective month-end withdrawal date; provided that the redemption request was received in proper form at least ten days prior to the effective withdrawal date. The estimated fair value of the Plan's investment as of April 30, 2025 and 2024 was \$7,094,883 and \$6,550,965, respectively.

Note 8 - Non-publicly traded registered investment companies

The Plan is invested in a non-publicly traded registered investment company. The fair value of these types of investments is determined by the management of the investment and is generally based on the estimated fair value of the underlying assets of the investment. The Plan records these types of investments at estimated fair value based on its shares. In addition, non-publicly traded registered investment company investments may be subject to withdrawal restrictions.

Ironwood Institutional Multi-Strategy Fund LLC ("Ironwood"), was organized as a Delaware limited liability company as a closed-end, non-diversified management investment company. Ironwood's investment objective is capital appreciation with limited variability of returns. Ironwood attempts to achieve this objective by allocating capital among a number of pooled entities. Each entity valued monthly and managed by an independent investment advisor pursuant to relative investment strategies or other techniques and subject to various risks. Units in Ironwood are subject to substantial restrictions on transferability and resale, and units are not redeemable. Ironwood may make a tender offer to repurchase units, but is not required to. The Plan may make a request for units to be repurchased, for which Ironwood may make an offer to repurchase less than the full amount of units requested. Units are not exchangeable for interests of any other investment fund. The estimated fair value of the Plan's investment as of April 30, 2025 and 2024 was \$3,449,911 and \$3,160,098, respectively

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 9 - Risks and uncertainties

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

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

Note 10 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 11 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are generally based on hours worked and the rates set forth in the collective bargaining agreements.

Note 12 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 12 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 6,564,109	\$ 519,708	\$ 7,083,817
Contributions	<u>6,987,343</u>	<u>-</u>	<u>6,987,343</u>
Total additions	<u>13,551,452</u>	<u>519,708</u>	<u>14,071,160</u>
Benefits paid directly to participants or beneficiaries	10,648,790	-	10,648,790
Administrative expenses	<u>527,057</u>	<u>519,708</u>	<u>1,046,765</u>
Total deductions	<u>11,175,847</u>	<u>519,708</u>	<u>11,695,555</u>
Net increase	<u>\$ 2,375,605</u>	<u>\$ -</u>	<u>\$ 2,375,605</u>

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 35.

Note 13 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of May 1, 2024 and 2023. Details of accumulated plan benefit information as of such dates are as follows:

	<u>May 1, 2024</u>	<u>May 1, 2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 92,792,995	\$ 92,507,063
Other vested participants	<u>60,088,383</u>	<u>58,086,829</u>
Total vested benefits	152,881,378	150,593,892
Nonvested benefits	<u>5,534,434</u>	<u>5,596,316</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 158,415,812</u>	<u>\$ 156,190,208</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 13 - Accumulated plan benefits (cont'd)

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	<u>May 1, 2024</u>	<u>May 1, 2023</u>
Actuarial present value of accumulated plan benefits - Beginning of year	\$ <u>156,190,208</u>	\$ <u>153,818,057</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	2,074,316	2,013,593
Interest due to the decrease in the discount period	10,346,633	10,191,697
Benefits paid	<u>(10,195,345)</u>	<u>(9,833,139)</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>2,225,604</u>	<u>2,372,151</u>
Actuarial present value of accumulated plan benefits - End of year	\$ <u><u>158,415,812</u></u>	\$ <u><u>156,190,208</u></u>

Through May 1, 2024, the Plan met minimum funding standard requirements under ERISA.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 13 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Unit Credit Cost Method
Assumed rate of return on investments	6.75%
Retirement age	Based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment.
Mortality basis - healthy	RP-2019 Mortality Tables with Blue Collar adjustment with separate rates for employees and annuitants and 50% of Scale MP-2019 future improvement.
Mortality basis - disabled	RP-2019 Disabled Retiree Mortality Tables with 50% of Scale MP-2019 future improvement.
Administrative expenses	Based on prior year actual plus 3%

As of May 1, 2024 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006 and the Multiemployer Pension Reform Act of 2014.

Note 14 - Tax status

The Plan has received a determination letter from the IRS dated September 28, 2011, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	MORGAN STANLEY BANK NA	VARIABLE	ON DEMAND	\$ 865,162	\$ 865,162
*	MORGAN STANLEY U.S. GOVERNMENT MONEY MARKET TRUST	VARIABLE	ON DEMAND	74,172	74,172
	ENTRUST SPECIAL OPP FUND III LTD - INTEREST BEARING CASH			41,220	41,220
	GSO SPECIAL SIT OVERSEAS FUND LTD - INTEREST BEARING CASH			31,755	31,755
	HAMILTON LANE PE OFFSHORE FUND VIII LP - INTEREST BEARING CASH			52,938	52,938
	SIGULER GUFF SMALL BUYOUT OPP FUND III LP - INTEREST BEARING CASH			31,218	31,218
	SIGULER GUFF SMALL BUYOUT OPP FUND V LP - INTEREST BEARING CASH			47,179	47,179
				\$ 1,143,644	\$ 1,143,644

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREASURY NOTE	4.13%	01/31/2027	\$ 82,000	\$ 82,346	\$ 82,626
HGK TRINITY STREET INTL EQUITY FUND LP - US GOVERNMENT SECURITIES			-	270,358	462,401
			<u>\$ 82,000</u>	<u>\$ 352,704</u>	<u>\$ 545,027</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CDW LLC	4.13%	05/01/2025	\$ 154,000	\$ 150,008	\$ 154,000
ENLINK MIDSTREAM PARTNERS LP	4.15%	06/01/2025	158,000	151,141	157,839
DCP MIDSTREAM OPERATING LP	5.38%	07/15/2025	78,000	77,920	78,016
CHARTER COMMUNICATIONS OPERATING LLC	4.91%	07/23/2025	157,000	158,580	156,780
PENSKE AUTOMOTIVE GROUP INC	3.50%	09/01/2025	179,000	185,208	177,983
MICROCHIP TECHNOLOGY INC	4.25%	09/01/2025	102,000	105,240	101,839
CONAGRA BRANDS INC	4.60%	11/01/2025	18,000	20,968	17,981
BERRY GLOBAL INC	1.57%	01/15/2026	196,000	175,238	191,086
ZIMMER BIOMET HOLDINGS INC	3.05%	01/15/2026	157,000	150,685	155,222
CROWN AMERICAS LLC	4.75%	02/01/2026	160,000	163,179	159,058
WESTERN DIGITAL CORP	4.75%	02/15/2026	33,000	31,923	32,784
HCA INC	5.88%	02/15/2026	28,000	28,315	28,055
ONEMAIN FINANCE CORP	7.13%	03/15/2026	157,000	160,167	158,370
XAI OCTAGN FLT RAT & ALT INM	6.50%	03/31/2026	4,750	117,266	119,510
GLOBAL PAYMENTS INC	4.80%	04/01/2026	150,000	159,101	149,879
OFS CREDIT CO INC	6.13%	04/30/2026	7,525	178,740	185,191
ICAHN ENTERPRISES LP	6.25%	05/15/2026	98,000	97,081	97,646
CRESCENT CAP BDC IN	5.00%	05/25/2026	7,000	162,513	173,880
UNDER ARMOUR INC	3.25%	06/15/2026	167,000	171,083	161,594
GREAT ELM CAPITA	5.88%	06/30/2026	10,700	265,360	271,780
MOLSON COORS BEVERAGE CO	3.00%	07/15/2026	190,000	197,118	186,932
SABRA HEALTH CARE LP	5.13%	08/15/2026	159,000	151,218	158,183
HCA INC	5.38%	09/01/2026	46,000	52,498	46,275
HILLENBRAND INC	5.00%	09/15/2026	162,000	166,258	160,248
TEVA PHARMACEUTICAL FINANCE					
NETHERLANDS III BV	3.15%	10/01/2026	167,000	146,732	161,430
AMERICAN TOWER CORP	3.38%	10/15/2026	110,000	111,493	108,240
SLM CORP	3.13%	11/02/2026	140,000	138,179	135,615
FORD MOTOR CO	4.35%	12/08/2026	161,000	167,965	157,869
STEEL DYNAMICS INC	5.00%	12/15/2026	197,000	203,630	196,992
BROADCOM CORP	3.88%	01/15/2027	93,000	95,841	92,279
OXFORD LANE CAPITAL CORP	5.00%	01/31/2027	12,000	297,600	286,080
SBA COMMUNICATIONS CORP	3.88%	02/15/2027	164,000	166,823	160,171
SBA COMMUNICATIONS CORP	3.88%	02/15/2027	31,000	32,046	30,276
AT&T INC	4.25%	03/01/2027	103,000	120,402	102,835
AECOM	5.13%	03/15/2027	158,000	154,355	157,613
VERIZON COMMUNICATIONS INC	4.13%	03/16/2027	179,000	199,318	178,842
HILTON WORLDWIDE FINANCE LLC	4.88%	04/01/2027	161,000	165,004	160,087
TRAVEL + LEISURE CO	6.00%	04/01/2027	165,000	159,885	166,074
SUNOCO LP	6.00%	04/15/2027	139,000	145,575	138,529
UNITED RENTALS NORTH AMERICA INC	5.50%	05/15/2027	152,000	154,279	151,972
CENTURY COMMUNITIES INC	6.75%	06/01/2027	80,000	80,502	80,012
CLEVELAND-CLIFFS INC	5.88%	06/01/2027	164,000	164,028	161,732
WILLIS NORTH AMERICA INC	4.65%	06/15/2027	24,000	23,685	24,081
HP INC	3.00%	06/17/2027	126,000	133,084	121,969
ALLEGION US HOLDING CO INC	3.55%	10/01/2027	104,000	101,242	101,155
RHP HOTEL PROPERTIES LP	4.75%	10/15/2027	116,000	113,825	113,701
TELEFLEX INC	4.63%	11/15/2027	162,000	153,574	158,514
TRANSDIGM INC	5.50%	11/15/2027	262,000	250,579	261,027
ATI INC	5.88%	12/01/2027	70,000	69,805	69,944
BOYD GAMING CORP	4.75%	12/01/2027	159,000	149,713	155,677
BUCKEYE PARTNERS LP	4.13%	12/01/2027	42,000	40,550	40,380
BOYD GAMING CORP	4.75%	12/01/2027	172,000	170,594	168,405
CARLISLE COS INC	3.75%	12/01/2027	122,000	138,499	119,430
CENTENE CORP	4.25%	12/15/2027	161,000	150,468	157,347

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
SERVICE CORP INTERNATIONAL	4.63%	12/15/2027	164,000	154,748	161,624
SERVICE CORP INTERNATIONAL/US	4.63%	12/15/2027	27,000	28,755	26,609
AMERICAN TOWER CORP	3.60%	01/15/2028	26,000	24,305	25,439
UNITED RENTALS NORTH AMERICA INC	4.88%	01/15/2028	102,000	100,470	100,731
SILGAN HOLDINGS INC	4.13%	02/01/2028	166,000	149,617	160,378
LAMAR MEDIA CORP	3.75%	02/15/2028	169,000	152,662	161,182
VICI PROPERTIES LP	4.75%	02/15/2028	161,000	157,112	161,452
AT&T INC	4.10%	02/15/2028	78,000	79,808	77,659
EXPEDIA INC	3.80%	02/15/2028	204,000	190,396	199,989
TEGNA INC	4.63%	03/15/2028	174,000	156,756	166,280
BAT CAPITAL CORP	2.26%	03/25/2028	36,000	31,063	33,834
CDW LLC	4.25%	04/01/2028	80,000	73,423	78,390
SARATOGA INVT CRP	8.50%	04/15/2028	5,300	131,175	135,234
DOLLAR TREE INC	4.20%	05/15/2028	66,000	66,574	65,040
TRIMBLE INC	4.90%	06/15/2028	151,000	166,721	152,181
CARPENTER TECHNOLOGY CORP	6.38%	07/15/2028	163,000	163,857	163,242
BLOCK FINANCIAL LLC	2.50%	07/15/2028	173,000	171,342	160,611
EAGLE POINT INCOME CO INC	7.75%	07/31/2028	7,500	185,025	186,008
HCA INC	5.63%	09/01/2028	101,000	113,974	103,501
FLUOR CORP	4.25%	09/15/2028	41,000	39,001	39,647
BROADCOM INC	4.11%	09/15/2028	65,000	68,139	64,409
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	4.70%	09/15/2028	182,000	199,294	182,445
WILLIS NORTH AMERICA INC	4.50%	09/15/2028	176,000	178,280	175,701
TENET HEALTHCARE CORP	6.13%	10/01/2028	51,000	48,641	50,938
HB FULLER CO	4.25%	10/15/2028	172,000	163,813	162,707
CONAGRA BRANDS INC	4.85%	11/01/2028	203,000	204,331	204,109
GENUINE PARTS CO	6.50%	11/01/2028	184,000	195,055	194,572
EAGLE POINT CREDIT CO	8.00%	01/31/2029	12,000	295,200	297,000
EAGLE POINT CREDIT CO INC	5.38%	01/31/2029	7,250	179,075	164,213
IQVIA INC	6.25%	02/01/2029	205,000	218,460	213,020
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	179,000	160,409	165,852
ALTRIA GROUP INC	4.80%	02/14/2029	153,000	152,238	153,810
CDW LLC	3.25%	02/15/2029	159,000	151,829	148,042
LOWE'S COS INC	3.65%	04/05/2029	41,000	39,474	39,736
HP INC	4.00%	04/15/2029	38,000	36,678	36,825
MOTOROLA SOLUTIONS INC	4.60%	05/23/2029	192,000	188,870	191,717
TENET HEALTHCARE CORP	4.25%	06/01/2029	167,000	155,093	159,263
SERVICE CORP INTERNATIONAL/US	5.13%	06/01/2029	236,000	242,995	233,436
BALL CORP	6.00%	06/15/2029	162,000	163,926	165,029
BATH & BODY WORKS INC	7.50%	06/15/2029	212,000	215,610	217,061
FISERV INC	3.50%	07/01/2029	32,000	30,237	30,469
OLIN CORP	5.63%	08/01/2029	222,000	217,263	215,767
NMI HOLDINGS INC	6.00%	08/15/2029	57,000	56,779	57,653
AMERICAN TOWER CORP	3.80%	08/15/2029	99,000	102,335	95,709
QORVO INC	4.38%	10/15/2029	212,000	214,194	202,628
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	48,000	47,040	46,731
GLADSTONE INVT CORP	7.88%	02/01/2030	9,000	222,750	226,440
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	185,000	166,593	180,110
CARLISLE COS INC	2.75%	03/01/2030	28,000	24,554	25,569
ORACLE CORP	2.95%	04/01/2030	25,000	21,827	23,105
BAT CAPITAL CORP	4.91%	04/02/2030	25,000	23,754	25,097
FLEX LTD	4.88%	05/12/2030	200,000	192,313	196,600
GLOBAL PAYMENTS INC	2.90%	05/15/2030	55,000	46,236	49,477
UNITED RENTALS NORTH AMERICA INC	4.00%	07/15/2030	194,000	173,200	180,946

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
BLOCK FINANCIAL LLC	3.88%	08/15/2030	50,000	43,962	47,010
HCA INC	3.50%	09/01/2030	51,000	44,664	47,548
QUANTA SERVICES INC	2.90%	10/01/2030	223,000	195,914	201,683
BROADCOM INC	4.15%	11/15/2030	39,000	37,717	37,959
VERIZON COMMUNICATIONS INC	2.55%	03/21/2031	42,000	35,533	37,356
TELEDYNE TECHNOLOGIES INC	2.75%	04/01/2031	250,000	208,703	222,513
AT&T INC	2.75%	06/01/2031	25,000	20,274	22,397
EAGLE MATERIALS INC	2.50%	07/01/2031	233,000	196,526	202,962
DICK'S SPORTING GOODS INC	3.15%	01/15/2032	248,000	194,524	217,046
FLEX LTD	5.25%	01/15/2032	31,000	30,541	30,416
CARLISLE COS INC	2.20%	03/01/2032	67,000	53,987	55,467
FORTUNE BRANDS INNOVATIONS INC	4.00%	03/25/2032	83,000	76,160	76,737
YUM! BRANDS INC	5.38%	04/01/2032	191,000	190,505	188,174
HP INC	4.20%	04/15/2032	28,000	24,861	26,133
MOTOROLA SOLUTIONS INC	5.60%	06/01/2032	30,000	31,774	30,976
ALLEGION US HOLDING CO INC	5.41%	07/01/2032	38,000	38,606	38,530
SERVICE CORP INTERNATIONAL/US	5.75%	10/15/2032	41,000	40,385	40,570
ORACLE CORP	6.25%	11/09/2032	175,000	177,379	186,470
HP INC	5.50%	01/15/2033	31,000	32,293	30,831
PHILIP MORRIS INTERNATIONAL INC	5.38%	02/15/2033	210,000	210,224	214,827
TRIMBLE INC	6.10%	03/15/2033	57,000	58,966	59,140
WILLIS NORTH AMERICA INC	5.35%	05/15/2033	31,000	31,178	31,218
FORTUNE BRANDS INNOVATIONS INC	5.88%	06/01/2033	28,000	28,417	28,777
LKQ CORP	6.25%	06/15/2033	200,000	203,982	206,734
LOWE'S COS INC	5.15%	07/01/2033	163,000	166,151	163,591
BAT CAPITAL CORP	6.42%	08/02/2033	151,000	161,454	161,313
FISERV INC	5.63%	08/21/2033	186,000	192,434	189,278
ALTRIA GROUP INC	6.88%	11/01/2033	55,000	59,574	60,453
GENUINE PARTS CO	6.88%	11/01/2033	28,000	30,722	30,823
CROWN CASTLE INC	5.80%	03/01/2034	203,000	213,501	207,378
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	5.61%	03/11/2034	42,000	44,516	43,040
QUANTA SERVICES INC	5.25%	08/09/2034	28,000	27,531	27,589
			\$ 16,015,025	\$ 17,712,310	\$ 17,698,565

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - PREFERRED

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PREFERRED STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
OFC CREDIT CO (OCCIM)	20,000	\$ 494,718	\$ 487,000
OFS CREDIT COMPANY INC (OCCIN)	9,300	225,641	222,875
HGK TRINITY STREET INTL EQUITY FUND LP - CORPORATE STOCK - PREFERRED	-	194,485	332,633
		\$ 914,844	\$ 1,042,508

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
3M CO (MMM)	116	\$ 11,076	\$ 16,114
A G C O CORP (AGCO)	165	17,198	13,997
AAON INC (AAON)	342	23,026	31,214
ABBOTT LABORATORIES (ABT)	2,785	113,340	364,139
ABBVIE INC COM (ABBV)	299	43,793	58,335
ACCENTURE PLC IRELAND CL A (ACN)	761	137,723	227,653
ACUITY INC (AYI)	63	9,948	15,347
ADOBE INC (ADBE)	699	122,440	262,111
AERCAP HOLDINGS N.V. (AER)	574	55,256	60,844
AIA GROUP LTD SPON ADR (AAGIY)	2,351	85,852	70,457
AIMEI HEALTH TECHNOLOGY CO LTD (AFJK)	34,500	352,590	377,810
AIRBNB INC CL A (ABNB)	2,027	252,100	247,132
ALIBABA GROUP HLDG LTD (BABA)	2,115	162,486	251,594
ALLISON TRANSMN HLDGS INC (ALSN)	153	5,473	14,113
ALLY FINANCIAL INC (ALLY)	1,533	63,880	50,068
ALPHABET INC CL A (GOOGL)	523	91,549	83,052
ALPHABET INC CL C (GOOG)	1,926	78,775	308,874
AMAZON COM INC (AMZN)	3,637	353,754	670,735
AMCOR PLC (AMCR)	2,070	17,715	19,044
AMDOCS LIMITED ORD (DOX)	957	81,910	84,771
AMERIPRISE FINCL INC (AMP)	108	34,686	50,870
AMPHENOL CORP NEW CL A (APH)	1,287	81,662	99,035
ANGEL OAK FINL STRAT INCM RTS (FINS'R)	42,700	-	1,665
ANTERO RES CORP COM (AR)	1,232	35,407	42,911
AON PLC CL A (AON)	500	203,164	177,395
APPLE INC (AAPL)	385	62,693	81,813
ARTISAN PARTNERS ASSET MGMT (APAM)	1,384	49,711	51,180
ATKORE INC (ATKR)	258	27,405	16,478
AUTODESK INC DELAWARE (ADSK)	296	74,250	81,178
AUTOLIV INC (ALV)	179	14,606	16,688
BAKER HUGHES COMPANY CL A (BKR)	573	19,103	20,284
BANK RAKYAT INDONESIA ADR (BKRKY)	6,511	98,739	75,502
BOISE CASCADE LLC (BCC)	159	16,632	14,832
BORG WARNER INC (BWA)	515	17,245	14,616
BP PLC ADS (BP)	828	27,100	22,737
BRINKER INTL INC (EAT)	428	54,105	57,480
BRUKER CORPORATION (BRKR)	626	32,502	25,078
BUILDERS FIRSTSOURCE INC (BLDR)	71	8,432	8,494
BWX TECHNOLOGIES INC COM (BWXT)	374	30,640	40,811
BYD COMPANY LTD UNSPON ADR (BYDDY)	878	63,104	83,830
CADENCE BANK (CADE)	1,649	41,402	48,250
CADENCE DESIGN SYSTEM (CDNS)	312	48,732	92,895
CAPITEC BANK HOLDINGS LTD ADR (CKHGY)	1,245	48,618	115,159
CARDINAL HEALTH INC (CAH)	410	47,046	57,929
CARLISLE CO INC (CSL)	41	10,437	15,559
CARNIVAL CP NEW PAIRED COM (CCL)	3,132	74,288	57,441
CASEY'S GENERAL STORES INC (CASY)	136	37,621	62,912
CELESTICA INC (CLS)	321	24,843	27,397
CENCORA INC (COR)	178	28,311	52,095
CENTENE CORPORATION (CNC)	840	58,471	50,274
CF INDUSTRIES HOLDINGS	-	126	10,301
CHAMPION HOMES INC (SKY)	254	16,168	21,971
CHARLTON ARIA ACQU CORP CL A (CHAR)	55,183	546,863	560,106
CHINA MERCHANTS BK CO LTD UNSP (CIHKY)	4,808	109,711	131,600
CIENA CORP NEW (CIEN)	412	23,375	27,670
CISCO SYS INC (CSCO)	1,401	79,545	80,880

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
CITIGROUP INC NEW (C)	717	32,400	49,028
CIVITAS RESOURCES INC NEW (CIVI)	727	34,508	19,811
CLEAN HARBORS (CLH)	131	26,972	28,026
CLICKS GROUP LTD SPONS ADR (CLCGY)	1,379	56,635	58,641
COHERENT CORP (COHR)	515	33,301	33,125
COLUMBUS MCKINNON CORP (CMCO)	570	21,973	8,465
COMERICA INC (CMA)	955	44,588	51,331
COMMERCIAL METALS CO (CMC)	198	8,782	8,819
COMMVAULT SYSTEMS	-	543	97,703
CORE & MAIN INC CL A (CNM)	304	11,812	16,015
COSAN S A ADR (CSAN)	72	1,077	394
COSTAR GROUP INC (CSGP)	1,857	137,529	137,734
CPG FOCUSED ACCESS FUND LLC (BBR74)	265,537	5,910,139	6,992,981
CSX CORP (CSX)	514	17,544	14,428
CULLEN FROST BANKERS INC (CFR)	478	55,897	55,668
CUMMINS INC (CMI)	49	2,839	14,398
CURTISS WRIGHT CORP (CW)	240	86,993	82,774
CUSHMAN & WAKEFIELD PLC (CWK)	5,132	53,701	48,087
DAVITA INC (DVA)	336	34,965	47,561
DOMINION ENERGY INC (D)	356	18,741	19,359
DOVER CORP (DOV)	89	5,220	15,188
DROPBOX INC CL A (DBX)	3,172	98,800	90,561
DRUGS MADE IN AMERICA ACQ CORP (DMAA)	40,000	398,800	402,600
EAGLE MATLS INC (EXP)	128	28,898	28,978
EASTMAN CHEMICAL COMPANY (EMN)	121	9,239	9,317
EBAY INC (EBAY)	917	59,766	62,503
ELEMENT SOLUTIONS INC (ESI)	2,275	40,849	46,433
ELEVANCE HEALTH INC (ELV)	123	52,638	51,731
ELI LILLY & CO (LLY)	491	346,677	441,384
EMCOR GROUP INC (EME)	42	5,582	16,829
EMERSON ELECTRIC CO (EMR)	139	1,264	14,610
EPAM SYSTEMS (EPAM)	214	67,050	33,579
EQUITABLE HLDGS INC (EQH)	1,108	50,851	54,791
EVERGY INC (EVRG)	307	18,598	21,214
F5 INC (FFIV)	318	68,857	84,187
FABRINET (FN)	443	105,093	90,842
FEDERAL SIGNAL CORP (FSS)	317	24,481	25,813
FIDELITY NATIONAL FINANCIAL IN (FNF)	840	38,354	53,802
FIRST AMERICAN FINL CORP (FAF)	871	48,713	52,966
FIRSTCASH HLDGS INC (FCFS)	417	46,669	55,861
FIRSTENERGY CORP (FE)	471	19,526	20,196
FORTINET INC (FTNT)	934	50,217	96,912
FOX CORP CL B (FOX)	1,326	58,275	61,314
GARMIN LTD (GRMN)	305	53,622	56,995
GARTNER INC (IT)	249	28,604	104,849
GATES INDUSTRIAL CORP PLC (GTES)	797	15,589	15,079
GATX CORP (GATX)	209	23,548	30,506
GENTEX CORP (GNTX)	585	12,381	12,741
GENUINE PARTS CO (GPC)	126	16,568	14,811
GILDAN ACTIVEWEAR INC (GIL)	596	21,435	27,488
GILEAD SCIENCE (GILD)	466	34,779	49,648
GLOBAL LIGHTS ACQUISITION CORP (GLACF)	36,305	370,983	388,190
GLOBANT S.A (GLOB)	250	45,010	29,393
GLOBUS MEDICAL INC A (GMED)	435	21,783	31,220
GODADDY INC. (GDDY)	513	78,990	96,613
GOLDMAN SACHS GRP INC (GS)	92	32,556	50,375

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
GP-ACT III ACQUISITION CRP CL A (GPAT)	34,500	346,035	357,420
GROUP I AUTOMOTIVE INC (GPI)	138	64,783	55,701
GRUPO FINANCIERO BANORTE SAB (GBOOY)	1,684	56,791	72,328
GXO LOGISTICS INCORPORATED (GXO)	675	27,169	24,462
H & R BLOCK INC (HRB)	1,121	70,780	67,675
HALLIBURTON CO (HAL)	1,046	37,631	20,732
HANOVER INSURANCE GROUP INC (THG)	261	43,317	43,352
HARTFORD INSURANCE GROUP INC (HIG)	416	31,517	51,031
HAWKINS INC (HWKN)	253	30,607	30,810
HCA HEALTHCARE INC (HCA)	160	45,215	55,213
HDFC BANK LTD ADR (HDB)	3,928	241,158	284,526
HEALTH EQUITY INC COM (HGY)	258	19,061	22,116
HOLOGIC INC (HOLX)	753	54,517	43,825
HUNTINGTON INGALLS INDUSTRIES (HII)	234	46,029	53,900
ICICI BANK LTD (IBN)	6,864	119,715	230,356
IDEXX LABS (IDXX)	361	157,887	156,187
INGREDION INC COM (INGR)	83	8,430	11,024
INSTALLED BLDG PRODS INC (IBP)	327	42,313	54,226
INTEGER HOLDINGS CORP (ITGR)	228	26,932	28,799
INTUIT INC (INTU)	145	67,728	90,983
JABIL CIRCUIT INC (JBL)	590	98,795	86,470
JACKSON FINANCIAL INC CL A (JXN)	592	49,018	46,123
JACOBS SOLUTIONS INC (J)	122	9,147	15,104
JAZZ PHARMACEUTICALS PLC (JAZZ)	527	57,814	61,638
JBT MAREL CORPORATION (JBTM)	383	46,502	40,315
JD COM INC SPON ADR CL A (JD)	1,607	72,184	52,420
KIRBY CP (KEX)	415	35,668	39,994
KLA CORPORATION (KLAC)	133	66,787	93,458
KNIGHT-SWIFT TRANSN HLDGS CL A (KNX)	374	19,873	14,650
LABCORP HOLDINGS INC (LH)	217	47,176	52,299
LEAR CORP (LEA)	162	18,126	13,892
LEGATO MERGER CORP III (LEGT)	22,250	224,058	235,628
LIFE TIME GROUP HOLDINGS INC (LTH)	2,170	64,579	66,532
LIGHT & WONDER INC (LNW)	795	77,496	67,877
LINCOLN ELEC HLDGS INC (LECO)	176	33,354	31,011
LITHIA MTRS INC (LAD)	205	73,130	60,016
LOUISIANA PACIFIC CORP (LPX)	111	9,642	9,580
LYONDELLBASELL NV CL-A (LYB)	163	12,766	9,488
MAKEMYTRIP LIMITED (MMYT)	558	58,874	58,490
MASCO CORP (MAS)	229	12,297	13,880
MASTERCARD INC CL A (MA)	779	119,509	426,939
MATADOR RES CO (MTDR)	270	14,572	10,676
MATERION CORP COM (MTRN)	428	42,633	35,528
MATSON INC COM (MATX)	152	22,727	16,582
MCKESSON CORP (MCK)	72	23,310	51,321
MEITUAN ADR (MPNGY)	3,222	96,535	108,275
META PLATFORMS INC CL A (META)	137	69,460	75,213
METLIFE INCORPORATED (MET)	657	40,149	49,518
MICROSOFT CORP (MSFT)	230	93,716	90,910
MICROSOFT CORP (MSFT)	1,463	274,828	578,265
MINTH GROUP LTD (MINTY)	409	12,851	19,452
MOLSON COORS BEVERAGE CO CL B (TAP)	801	47,866	46,082
MOUNTAIN LAKE ACQUI CORP CL A (MLAC)	50,000	498,000	506,500
MSCI INC COM (MSCI)	500	263,656	272,555
MUELLER INDUS INC (MLI)	209	8,063	15,374
MURPHY OIL CORP (MUR)	974	34,221	19,996

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
MURPHY OIL CORP (MUR)	475	13,447	9,752
NETAPP INC COM (NTAP)	823	76,563	73,864
NETFLIX INC (NFLX)	241	44,456	272,745
NNN REIT INC (NNN)	663	24,359	27,256
NORTHROP GRUMMAN CP(HLDG CO) (NOC)	172	87,847	83,678
NORTHWEST NAT HLDG CO (NWN)	432	19,017	18,619
NOV INC (NOV)	1,684	26,254	19,551
NRG ENERGY INC (NRG)	217	13,438	23,779
NUCOR CORPORATION (NUE)	82	10,516	9,788
NY TIMES CL A COMMON (NYT)	1,234	61,032	64,242
ONTO INNOVATION INC (ONTO)	236	30,602	28,785
ORACLE CORP (ORCL)	3,118	468,265	438,765
OSHKOSH CORP (OSK)	152	14,520	12,732
OVINTIV INC (OVV)	690	30,228	23,170
OWENS CORNING INC (OC)	71	7,869	10,324
PACKAGING CORP AMER (PKG)	52	7,726	9,652
PARKER HANNIFIN CORP (PH)	26	-	15,732
PAYCHEX INC (PAYX)	580	68,005	85,330
PAYCOM SOFTWARE INC (PAYC)	731	140,207	165,491
PERMIAN RESOURCES CP CL A (PR)	962	9,928	11,352
PFIZER INC (PFE)	2,422	64,934	59,121
PG&E CORP (PCG)	932	19,632	15,397
PHILIP MORRIS INTL INC (PM)	345	31,486	59,119
PING AN INSURANCE ADR (PNGAY)	6,959	67,291	83,640
PKO BANK POLSKI UNSPON ADR (PSZKY)	4,082	59,625	78,521
POST HOLDINGS INC (POST)	472	45,050	53,416
PPL CORPORATION (PPL)	577	16,066	21,061
PROSPERITY BANCSHARES (PB)	710	41,616	48,209
PRUDENTIAL FINANCIAL INC (PRU)	503	55,803	51,663
PT BK NEGARA INDONESIA UN ADR (PTBRY)	4,603	73,478	57,952
QUEST DIAGNOSTICS INC (DGX)	318	46,217	56,674
RALPH LAUREN CORP CL A (RL)	268	73,476	60,287
RED ROCK RESORTS INC CL A (RRR)	1,024	45,177	43,725
REGIONS FINANCIAL CORP NEW (RF)	2,553	45,559	52,107
RELiance INC (RS)	33	4,875	9,512
RF ACQUISITION CORP II (RFAI)	32,500	328,738	339,625
ROYAL CARIBBEAN GROUP COM (RCL)	289	30,963	62,109
ROYALTY PHARMA PLC SHS CLASS A (RPRX)	1,598	52,918	52,446
RUSH ENTERPRISES INC CL A (RUSHA)	565	18,699	28,809
RYDER SYSTEMS INC (R)	111	10,167	15,281
SCHLUMBERGER LTD (SLB)	589	24,762	19,584
SEAGATE TECHNOLOGY HLDNGS PLC (STX)	933	99,687	84,928
SELECTIVE INSURANCE GROUP (SIGI)	649	41,860	56,612
SERVICENOW INC (NOW)	325	120,713	310,000
SHELL PLC ADR (SHEL)	371	22,919	23,922
SHOPIFY INC CL A (SHOP)	3,643	238,608	346,085
SILGAN HOLDINGS INC (SLGN)	563	26,876	29,079
SLM CORPORATION (SLM)	1,847	49,419	53,397
SM ENERGY COMPANY (SM)	1,014	33,740	23,109
SNAP-ON INC (SNA)	49	10,379	15,377
SOLVENTUM CORP (SOLV)	684	50,528	45,226
SONOCO PRODUCTS CO (SON)	195	10,896	7,995
SOUTHWEST GAS HOLDINGS INC (SWX)	259	19,491	18,702
SPIRE INC (SR)	535	39,020	40,949
SS&C TECHNOLOGIES HLDGS INC (SSNC)	1,043	89,871	78,851
STAG INDL INC COM (STAG)	1,177	37,649	38,876

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
STARBOARD VALUE OPP FD LTD	1,456	2,000,000	4,018,114
STARBUCKS CORP WASHINGTON (SBUX)	2,554	250,221	204,448
STATE STREET CORP (STT)	608	44,040	53,565
STEEL DYNAMICS INC (STLD)	84	6,311	10,896
STRIDE INC (LRN)	481	67,765	68,422
SYNCHRONY FINANCIAL (SYF)	1,002	36,658	52,054
SYNOVUS FINANCIAL CORP (SNV)	1,106	40,166	47,912
TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	3,075	82,526	512,572
TAPESTRY INC (TPR)	814	55,298	57,509
TENCENT HLDGS LTD UNSPON ADR (TCEHY)	7,673	245,642	468,513
TENET HEALTHCARE CORP COM NEW (THC)	411	42,249	58,752
THE MOSAIC COMPANY (MOS)	353	9,382	10,731
THERMO FISHER SCIENTIFIC (TMO)	611	340,246	262,119
TIMKEN CO (TKR)	226	18,110	14,521
T-MOBILE US INC COM (TMUS)	83	10,720	20,497
TOPBUILD CORP COM (BLD)	52	17,345	15,380
TOTALENERGIES SE SPONSORED ADS (TTE)	357	21,631	20,295
TRINET GROUP INC (TNET)	342	26,726	26,789
TRIP COM GROUP LTD ADR (TCOM)	583	29,344	34,391
UFP INDUSTRIES INC (UFPI)	85	7,799	8,402
UGI CORPORATION NEW COM (UGI)	630	16,595	20,658
UNITED PARCEL SER INC CL-B (UPS)	151	18,848	14,390
UNITED RENTALS INC (URI)	26	9,398	16,418
UNITED THERAPEUTICS CORP (UTHR)	171	45,998	51,828
UNITEDHEALTH GP INC (UNH)	289	89,579	118,906
UNUM GROUP (UNM)	663	29,494	51,489
URBAN OUTFITTERS INC (URBN)	1,223	67,869	64,550
VALLEY NATL BANCORP (VLY)	5,644	57,811	48,538
VALMONT INDUSTRIES (VMI)	104	24,794	30,495
VALVOLINE INC COM (VVV)	1,379	49,474	47,245
VERIZON COMMUNICATIONS (VZ)	491	20,006	21,633
VISA INC CL A (V)	1,476	295,050	509,958
VISTRA CORP (VST)	168	14,197	21,778
VONTIER CORPORATION (VNT)	467	14,608	14,855
WAL-MART DE MEXICO SA SPON ADR (WMMVY)	1,837	69,427	58,306
WARBY PARKER INC CL A (WRBY)	725	9,700	11,970
WATTS WTR TECH INC A (WTS)	130	25,784	27,008
WEG S.A. SPONSORED ADR (WEGZY)	12,500	67,172	99,425
WELLS FARGO & CO NEW (WFC)	759	29,179	53,897
WESCO INTL INC (WCC)	152	23,185	24,770
WESTERN ALLIANCE BANCORP (WAL)	775	38,558	54,025
WESTLAKE CORPORATION (WLK)	101	8,410	9,335
WORKDAY INC CL A (WDAY)	916	207,217	224,420
XCEL ENERGY INC (XEL)	280	17,756	19,796
ZIONS BANCORPORATION N A (ZION)	1,005	40,900	45,195
ZIONS BANCORPORATION N A (ZION)	1,080	39,216	48,568
ZOETIS INC CLASS-A (ZTS)	2,225	342,622	347,990
ENTRUST SPECIAL OPP FUND III LTD - COMMON STOCK	-	568,094	264,208
GSO SPECIAL SIT OVERSEAS FUND LTD - COMMON STOCK	-	13,890	3
HAMILTON LANE PE OFFSHORE FUND VIII LP - COMMON STOCK	-	17,656	20,157
HGK TRINITY STREET INTL EQUITY FUND LP - COMMON STOCK	-	6,277,434	10,736,489
SIGULER GUFF SMALL BUYOUT OPP FUND III LP - COMMON STOCK	-	-	24,151
SIGULER GUFF SMALL BUYOUT OPP FUND V LP - COMMON STOCK	-	29,206	35,155
		<u>\$ 32,638,601</u>	<u>\$ 44,242,768</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
INTERCONTINENTAL US REIF		\$ 2,918,924	\$ 2,873,658
NB CROSSROADS PMF V (TE)		737,859	3,371,992
ENTRUST SPECIAL OPP FUND III LTD - PARTNERSHIPS		1,157,087	516,086
GSO SPECIAL SIT OVERSEAS FUND LTD - PARTNERSHIPS		335,027	233,099
HAMILTON LANE PE OFFSHORE FUND VIII LP - PARTNERSHIPS		989,675	1,137,396
SIGULER GUFF SMALL BUYOUT OPP FUND III LP - PARTNERSHIPS		-	1,751,373
SIGULER GUFF SMALL BUYOUT OPP FUND V LP - PARTNERSHIPS		<u>1,565,675</u>	<u>1,894,262</u>
		<u>\$ 7,704,247</u>	<u>\$ 11,777,866</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF NON-PARTICIPANT LOANS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE		(b)			(c) - DESCRIPTION NON-PARTICIPANT LOANS	(d)	(e)
					PAR OR MATURITY / NO. OF SHARES		
		ISSUER	INTEREST RATE	MATURITY DATE		COST	CURRENT VALUE
		HGK TRINITY STREET INTL EQUITY FUND LP - NON-PARTICIPANT LOANS			-	\$ 341,154	\$ 583,486
						\$ 341,154	\$ 583,486

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	ASB ALLEGIANCE REAL ESTATE FUND	2,201,537	\$ 2,322,624	\$ 2,201,538
			\$ 2,322,624	\$ 2,201,538

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	PROLOAN BOND FUND, LLC	3,954	\$ 5,826,608	\$ 7,094,883
			\$ 5,826,608	\$ 7,094,883

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AMER BEACON AHL MNGD FUT STR Y (AHLYX)	153,788	\$ 1,637,393	\$ 1,367,172
ANGEL OAK FINL STRATEGIES INCM (FINS)	42,700	514,492	564,922
BLACKROCK MUNI CREDIT ALPHA I (MUNEX)	45,057	547,424	578,985
BLACKROCK MUNIHLNG CA QUAL FD (MUC)	25,350	272,475	267,444
DOUBLELINE TOTAL RETURN I (DBLTX)	558,019	4,920,851	4,932,892
FEDERATED HERMES GOVT OBL PRM (GOFXX)	608,893	608,893	608,894
INVESCO S&P 500 EQUAL WEIGHT E (RSP)	23,688	3,971,819	4,006,590
IRONWOOD INSTITUTIONAL MULTI-STRATEGY FUND LLC	2,881	3,370,240	3,449,911
ISHARES 20+ YR TREASU BOND ETF (TLT)	21,203	2,098,652	1,897,033
ISHARES 7-10 YR TREASRY BD ETF (IEF)	5,850	572,737	562,010
ISHARES CORE DIVIDEND GROWTH (DGRO)	65,892	3,515,150	3,962,746
ISHARES RUSSELL 2000 VALUE ETF (IWN)	740	123,725	107,153
KKR CREDIT OPPORTUNITIES I (KCOPX)	127,396	3,401,629	2,939,018
LM MARTIN CURRIE SMASH SER EM (LCSMX)	266,355	2,582,377	2,445,142
LOCORR MARKET TREND I (LOTIX)	137,954	1,604,569	1,400,236
MFS INTERMEDIATE INCOME TR SBI (MIN)	115,000	304,593	309,351
NEUBERGER BERMAN LG SH INST (NLSIX)	140,067	2,317,230	2,652,866
NUV NEW YORK AMT-FREE MUNIC (NRK)	76,500	641,294	765,001
NUVEEN AMT-FREE QLTY MUN INC (NEA)	27,400	291,961	298,113
NUVEEN QUALITY MUNI INC FUND (NAD)	22,275	242,524	251,486
TORTOISE ENRGY INFR TOT RET I (TORIX)	80,190	988,621	1,526,016
VANGUARD FTSE EMERGING MARKETS (VWO)	49,630	2,044,535	2,245,759
VANGUARD GROWTH ETF (VUG)	2,209	748,578	835,644
VANGUARD SMALL CAP ETF (VB)	4,956	998,485	1,071,240
WESTERN ASST INFLTIN LKD INM FD (WIA)	83,500	514,870	693,886
		<u>\$ 38,835,117</u>	<u>\$ 39,739,510</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF OTHER INVESTMENTS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE				
	(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	HGK TRINITY STREET INTL EQUITY FUND LP - OTHER INVESTMENTS	-	\$ 4,395	\$ 7,517
		-	\$ 4,395	\$ 7,517

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM 5500

APRIL 30, 2025

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ 939,334	\$ 204,310	\$ 1,143,644
U.S. government securities	82,626	462,401	545,027
Corporate debt instruments	17,698,565	-	17,698,565
Corporate stock	34,990,306	10,294,970	45,285,276
Partnership/joint venture interests	22,896,788	(11,118,922)	11,777,866
Loans (other than participant loans)	-	583,486	583,486
Common/collective trust funds	2,201,538	-	2,201,538
103-12 investment entities	7,094,883	-	7,094,883
Registered investment companies	39,739,510	-	39,739,510
Other investments	-	7,517	7,517
Receivables	1,006,678	178,215	1,184,893
Other assets	-	135	135
Cash	<u>1,137,765</u>	<u>-</u>	<u>1,137,765</u>
Total assets	<u>127,787,993</u>	<u>612,112</u>	<u>128,400,105</u>
Liabilities			
Operating payables	152,489	45,402	197,891
Acquisition Indebtedness	-	141,550	141,550
Other liabilities	<u>-</u>	<u>425,160</u>	<u>425,160</u>
Total liabilities	<u>152,489</u>	<u>612,112</u>	<u>764,601</u>
Net assets available for benefits	<u>\$ 127,635,504</u>	<u>\$ -</u>	<u>\$ 127,635,504</u>

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Payroll	\$ 95,777	\$ 78,086
Payroll taxes	11,553	9,496
Employee benefits	46,091	33,768
Occupancy	14,428	12,775
Office	25,746	28,010
Legal	42,837	55,616
Accounting	59,625	55,000
Payroll audits	20,164	26,539
Actuarial consulting	91,725	83,200
Computer	25,404	24,780
Insurance	86,204	82,405
Conferences and meetings	7,503	13,431
Depreciation	<u>-</u>	<u>5,958</u>
Total administrative expenses	<u><u>\$ 527,057</u></u>	<u><u>\$ 509,064</u></u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	MORGAN STANLEY BANK NA	VARIABLE	ON DEMAND	\$ 865,162	\$ 865,162
*	MORGAN STANLEY U.S. GOVERNMENT MONEY MARKET TRUST	VARIABLE	ON DEMAND	74,172	74,172
	ENTRUST SPECIAL OPP FUND III LTD - INTEREST BEARING CASH			41,220	41,220
	GSO SPECIAL SIT OVERSEAS FUND LTD - INTEREST BEARING CASH			31,755	31,755
	HAMILTON LANE PE OFFSHORE FUND VIII LP - INTEREST BEARING CASH			52,938	52,938
	SIGULER GUFF SMALL BUYOUT OPP FUND III LP - INTEREST BEARING CASH			31,218	31,218
	SIGULER GUFF SMALL BUYOUT OPP FUND V LP - INTEREST BEARING CASH			47,179	47,179
				\$ 1,143,644	\$ 1,143,644

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREASURY NOTE	4.13%	01/31/2027	\$ 82,000	\$ 82,346	\$ 82,626
HGK TRINITY STREET INTL EQUITY FUND LP - US GOVERNMENT SECURITIES			-	270,358	462,401
			<u>\$ 82,000</u>	<u>\$ 352,704</u>	<u>\$ 545,027</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
	CDW LLC	4.13%	05/01/2025	\$ 154,000	\$ 150,008	\$ 154,000
	ENLINK MIDSTREAM PARTNERS LP	4.15%	06/01/2025	158,000	151,141	157,839
	DCP MIDSTREAM OPERATING LP	5.38%	07/15/2025	78,000	77,920	78,016
	CHARTER COMMUNICATIONS OPERATING LLC	4.91%	07/23/2025	157,000	158,580	156,780
	PENSKE AUTOMOTIVE GROUP INC	3.50%	09/01/2025	179,000	185,208	177,983
	MICROCHIP TECHNOLOGY INC	4.25%	09/01/2025	102,000	105,240	101,839
	CONAGRA BRANDS INC	4.60%	11/01/2025	18,000	20,968	17,981
	BERRY GLOBAL INC	1.57%	01/15/2026	196,000	175,238	191,086
	ZIMMER BIOMET HOLDINGS INC	3.05%	01/15/2026	157,000	150,685	155,222
	CROWN AMERICAS LLC	4.75%	02/01/2026	160,000	163,179	159,058
	WESTERN DIGITAL CORP	4.75%	02/15/2026	33,000	31,923	32,784
	HCA INC	5.88%	02/15/2026	28,000	28,315	28,055
	ONEMAIN FINANCE CORP	7.13%	03/15/2026	157,000	160,167	158,370
	XAI OCTAGN FLT RAT & ALT INM	6.50%	03/31/2026	4,750	117,266	119,510
	GLOBAL PAYMENTS INC	4.80%	04/01/2026	150,000	159,101	149,879
	OFS CREDIT CO INC	6.13%	04/30/2026	7,525	178,740	185,191
	ICAHN ENTERPRISES LP	6.25%	05/15/2026	98,000	97,081	97,646
	CRESCENT CAP BDC IN	5.00%	05/25/2026	7,000	162,513	173,880
	UNDER ARMOUR INC	3.25%	06/15/2026	167,000	171,083	161,594
	GREAT ELM CAPITA	5.88%	06/30/2026	10,700	265,360	271,780
	MOLSON COORS BEVERAGE CO	3.00%	07/15/2026	190,000	197,118	186,932
	SABRA HEALTH CARE LP	5.13%	08/15/2026	159,000	151,218	158,183
	HCA INC	5.38%	09/01/2026	46,000	52,498	46,275
	HILLENBRAND INC	5.00%	09/15/2026	162,000	166,258	160,248
	TEVA PHARMACEUTICAL FINANCE					
	NETHERLANDS III BV	3.15%	10/01/2026	167,000	146,732	161,430
	AMERICAN TOWER CORP	3.38%	10/15/2026	110,000	111,493	108,240
	SLM CORP	3.13%	11/02/2026	140,000	138,179	135,615
	FORD MOTOR CO	4.35%	12/08/2026	161,000	167,965	157,869
	STEEL DYNAMICS INC	5.00%	12/15/2026	197,000	203,630	196,992
	BROADCOM CORP	3.88%	01/15/2027	93,000	95,841	92,279
	OXFORD LANE CAPITAL CORP	5.00%	01/31/2027	12,000	297,600	286,080
	SBA COMMUNICATIONS CORP	3.88%	02/15/2027	164,000	166,823	160,171
	SBA COMMUNICATIONS CORP	3.88%	02/15/2027	31,000	32,046	30,276
	AT&T INC	4.25%	03/01/2027	103,000	120,402	102,835
	AECOM	5.13%	03/15/2027	158,000	154,355	157,613
	VERIZON COMMUNICATIONS INC	4.13%	03/16/2027	179,000	199,318	178,842
	HILTON WORLDWIDE FINANCE LLC	4.88%	04/01/2027	161,000	165,004	160,087
	TRAVEL + LEISURE CO	6.00%	04/01/2027	165,000	159,885	166,074
	SUNOCO LP	6.00%	04/15/2027	139,000	145,575	138,529
	UNITED RENTALS NORTH AMERICA INC	5.50%	05/15/2027	152,000	154,279	151,972
	CENTURY COMMUNITIES INC	6.75%	06/01/2027	80,000	80,502	80,012
	CLEVELAND-CLIFFS INC	5.88%	06/01/2027	164,000	164,028	161,732
	WILLIS NORTH AMERICA INC	4.65%	06/15/2027	24,000	23,685	24,081
	HP INC	3.00%	06/17/2027	126,000	133,084	121,969
	ALLEGION US HOLDING CO INC	3.55%	10/01/2027	104,000	101,242	101,155
	RHP HOTEL PROPERTIES LP	4.75%	10/15/2027	116,000	113,825	113,701
	TELEFLEX INC	4.63%	11/15/2027	162,000	153,574	158,514
	TRANSDIGM INC	5.50%	11/15/2027	262,000	250,579	261,027
	ATI INC	5.88%	12/01/2027	70,000	69,805	69,944
	BOYD GAMING CORP	4.75%	12/01/2027	159,000	149,713	155,677
	BUCKEYE PARTNERS LP	4.13%	12/01/2027	42,000	40,550	40,380
	BOYD GAMING CORP	4.75%	12/01/2027	172,000	170,594	168,405
	CARLISLE COS INC	3.75%	12/01/2027	122,000	138,499	119,430
	CENTENE CORP	4.25%	12/15/2027	161,000	150,468	157,347

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
SERVICE CORP INTERNATIONAL	4.63%	12/15/2027	164,000	154,748	161,624
SERVICE CORP INTERNATIONAL/US	4.63%	12/15/2027	27,000	28,755	26,609
AMERICAN TOWER CORP	3.60%	01/15/2028	26,000	24,305	25,439
UNITED RENTALS NORTH AMERICA INC	4.88%	01/15/2028	102,000	100,470	100,731
SILGAN HOLDINGS INC	4.13%	02/01/2028	166,000	149,617	160,378
LAMAR MEDIA CORP	3.75%	02/15/2028	169,000	152,662	161,182
VICI PROPERTIES LP	4.75%	02/15/2028	161,000	157,112	161,452
AT&T INC	4.10%	02/15/2028	78,000	79,808	77,659
EXPEDIA INC	3.80%	02/15/2028	204,000	190,396	199,989
TEGNA INC	4.63%	03/15/2028	174,000	156,756	166,280
BAT CAPITAL CORP	2.26%	03/25/2028	36,000	31,063	33,834
CDW LLC	4.25%	04/01/2028	80,000	73,423	78,390
SARATOGA INVT CRP	8.50%	04/15/2028	5,300	131,175	135,234
DOLLAR TREE INC	4.20%	05/15/2028	66,000	66,574	65,040
TRIMBLE INC	4.90%	06/15/2028	151,000	166,721	152,181
CARPENTER TECHNOLOGY CORP	6.38%	07/15/2028	163,000	163,857	163,242
BLOCK FINANCIAL LLC	2.50%	07/15/2028	173,000	171,342	160,611
EAGLE POINT INCOME CO INC	7.75%	07/31/2028	7,500	185,025	186,008
HCA INC	5.63%	09/01/2028	101,000	113,974	103,501
FLUOR CORP	4.25%	09/15/2028	41,000	39,001	39,647
BROADCOM INC	4.11%	09/15/2028	65,000	68,139	64,409
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	4.70%	09/15/2028	182,000	199,294	182,445
WILLIS NORTH AMERICA INC	4.50%	09/15/2028	176,000	178,280	175,701
TENET HEALTHCARE CORP	6.13%	10/01/2028	51,000	48,641	50,938
HB FULLER CO	4.25%	10/15/2028	172,000	163,813	162,707
CONAGRA BRANDS INC	4.85%	11/01/2028	203,000	204,331	204,109
GENUINE PARTS CO	6.50%	11/01/2028	184,000	195,055	194,572
EAGLE POINT CREDIT CO	8.00%	01/31/2029	12,000	295,200	297,000
EAGLE POINT CREDIT CO INC	5.38%	01/31/2029	7,250	179,075	164,213
IQVIA INC	6.25%	02/01/2029	205,000	218,460	213,020
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	179,000	160,409	165,852
ALTRIA GROUP INC	4.80%	02/14/2029	153,000	152,238	153,810
CDW LLC	3.25%	02/15/2029	159,000	151,829	148,042
LOWE'S COS INC	3.65%	04/05/2029	41,000	39,474	39,736
HP INC	4.00%	04/15/2029	38,000	36,678	36,825
MOTOROLA SOLUTIONS INC	4.60%	05/23/2029	192,000	188,870	191,717
TENET HEALTHCARE CORP	4.25%	06/01/2029	167,000	155,093	159,263
SERVICE CORP INTERNATIONAL/US	5.13%	06/01/2029	236,000	242,995	233,436
BALL CORP	6.00%	06/15/2029	162,000	163,926	165,029
BATH & BODY WORKS INC	7.50%	06/15/2029	212,000	215,610	217,061
FISERV INC	3.50%	07/01/2029	32,000	30,237	30,469
OLIN CORP	5.63%	08/01/2029	222,000	217,263	215,767
NMI HOLDINGS INC	6.00%	08/15/2029	57,000	56,779	57,653
AMERICAN TOWER CORP	3.80%	08/15/2029	99,000	102,335	95,709
QORVO INC	4.38%	10/15/2029	212,000	214,194	202,628
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	48,000	47,040	46,731
GLADSTONE INVT CORP	7.88%	02/01/2030	9,000	222,750	226,440
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	185,000	166,593	180,110
CARLISLE COS INC	2.75%	03/01/2030	28,000	24,554	25,569
ORACLE CORP	2.95%	04/01/2030	25,000	21,827	23,105
BAT CAPITAL CORP	4.91%	04/02/2030	25,000	23,754	25,097
FLEX LTD	4.88%	05/12/2030	200,000	192,313	196,600
GLOBAL PAYMENTS INC	2.90%	05/15/2030	55,000	46,236	49,477
UNITED RENTALS NORTH AMERICA INC	4.00%	07/15/2030	194,000	173,200	180,946

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
BLOCK FINANCIAL LLC	3.88%	08/15/2030	50,000	43,962	47,010
HCA INC	3.50%	09/01/2030	51,000	44,664	47,548
QUANTA SERVICES INC	2.90%	10/01/2030	223,000	195,914	201,683
BROADCOM INC	4.15%	11/15/2030	39,000	37,717	37,959
VERIZON COMMUNICATIONS INC	2.55%	03/21/2031	42,000	35,533	37,356
TELEDYNE TECHNOLOGIES INC	2.75%	04/01/2031	250,000	208,703	222,513
AT&T INC	2.75%	06/01/2031	25,000	20,274	22,397
EAGLE MATERIALS INC	2.50%	07/01/2031	233,000	196,526	202,962
DICK'S SPORTING GOODS INC	3.15%	01/15/2032	248,000	194,524	217,046
FLEX LTD	5.25%	01/15/2032	31,000	30,541	30,416
CARLISLE COS INC	2.20%	03/01/2032	67,000	53,987	55,467
FORTUNE BRANDS INNOVATIONS INC	4.00%	03/25/2032	83,000	76,160	76,737
YUM! BRANDS INC	5.38%	04/01/2032	191,000	190,505	188,174
HP INC	4.20%	04/15/2032	28,000	24,861	26,133
MOTOROLA SOLUTIONS INC	5.60%	06/01/2032	30,000	31,774	30,976
ALLEGION US HOLDING CO INC	5.41%	07/01/2032	38,000	38,606	38,530
SERVICE CORP INTERNATIONAL/US	5.75%	10/15/2032	41,000	40,385	40,570
ORACLE CORP	6.25%	11/09/2032	175,000	177,379	186,470
HP INC	5.50%	01/15/2033	31,000	32,293	30,831
PHILIP MORRIS INTERNATIONAL INC	5.38%	02/15/2033	210,000	210,224	214,827
TRIMBLE INC	6.10%	03/15/2033	57,000	58,966	59,140
WILLIS NORTH AMERICA INC	5.35%	05/15/2033	31,000	31,178	31,218
FORTUNE BRANDS INNOVATIONS INC	5.88%	06/01/2033	28,000	28,417	28,777
LKQ CORP	6.25%	06/15/2033	200,000	203,982	206,734
LOWE'S COS INC	5.15%	07/01/2033	163,000	166,151	163,591
BAT CAPITAL CORP	6.42%	08/02/2033	151,000	161,454	161,313
FISERV INC	5.63%	08/21/2033	186,000	192,434	189,278
ALTRIA GROUP INC	6.88%	11/01/2033	55,000	59,574	60,453
GENUINE PARTS CO	6.88%	11/01/2033	28,000	30,722	30,823
CROWN CASTLE INC	5.80%	03/01/2034	203,000	213,501	207,378
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	5.61%	03/11/2034	42,000	44,516	43,040
QUANTA SERVICES INC	5.25%	08/09/2034	28,000	27,531	27,589
			\$ 16,015,025	\$ 17,712,310	\$ 17,698,565

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - PREFERRED

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PREFERRED STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
OFC CREDIT CO (OCCIM)	20,000	\$ 494,718	\$ 487,000
OFS CREDIT COMPANY INC (OCCIN)	9,300	225,641	222,875
HGK TRINITY STREET INTL EQUITY FUND LP - CORPORATE STOCK - PREFERRED	-	194,485	332,633
		\$ 914,844	\$ 1,042,508

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
3M CO (MMM)	116	\$ 11,076	\$ 16,114
A G C O CORP (AGCO)	165	17,198	13,997
AAON INC (AAON)	342	23,026	31,214
ABBOTT LABORATORIES (ABT)	2,785	113,340	364,139
ABBVIE INC COM (ABBV)	299	43,793	58,335
ACCENTURE PLC IRELAND CL A (ACN)	761	137,723	227,653
ACUITY INC (AYI)	63	9,948	15,347
ADOBE INC (ADBE)	699	122,440	262,111
AERCAP HOLDINGS N.V. (AER)	574	55,256	60,844
AIA GROUP LTD SPON ADR (AAGIY)	2,351	85,852	70,457
AIMEI HEALTH TECHNOLOGY CO LTD (AFJK)	34,500	352,590	377,810
AIRBNB INC CL A (ABNB)	2,027	252,100	247,132
ALIBABA GROUP HLDG LTD (BABA)	2,115	162,486	251,594
ALLISON TRANSMN HLDGS INC (ALSN)	153	5,473	14,113
ALLY FINANCIAL INC (ALLY)	1,533	63,880	50,068
ALPHABET INC CL A (GOOGL)	523	91,549	83,052
ALPHABET INC CL C (GOOG)	1,926	78,775	308,874
AMAZON COM INC (AMZN)	3,637	353,754	670,735
AMCOR PLC (AMCR)	2,070	17,715	19,044
AMDOCS LIMITED ORD (DOX)	957	81,910	84,771
AMERIPRISE FINCL INC (AMP)	108	34,686	50,870
AMPHENOL CORP NEW CL A (APH)	1,287	81,662	99,035
ANGEL OAK FINL STRAT INCM RTS (FINS'R)	42,700	-	1,665
ANTERO RES CORP COM (AR)	1,232	35,407	42,911
AON PLC CL A (AON)	500	203,164	177,395
APPLE INC (AAPL)	385	62,693	81,813
ARTISAN PARTNERS ASSET MGMT (APAM)	1,384	49,711	51,180
ATKORE INC (ATKR)	258	27,405	16,478
AUTODESK INC DELAWARE (ADSK)	296	74,250	81,178
AUTOLIV INC (ALV)	179	14,606	16,688
BAKER HUGHES COMPANY CL A (BKR)	573	19,103	20,284
BANK RAKYAT INDONESIA ADR (BKRKY)	6,511	98,739	75,502
BOISE CASCADE LLC (BCC)	159	16,632	14,832
BORG WARNER INC (BWA)	515	17,245	14,616
BP PLC ADS (BP)	828	27,100	22,737
BRINKER INTL INC (EAT)	428	54,105	57,480
BRUKER CORPORATION (BRKR)	626	32,502	25,078
BUILDERS FIRSTSOURCE INC (BLDR)	71	8,432	8,494
BWX TECHNOLOGIES INC COM (BWXT)	374	30,640	40,811
BYD COMPANY LTD UNSPON ADR (BYDDY)	878	63,104	83,830
CADENCE BANK (CADE)	1,649	41,402	48,250
CADENCE DESIGN SYSTEM (CDNS)	312	48,732	92,895
CAPITEC BANK HOLDINGS LTD ADR (CKHGY)	1,245	48,618	115,159
CARDINAL HEALTH INC (CAH)	410	47,046	57,929
CARLISLE CO INC (CSL)	41	10,437	15,559
CARNIVAL CP NEW PAIRED COM (CCL)	3,132	74,288	57,441
CASEY'S GENERAL STORES INC (CASY)	136	37,621	62,912
CELESTICA INC (CLS)	321	24,843	27,397
CENCORA INC (COR)	178	28,311	52,095
CENTENE CORPORATION (CNC)	840	58,471	50,274
CF INDUSTRIES HOLDINGS	-	126	10,301
CHAMPION HOMES INC (SKY)	254	16,168	21,971
CHARLTON ARIA ACQU CORP CL A (CHAR)	55,183	546,863	560,106
CHINA MERCHANTS BK CO LTD UNSP (CIHKY)	4,808	109,711	131,600
CIENA CORP NEW (CIEN)	412	23,375	27,670
CISCO SYS INC (CSCO)	1,401	79,545	80,880

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
CITIGROUP INC NEW (C)	717	32,400	49,028
CIVITAS RESOURCES INC NEW (CIVI)	727	34,508	19,811
CLEAN HARBORS (CLH)	131	26,972	28,026
CLICKS GROUP LTD SPONS ADR (CLCGY)	1,379	56,635	58,641
COHERENT CORP (COHR)	515	33,301	33,125
COLUMBUS MCKINNON CORP (CMCO)	570	21,973	8,465
COMERICA INC (CMA)	955	44,588	51,331
COMMERCIAL METALS CO (CMC)	198	8,782	8,819
COMMVAULT SYSTEMS	-	543	97,703
CORE & MAIN INC CL A (CNM)	304	11,812	16,015
COSAN S A ADR (CSAN)	72	1,077	394
COSTAR GROUP INC (CSGP)	1,857	137,529	137,734
CPG FOCUSED ACCESS FUND LLC (BBR74)	265,537	5,910,139	6,992,981
CSX CORP (CSX)	514	17,544	14,428
CULLEN FROST BANKERS INC (CFR)	478	55,897	55,668
CUMMINS INC (CMI)	49	2,839	14,398
CURTISS WRIGHT CORP (CW)	240	86,993	82,774
CUSHMAN & WAKEFIELD PLC (CWK)	5,132	53,701	48,087
DAVITA INC (DVA)	336	34,965	47,561
DOMINION ENERGY INC (D)	356	18,741	19,359
DOVER CORP (DOV)	89	5,220	15,188
DROPBOX INC CL A (DBX)	3,172	98,800	90,561
DRUGS MADE IN AMERICA ACQ CORP (DMAA)	40,000	398,800	402,600
EAGLE MATLS INC (EXP)	128	28,898	28,978
EASTMAN CHEMICAL COMPANY (EMN)	121	9,239	9,317
EBAY INC (EBAY)	917	59,766	62,503
ELEMENT SOLUTIONS INC (ESI)	2,275	40,849	46,433
ELEVANCE HEALTH INC (ELV)	123	52,638	51,731
ELI LILLY & CO (LLY)	491	346,677	441,384
EMCOR GROUP INC (EME)	42	5,582	16,829
EMERSON ELECTRIC CO (EMR)	139	1,264	14,610
EPAM SYSTEMS (EPAM)	214	67,050	33,579
EQUITABLE HLDGS INC (EQH)	1,108	50,851	54,791
EVERGY INC (EVRG)	307	18,598	21,214
F5 INC (FFIV)	318	68,857	84,187
FABRINET (FN)	443	105,093	90,842
FEDERAL SIGNAL CORP (FSS)	317	24,481	25,813
FIDELITY NATIONAL FINANCIAL IN (FNF)	840	38,354	53,802
FIRST AMERICAN FINL CORP (FAF)	871	48,713	52,966
FIRSTCASH HLDGS INC (FCFS)	417	46,669	55,861
FIRSTENERGY CORP (FE)	471	19,526	20,196
FORTINET INC (FTNT)	934	50,217	96,912
FOX CORP CL B (FOX)	1,326	58,275	61,314
GARMIN LTD (GRMN)	305	53,622	56,995
GARTNER INC (IT)	249	28,604	104,849
GATES INDUSTRIAL CORP PLC (GTES)	797	15,589	15,079
GATX CORP (GATX)	209	23,548	30,506
GENTEX CORP (GNTX)	585	12,381	12,741
GENUINE PARTS CO (GPC)	126	16,568	14,811
GILDAN ACTIVEWEAR INC (GIL)	596	21,435	27,488
GILEAD SCIENCE (GILD)	466	34,779	49,648
GLOBAL LIGHTS ACQUISITION CORP (GLACF)	36,305	370,983	388,190
GLOBANT S.A (GLOB)	250	45,010	29,393
GLOBUS MEDICAL INC A (GMED)	435	21,783	31,220
GODADDY INC. (GDDY)	513	78,990	96,613
GOLDMAN SACHS GRP INC (GS)	92	32,556	50,375

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
GP-ACT III ACQUISITION CRP CL A (GPAT)	34,500	346,035	357,420
GROUP I AUTOMOTIVE INC (GPI)	138	64,783	55,701
GRUPO FINANCIERO BANORTE SAB (GBOOY)	1,684	56,791	72,328
GXO LOGISTICS INCORPORATED (GXO)	675	27,169	24,462
H & R BLOCK INC (HRB)	1,121	70,780	67,675
HALLIBURTON CO (HAL)	1,046	37,631	20,732
HANOVER INSURANCE GROUP INC (THG)	261	43,317	43,352
HARTFORD INSURANCE GROUP INC (HIG)	416	31,517	51,031
HAWKINS INC (HWKN)	253	30,607	30,810
HCA HEALTHCARE INC (HCA)	160	45,215	55,213
HDFC BANK LTD ADR (HDB)	3,928	241,158	284,526
HEALTHCARE INC COM (HXY)	258	19,061	22,116
HOLOGIC INC (HOLX)	753	54,517	43,825
HUNTINGTON INGALLS INDUSTRIES (HII)	234	46,029	53,900
ICICI BANK LTD (IBN)	6,864	119,715	230,356
IDEXX LABS (IDXX)	361	157,887	156,187
INGREDION INC COM (INGR)	83	8,430	11,024
INSTALLED BLDG PRODS INC (IBP)	327	42,313	54,226
INTEGER HOLDINGS CORP (ITGR)	228	26,932	28,799
INTUIT INC (INTU)	145	67,728	90,983
JABIL CIRCUIT INC (JBL)	590	98,795	86,470
JACKSON FINANCIAL INC CL A (JXN)	592	49,018	46,123
JACOBS SOLUTIONS INC (J)	122	9,147	15,104
JAZZ PHARMACEUTICALS PLC (JAZZ)	527	57,814	61,638
JBT MAREL CORPORATION (JBTM)	383	46,502	40,315
JD COM INC SPON ADR CL A (JD)	1,607	72,184	52,420
KIRBY CP (KEX)	415	35,668	39,994
KLA CORPORATION (KLAC)	133	66,787	93,458
KNIGHT-SWIFT TRANSN HLDGS CL A (KNX)	374	19,873	14,650
LABCORP HOLDINGS INC (LH)	217	47,176	52,299
LEAR CORP (LEA)	162	18,126	13,892
LEGATO MERGER CORP III (LEGT)	22,250	224,058	235,628
LIFE TIME GROUP HOLDINGS INC (LTH)	2,170	64,579	66,532
LIGHT & WONDER INC (LNW)	795	77,496	67,877
LINCOLN ELEC HLDGS INC (LECO)	176	33,354	31,011
LITHIA MTRS INC (LAD)	205	73,130	60,016
LOUISIANA PACIFIC CORP (LPX)	111	9,642	9,580
LYONDELLBASELL NV CL-A (LYB)	163	12,766	9,488
MAKEMYTRIP LIMITED (MMYT)	558	58,874	58,490
MASCO CORP (MAS)	229	12,297	13,880
MASTERCARD INC CL A (MA)	779	119,509	426,939
MATADOR RES CO (MTDR)	270	14,572	10,676
MATERION CORP COM (MTRN)	428	42,633	35,528
MATSON INC COM (MATX)	152	22,727	16,582
MCKESSON CORP (MCK)	72	23,310	51,321
MEITUAN ADR (MPNGY)	3,222	96,535	108,275
META PLATFORMS INC CL A (META)	137	69,460	75,213
METLIFE INCORPORATED (MET)	657	40,149	49,518
MICROSOFT CORP (MSFT)	230	93,716	90,910
MICROSOFT CORP (MSFT)	1,463	274,828	578,265
MINTH GROUP LTD (MINTY)	409	12,851	19,452
MOLSON COORS BEVERAGE CO CL B (TAP)	801	47,866	46,082
MOUNTAIN LAKE ACQUI CORP CL A (MLAC)	50,000	498,000	506,500
MSCI INC COM (MSCI)	500	263,656	272,555
MUELLER INDUS INC (MLI)	209	8,063	15,374
MURPHY OIL CORP (MUR)	974	34,221	19,996

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
MURPHY OIL CORP (MUR)	475	13,447	9,752
NETAPP INC COM (NTAP)	823	76,563	73,864
NETFLIX INC (NFLX)	241	44,456	272,745
NNN REIT INC (NNN)	663	24,359	27,256
NORTHROP GRUMMAN CP(HLDG CO) (NOC)	172	87,847	83,678
NORTHWEST NAT HLDG CO (NWN)	432	19,017	18,619
NOV INC (NOV)	1,684	26,254	19,551
NRG ENERGY INC (NRG)	217	13,438	23,779
NUCOR CORPORATION (NUE)	82	10,516	9,788
NY TIMES CL A COMMON (NYT)	1,234	61,032	64,242
ONTO INNOVATION INC (ONTO)	236	30,602	28,785
ORACLE CORP (ORCL)	3,118	468,265	438,765
OSHKOSH CORP (OSK)	152	14,520	12,732
OVINTIV INC (OVV)	690	30,228	23,170
OWENS CORNING INC (OC)	71	7,869	10,324
PACKAGING CORP AMER (PKG)	52	7,726	9,652
PARKER HANNIFIN CORP (PH)	26	-	15,732
PAYCHEX INC (PAYX)	580	68,005	85,330
PAYCOM SOFTWARE INC (PAYC)	731	140,207	165,491
PERMIAN RESOURCES CP CL A (PR)	962	9,928	11,352
PFIZER INC (PFE)	2,422	64,934	59,121
PG&E CORP (PCG)	932	19,632	15,397
PHILIP MORRIS INTL INC (PM)	345	31,486	59,119
PING AN INSURANCE ADR (PNGAY)	6,959	67,291	83,640
PKO BANK POLSKI UNSPON ADR (PSZKY)	4,082	59,625	78,521
POST HOLDINGS INC (POST)	472	45,050	53,416
PPL CORPORATION (PPL)	577	16,066	21,061
PROSPERITY BANCSHARES (PB)	710	41,616	48,209
PRUDENTIAL FINANCIAL INC (PRU)	503	55,803	51,663
PT BK NEGARA INDONESIA UN ADR (PTBRY)	4,603	73,478	57,952
QUEST DIAGNOSTICS INC (DGX)	318	46,217	56,674
RALPH LAUREN CORP CL A (RL)	268	73,476	60,287
RED ROCK RESORTS INC CL A (RRR)	1,024	45,177	43,725
REGIONS FINANCIAL CORP NEW (RF)	2,553	45,559	52,107
RELiance INC (RS)	33	4,875	9,512
RF ACQUISITION CORP II (RFAI)	32,500	328,738	339,625
ROYAL CARIBBEAN GROUP COM (RCL)	289	30,963	62,109
ROYALTY PHARMA PLC SHS CLASS A (RPRX)	1,598	52,918	52,446
RUSH ENTERPRISES INC CL A (RUSHA)	565	18,699	28,809
RYDER SYSTEMS INC (R)	111	10,167	15,281
SCHLUMBERGER LTD (SLB)	589	24,762	19,584
SEAGATE TECHNOLOGY HLDNGS PLC (STX)	933	99,687	84,928
SELECTIVE INSURANCE GROUP (SIGI)	649	41,860	56,612
SERVICENOW INC (NOW)	325	120,713	310,000
SHELL PLC ADR (SHEL)	371	22,919	23,922
SHOPIFY INC CL A (SHOP)	3,643	238,608	346,085
SILGAN HOLDINGS INC (SLGN)	563	26,876	29,079
SLM CORPORATION (SLM)	1,847	49,419	53,397
SM ENERGY COMPANY (SM)	1,014	33,740	23,109
SNAP-ON INC (SNA)	49	10,379	15,377
SOLVENTUM CORP (SOLV)	684	50,528	45,226
SONOCO PRODUCTS CO (SON)	195	10,896	7,995
SOUTHWEST GAS HOLDINGS INC (SWX)	259	19,491	18,702
SPIRE INC (SR)	535	39,020	40,949
SS&C TECHNOLOGIES HLDGS INC (SSNC)	1,043	89,871	78,851
STAG INDL INC COM (STAG)	1,177	37,649	38,876

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
STARBOARD VALUE OPP FD LTD	1,456	2,000,000	4,018,114
STARBUCKS CORP WASHINGTON (SBUX)	2,554	250,221	204,448
STATE STREET CORP (STT)	608	44,040	53,565
STEEL DYNAMICS INC (STLD)	84	6,311	10,896
STRIDE INC (LRN)	481	67,765	68,422
SYNCHRONY FINANCIAL (SYF)	1,002	36,658	52,054
SYNOVUS FINANCIAL CORP (SNV)	1,106	40,166	47,912
TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	3,075	82,526	512,572
TAPESTRY INC (TPR)	814	55,298	57,509
TENCENT HLDGS LTD UNSPON ADR (TCEHY)	7,673	245,642	468,513
TENET HEALTHCARE CORP COM NEW (THC)	411	42,249	58,752
THE MOSAIC COMPANY (MOS)	353	9,382	10,731
THERMO FISHER SCIENTIFIC (TMO)	611	340,246	262,119
TIMKEN CO (TKR)	226	18,110	14,521
T-MOBILE US INC COM (TMUS)	83	10,720	20,497
TOPBUILD CORP COM (BLD)	52	17,345	15,380
TOTALENERGIES SE SPONSORED ADS (TTE)	357	21,631	20,295
TRINET GROUP INC (TNET)	342	26,726	26,789
TRIP COM GROUP LTD ADR (TCOM)	583	29,344	34,391
UFP INDUSTRIES INC (UFPI)	85	7,799	8,402
UGI CORPORATION NEW COM (UGI)	630	16,595	20,658
UNITED PARCEL SER INC CL-B (UPS)	151	18,848	14,390
UNITED RENTALS INC (URI)	26	9,398	16,418
UNITED THERAPEUTICS CORP (UTHR)	171	45,998	51,828
UNITEDHEALTH GP INC (UNH)	289	89,579	118,906
UNUM GROUP (UNM)	663	29,494	51,489
URBAN OUTFITTERS INC (URBN)	1,223	67,869	64,550
VALLEY NATL BANCORP (VLY)	5,644	57,811	48,538
VALMONT INDUSTRIES (VMI)	104	24,794	30,495
VALVOLINE INC COM (VVV)	1,379	49,474	47,245
VERIZON COMMUNICATIONS (VZ)	491	20,006	21,633
VISA INC CL A (V)	1,476	295,050	509,958
VISTRA CORP (VST)	168	14,197	21,778
VONTIER CORPORATION (VNT)	467	14,608	14,855
WAL-MART DE MEXICO SA SPON ADR (WMMVY)	1,837	69,427	58,306
WARBY PARKER INC CL A (WRBY)	725	9,700	11,970
WATTS WTR TECH INC A (WTS)	130	25,784	27,008
WEG S.A. SPONSORED ADR (WEGZY)	12,500	67,172	99,425
WELLS FARGO & CO NEW (WFC)	759	29,179	53,897
WESCO INTL INC (WCC)	152	23,185	24,770
WESTERN ALLIANCE BANCORP (WAL)	775	38,558	54,025
WESTLAKE CORPORATION (WLK)	101	8,410	9,335
WORKDAY INC CL A (WDAY)	916	207,217	224,420
XCEL ENERGY INC (XEL)	280	17,756	19,796
ZIONS BANCORPORATION N A (ZION)	1,005	40,900	45,195
ZIONS BANCORPORATION N A (ZION)	1,080	39,216	48,568
ZOETIS INC CLASS-A (ZTS)	2,225	342,622	347,990
ENTRUST SPECIAL OPP FUND III LTD - COMMON STOCK	-	568,094	264,208
GSO SPECIAL SIT OVERSEAS FUND LTD - COMMON STOCK	-	13,890	3
HAMILTON LANE PE OFFSHORE FUND VIII LP - COMMON STOCK	-	17,656	20,157
HGK TRINITY STREET INTL EQUITY FUND LP - COMMON STOCK	-	6,277,434	10,736,489
SIGULER GUFF SMALL BUYOUT OPP FUND III LP - COMMON STOCK	-	-	24,151
SIGULER GUFF SMALL BUYOUT OPP FUND V LP - COMMON STOCK	-	29,206	35,155
		<u>\$ 32,638,601</u>	<u>\$ 44,242,768</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
INTERCONTINENTAL US REIF		\$ 2,918,924	\$ 2,873,658
NB CROSSROADS PMF V (TE)		737,859	3,371,992
ENTRUST SPECIAL OPP FUND III LTD - PARTNERSHIPS		1,157,087	516,086
GSO SPECIAL SIT OVERSEAS FUND LTD - PARTNERSHIPS		335,027	233,099
HAMILTON LANE PE OFFSHORE FUND VIII LP - PARTNERSHIPS		989,675	1,137,396
SIGULER GUFF SMALL BUYOUT OPP FUND III LP - PARTNERSHIPS		-	1,751,373
SIGULER GUFF SMALL BUYOUT OPP FUND V LP - PARTNERSHIPS		<u>1,565,675</u>	<u>1,894,262</u>
		<u><u>\$ 7,704,247</u></u>	<u><u>\$ 11,777,866</u></u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF NON-PARTICIPANT LOANS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE					
(b)	(c) - DESCRIPTION NON-PARTICIPANT LOANS			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
ISSUER					
HGK TRINITY STREET INTL EQUITY FUND LP - NON-PARTICIPANT LOANS			-	\$ 341,154	\$ 583,486
				\$ 341,154	\$ 583,486

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	ASB ALLEGIANCE REAL ESTATE FUND	2,201,537	\$ 2,322,624	\$ 2,201,538
			\$ 2,322,624	\$ 2,201,538

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE		(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
		ISSUER	NO. OF SHARES	COST	CURRENT VALUE
		PROLOAN BOND FUND, LLC	3,954	\$ 5,826,608	\$ 7,094,883
				\$ 5,826,608	\$ 7,094,883

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
AMER BEACON AHL MNGD FUT STR Y (AHLYX)	153,788	\$ 1,637,393	\$ 1,367,172
ANGEL OAK FINL STRATEGIES INCM (FINS)	42,700	514,492	564,922
BLACKROCK MUNI CREDIT ALPHA I (MUNEX)	45,057	547,424	578,985
BLACKROCK MUNIHLNG CA QUAL FD (MUC)	25,350	272,475	267,444
DOUBLELINE TOTAL RETURN I (DBLTX)	558,019	4,920,851	4,932,892
FEDERATED HERMES GOVT OBL PRM (GOFXX)	608,893	608,893	608,894
INVESCO S&P 500 EQUAL WEIGHT E (RSP)	23,688	3,971,819	4,006,590
IRONWOOD INSTITUTIONAL MULTI-STRATEGY FUND LLC	2,881	3,370,240	3,449,911
ISHARES 20+ YR TREASU BOND ETF (TLT)	21,203	2,098,652	1,897,033
ISHARES 7-10 YR TREASRY BD ETF (IEF)	5,850	572,737	562,010
ISHARES CORE DIVIDEND GROWTH (DGRO)	65,892	3,515,150	3,962,746
ISHARES RUSSELL 2000 VALUE ETF (IWN)	740	123,725	107,153
KKR CREDIT OPPORTUNITIES I (KCOPX)	127,396	3,401,629	2,939,018
LM MARTIN CURRIE SMASH SER EM (LCSMX)	266,355	2,582,377	2,445,142
LOCORR MARKET TREND I (LOTIX)	137,954	1,604,569	1,400,236
MFS INTERMEDIATE INCOME TR SBI (MIN)	115,000	304,593	309,351
NEUBERGER BERMAN LG SH INST (NLSIX)	140,067	2,317,230	2,652,866
NUV NEW YORK AMT-FREE MUNIC (NRK)	76,500	641,294	765,001
NUVEEN AMT-FREE QLTY MUN INC (NEA)	27,400	291,961	298,113
NUVEEN QUALITY MUNI INC FUND (NAD)	22,275	242,524	251,486
TORTOISE ENRGY INFR TOT RET I (TORIX)	80,190	988,621	1,526,016
VANGUARD FTSE EMERGING MARKETS (VWO)	49,630	2,044,535	2,245,759
VANGUARD GROWTH ETF (VUG)	2,209	748,578	835,644
VANGUARD SMALL CAP ETF (VB)	4,956	998,485	1,071,240
WESTERN ASST INFLTIN LKD INM FD (WIA)	83,500	514,870	693,886
		\$ <u>38,835,117</u>	\$ <u>39,739,510</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK PENSION FUND

SCHEDULE OF OTHER INVESTMENTS

APRIL 30, 2025

EIN 14-6075802, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE				
	(b)	(c) - DESCRIPTION OTHER INVESTMENTS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	HGK TRINITY STREET INTL EQUITY FUND LP - OTHER INVESTMENTS	-	\$ 4,395	\$ 7,517
		-	\$ 4,395	\$ 7,517

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning and ending		
A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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

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

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

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

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Plan Name	BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND	EIN:	14-6075802
Plan Sponsor's Name	BOT BRICKLAYERS & ALLIED CRAFTWORKERS, L 2, ALBANY, NY PENS	PN:	001

[illegible]

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN)		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)		

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

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

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

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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(1) Contribution rate (in dollars and cents)

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a Name of contributing employer

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(1) Contribution rate (in dollars and cents)

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c Dollar amount contributed by employer

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(1) Contribution rate (in dollars and cents)

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a Name of contributing employer

b EIN

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Attachment to 2024 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name BRICKLAYERS & ALLIED CRAFTWORKERS, LOC 2, ALBANY NY PENSION FUND **EIN:** 14-6075802
Plan Sponsor's Name BOT BRICKLAYERS & ALLIED CRAFTWORKERS, L 2, ALBANY, NY PENS FD **PN:** 001

Contribution rate (in dollars and cents)	10.50
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	9.60
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	9.85
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	9.45
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	9.04
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	8.85
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	8.75
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	8.50
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	8.53
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	8.07
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	7.20
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	7.23
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	6.73
Base unit measure:	☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
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Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):
Contribution rate (in dollars and cents)	
Base unit measure:	☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):