

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2, ALBANY, NY HEALTH BENEFIT FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 11/15/1962
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 CRAFTWRKRS LOC 2, ALBANY, NY HEALTH BENEFIT F 300 CENTRE DRIVE ALBANY, NY 12203
2b Employer Identification Number (EIN) 14-1461803
2c Plan Sponsor's telephone number 518-456-0259
2d Business code (see instructions) 238100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/30/2025, PATRICK TORINO; 2. Filed with authorized/valid electronic signature, 10/30/2025, TODD G. HELFRICH; 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	612
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)	598
	6a(2)	555
	6b	17
	6c	
	6d	572
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	116

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2, ALBANY, NY HEALTH BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWRKRS LOC 2, ALBANY, NY HEALTH BENEFIT F</p>	<p>D Employer Identification Number (EIN) 14-1461803</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G2552 / C3761	598	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 1734</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BOLTON PARTNERS NORTHEAST, INC. 36 S CHARLES ST SUITE 1000 BALTIMORE, MD 21201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1734			3

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	60976
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2, ALBANY, NY HEALTH BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWRKRS LOC 2, ALBANY, NY HEALTH BENEFIT F</p>	<p>D Employer Identification Number (EIN) 14-1461803</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
GRANULAR INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-3670351	93521	US1859100	440	01/01/2024	12/31/2024

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	444584
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 LOCAL 2, ALBANY, NY HEALTH BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWRKRS LOC 2, ALBANY, NY HEALTH BENEFIT F	D Employer Identification Number (EIN) 14-1461803	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CPG FOCUSED ACCESS FUND, LLC	500 FIFTH AVENUE NEW YORK, NY 10110
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FS REAL ESTATE ADVISOR	201 ROUSE BOULEVARD PHILADELPHIA, PA 19112
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(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

POMONA MANAGEMENT LLC	760 THIRD AVENUE 46TH FLOOR NEW YORK, NY 10017
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(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

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

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

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

MVP SELECT CARE, INC

14-1704347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	221588	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEGHAN LEFSYK

14-1461803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	101496	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	72866	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STACY REDMOND

14-1461803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	68242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELIZABETH ROUNDS

14-1461803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	56499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLITMAN & KING LLP

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	54601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BENJAMIN ZONCA

14-1461803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	51447	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOLTON PARTNERS NORTHEAST, INC

52-1231144

(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 16 50	NONE	47364	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JENNIFER SCHNURR

14-1461803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	33210	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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?
15 50	NONE	31459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY

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 50 51 55 64 71 72	NONE	20225	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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	16327	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EXPRESS SCRIPTS, INC

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	13631	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTEGRA CONSULTING, INC

16-1600723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	13535	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	7612	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHECKWISE PAYROLL LLC

14-1787001

(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 50	NONE	5779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BOLTON PARTNERS NORTHEAST, INC	16 55	15560
(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.	
UNION LABOR LIFE INSURANCE COMPANY 13-1423090	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2, ALBANY, NY HEALTH BENEFIT FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOT BRICKLAYERS & ALLIED CRAFTWRKRS LOC 2, ALBANY, NY HEALTH BENEFIT F</u>	D Employer Identification Number (EIN) <u>14-1461803</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PROLOAN BOND FUND, LLC</u>		
b Name of sponsor of entity listed in (a):	<u>PROLOAN BOND FUND, LLC</u>		
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)	
<u>26-3436991-001</u>	<u>E</u>		<u>1315334</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 LOCAL 2, ALBANY, NY HEALTH BENEFIT FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOT BRICKLAYERS & ALLIED CRAFTWRKRS LOC 2, ALBANY, NY HEALTH BENEFIT F	D Employer Identification Number (EIN) 14-1461803

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1798111	1326197
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	716000	800000
(2) Participant contributions	1b(2)	102000	127000
(3) Other	1b(3)	177183	266181
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	108138	91798
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1819466	1930890
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3866764	3543870
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	1028852	1315334
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3864195	3551175
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13480709	12952445
Liabilities			
g Benefit claims payable.....	1g	993500	972100
h Operating payables.....	1h	112315	131020
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	207528	185759
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1313343	1288879
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12167366	11663566

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)	6944699	
(B) Participants.....	2a(1)(B)	1429709	
(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)		8374408
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	243	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	94927	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	8577	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		103747
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	74040	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	132181	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		206221
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2001652	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1827208	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		174444
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7951	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		86482
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		228381
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9181634

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8479910	
(2) To insurance carriers for the provision of benefits	2e(2)	548471	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9028381
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)	278384	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	27094	
(4) IQPA audit fees	2i(4)	62000	
(5) Investment advisory and investment management fees	2i(5)	46346	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	47200	
(8) Legal fees	2i(8)	54471	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	11225	
(11) Other expenses	2i(11)	130333	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		657053
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9685434

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-503800
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		1531228
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



Schultheis & Panettieri LLP

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Independent Auditor's Report

Board of Trustees
Bricklayers and Allied Craftworkers, Local 2, Albany, New
York, Health Benefit Fund

Opinion

We have audited the accompanying financial statements of the Bricklayers and Allied Craftworkers, Local 2, Albany, New York, Health Benefit 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 and plan benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations 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 and plan benefit obligations of the Plan as of April 30, 2025 and 2024, and the changes in net assets available for benefits and changes in plan benefit obligations 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 19 through 29 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 page 30 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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2, ALBANY, NY HEALTH BENEFIT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 11/15/1962
2a Plan sponsor's name (employer, if for a single-employer plan): BOT BRICKLAYERS & ALLIED CRAFTWRKRS LOC 2, ALBANY, NY HEALTH BENEFIT FD
2b Employer Identification Number (EIN): 14-1461803
2c Plan Sponsor's telephone number: (518) 456-0259
2d Business code (see instructions): 238100

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

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

Table with 3 columns: SIGN HERE, Date, and Name. Row 1: SIGN HERE X, Date X 10/31/25, Name PATRICK TORINO. Row 2: SIGN HERE X, Date X 10/31/25, Name TODD G. HELFRICH. Row 3: SIGN HERE, Date, Name.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	612
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)	598
	6a(2)	555
	6b	17
	6c	
	6d	572
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	116

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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,
HEALTH BENEFIT FUND**

FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

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

YEARS ENDED APRIL 30, 2025 AND 2024

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Independent Auditor's Report

Board of Trustees
Bricklayers and Allied Craftworkers, Local 2, Albany, New York, Health Benefit Fund

Opinion

We have audited the accompanying financial statements of the Bricklayers and Allied Craftworkers, Local 2, Albany, New York, Health Benefit 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 and plan benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended April 30, 2025 and 2024, and the related notes to the financial statements.

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Basis for Opinion

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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 19 through 29 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 page 30 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, HEALTH BENEFIT
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	\$ 91,798	\$ 108,138
Corporate debt instruments	1,930,890	1,819,466
Corporate stock	3,543,870	3,866,764
103-12 investment entities	1,315,334	1,028,852
Registered investment companies	<u>3,551,175</u>	<u>3,864,195</u>
Total investments	10,433,067	10,687,415
Receivables		
Participants' contributions	127,000	102,000
Employers' contributions	800,000	716,000
Accrued interest/dividends	31,440	22,271
Prescription drug rebates	80,660	154,912
Stop loss	154,081	-
Cash	<u>1,326,197</u>	<u>1,798,111</u>
Total assets	<u>12,952,445</u>	<u>13,480,709</u>
Liabilities		
Accounts payable	131,020	112,315
Related organizations	<u>185,759</u>	<u>207,528</u>
Total liabilities	<u>316,779</u>	<u>319,843</u>
Net assets available for benefits	\$ <u><u>12,635,666</u></u>	\$ <u><u>13,160,866</u></u>

**BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT
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	\$ 497,258	\$ 483,174
Interest/dividends	<u>309,968</u>	<u>331,428</u>
Total investment income	807,226	814,602
Less investment expenses	<u>(46,346)</u>	<u>(46,106)</u>
Net investment income	760,880	768,496
Contributions		
Participants'	1,429,709	1,452,004
Employers'	<u>6,944,699</u>	<u>7,068,745</u>
Total additions	<u>9,135,288</u>	<u>9,289,245</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid to or for participants		
Health care	5,187,558	3,834,697
Group life insurance premiums	60,900	61,630
Stop loss insurance premiums	487,571	369,069
Personal account benefits	2,074,725	2,075,922
Vacation	<u>1,239,027</u>	<u>1,198,017</u>
Total benefits paid	9,049,781	7,539,335
Administrative expenses	<u>610,707</u>	<u>635,933</u>
Total deductions	<u>9,660,488</u>	<u>8,175,268</u>
Net increase (decrease)	(525,200)	1,113,977
Net assets available for benefits		
Beginning of year	<u>13,160,866</u>	<u>12,046,889</u>
End of year	<u>\$ 12,635,666</u>	<u>\$ 13,160,866</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Claims payable, claims incurred but not reported, and premiums due to insurers	\$ 322,300	\$ 355,300
Vacation benefits payable	<u>649,800</u>	<u>638,200</u>
	<u>972,100</u>	<u>993,500</u>
Postemployment benefit obligations		
Participant account balances	<u>7,491,210</u>	<u>7,499,728</u>
Plan's total benefit obligations	<u>\$ 8,463,310</u>	<u>\$ 8,493,228</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 993,500	\$ 627,800
Claims reported and approved for payment	9,028,381	7,905,035
Total benefits paid	<u>(9,049,781)</u>	<u>(7,539,335)</u>
Balance at end of year	<u>972,100</u>	<u>993,500</u>
 Postemployment benefit obligations		
Balance at beginning of year	7,499,728	7,317,308
Net change during year:		
Participant account liability	<u>(8,518)</u>	<u>182,420</u>
Balance at end of year	<u>7,491,210</u>	<u>7,499,728</u>
 Plan's total benefit obligations at end of year	 <u>\$ 8,463,310</u>	 <u>\$ 8,493,228</u>

**BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT
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, Health Benefit 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 November 15, 1962 and is a welfare benefit 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 health and other benefits to eligible participants.

Benefits

Benefits are paid by means of a trust and group insurance contracts. Benefits include but are not limited to medical, hospital, prescription drugs, vision, dental, life insurance, supplemental unemployment, vacation, education and dependent care.

Personal Account Plan

Personal Account Plan benefits are provided through two separate accounts. The Health Reimbursement Account ("HRA") funds nontaxable benefits such as medical, dental, vision, and prescription drugs. The Wage Reimbursement Account ("WRA") funds taxable benefits such as supplemental unemployment, disability, vacation, and educational benefits.

Vacation benefits

In addition to the vacation benefit available under the WRA, separate Vacation Accounts are established for eligible participants who work in covered employment for an employer that, under their collective bargaining agreement, remits after-tax participant contributions. Vacation benefits are paid annually in December. Participants receive a distribution of all contributions credited to their accounts through the distribution date.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

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

Stop loss insurance

The Plan maintains a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount). For the year ended April 30, 2025, stop loss proceeds totaling \$894,837, were received and netted with benefits paid on the Statements of Changes in Net Assets Available for Benefits. There were no stop loss refunds for the year ended April 30, 2024.

Participants consist of the following classes

Active participants and dependents

An active participant is eligible to participate if they have worked in covered employment and have accumulated an HRA balance of \$1,500. Employees of the Union and its related fringe benefit funds are also participants in the Plan.

Retired participants and dependents

Pre-Medicare retired participants are eligible to participate on a self-pay basis if they were covered by the Plan at the time of retirement and were eligible for coverage under the Plan in five of the ten years immediately preceding retirement.

Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months.

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. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

Basis of accounting

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

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

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

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 are 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.

Reciprocal agreements

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

Under current reciprocal agreements, employer contributions are generally returned to the home area for members working outside their "home jurisdiction". The contributions paid 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 were \$612,701 and \$445,096, respectively.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

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

Administrative expense allocation

The administrative office is occupied by the the Plan and its related Annuity and Pension 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 received from related organizations for the years ended April 30, 2025 and 2024 were \$385,305 and \$318,280, respectively.

Other Plan benefits

Estimated claims payable and claims incurred but not reported are based on payments made in the subsequent plan year which pertain to prior plan years

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.

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.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 2 - Fair value measurements (cont'd)

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, 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, HEALTH BENEFIT
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	\$ 91,798	\$ 91,798	\$ -	\$ -
Corporate debt instruments	1,930,890	-	1,930,890	-
Corporate stock	1,973,733	1,973,733	-	-
Registered investment companies	<u>3,206,183</u>	<u>3,206,183</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	7,202,604	\$ <u>5,271,714</u>	\$ <u>1,930,890</u>	\$ <u>-</u>
Investments measured at net asset value	<u>3,230,463</u>			
Investments at fair value	\$ <u>10,433,067</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	\$ 108,138	\$ 108,138	\$ -	\$ -
Corporate debt instruments	1,819,466	-	1,819,466	-
Corporate stock	2,215,341	2,215,341	-	-
Registered investment companies	<u>3,548,184</u>	<u>3,548,184</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	7,691,129	\$ <u>5,871,663</u>	\$ <u>1,819,466</u>	\$ <u>-</u>
Investments measured at net asset value	<u>2,996,286</u>			
Investments at fair value	\$ <u>10,687,415</u>			

**BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT
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 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 \$702,973 and \$651,551, respectively.

Pomona Investment Fund ("PIF"), a Delaware statutory trust, was formed as a non-diversified, closed-end management investment company. PIF's investment objective is to seek long-term capital appreciation by investing in private equity investments. The net asset value of PIF is determined quarterly by PIF's advisers in accordance with the certain valuation procedures. PIF may offer to repurchase units at the end of each calendar quarter. The estimated fair value of the Plan's investment as of April 30, 2025 and 2024 was \$483,263 and \$454,478, respectively.

Note 5 - 103-12 Investment entities

The Plan is invested in a 103-12 investment entity. The fair value of these types of 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.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 5 - 103-12 Investment entities (cont'd)

ProLoan Bond Fund, LLC (the "ProLoan Fund"), a Delaware limited liability company, is an open end, private investment company. Units will be redeemed at the Net Asset Value determined at the close of trading on the effective month-end withdrawal date; provided that the redemption request was received in proper form at least ten day prior to the effective withdrawal date. The estimated fair value of the Plan's investment as of April 30, 2025 and 2024 was \$1,315,334 and \$1,028,852, respectively.

Note 6 - 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 is 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 \$342,992 and \$316,011, respectively.

Note 7 - 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.

Note 8 - 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.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 9 - Employers' and participants' 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.

Employers are required to withhold vacation benefit contributions from participants' pay based on hourly rates specified in collective bargaining agreements and remit these contributions to the Plan.

Qualifying retirees are eligible to participate in the self-pay Retired Benefit Plan prior to becoming eligible for Medicare. Active participants may also self-pay for benefits if they qualify under the Plan. The self-pay rates are actuarially calculated on an annual basis.

Note 10 - Reconciliation of participants' accounts to net assets available for benefits

	<u>2025</u>	<u>2024</u>
Health reimbursement accounts	\$ 5,202,459	\$ 5,135,795
Wage reimbursement accounts	2,288,751	2,363,933
Vacation accounts	649,800	638,200
Participants' contributions receivable	127,000	102,000
Employers' contributions receivable	800,000	716,000
Unallocated assets	<u>3,567,656</u>	<u>4,204,938</u>
 Net assets available for benefits	 <u>\$ 12,635,666</u>	 <u>\$ 13,160,866</u>

If an individual is not available for work in covered employment and there are no contributions or distributions from their personal account for a period of 24 consecutive months, the personal account balance will be forfeited. Forfeited accounts may be reinstated if the individual returns to covered employment within 60 months of the forfeiture. Forfeitures for the years ended April 30, 2025 and 2024 approximated \$105,000 and \$148,000, respectively.

Note 11 - Benefit obligations compared to net assets available for benefits

	<u>2025</u>	<u>2024</u>
Net assets available for benefits	\$ 12,635,666	\$ 13,160,866
Plan's total benefit obligations	<u>8,463,310</u>	<u>8,493,228</u>
 Net assets available for benefits over Plan's total benefit obligations	 <u>\$ 4,172,356</u>	 <u>\$ 4,667,638</u>

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 12 - Reconciliation of financial statements to Form 5500

For financial statement purposes, claims payable, claims incurred but not reported, and premiums due to insurers are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 12,635,666	\$ 13,160,866
Less: claims payable, claims incurred but not reported, and premiums due to insurers	<u>972,100</u>	<u>993,500</u>
Net assets available for benefits as reported on Form 5500	\$ <u><u>11,663,566</u></u>	\$ <u><u>12,167,366</u></u>

The net increase (decrease) in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations. For financial statement purposes the change in benefit liabilities between two years is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes this change is included in benefits paid.

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.

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 760,880	\$ 46,346	\$ 807,226
Contributions	<u>8,374,408</u>	<u>-</u>	<u>8,374,408</u>
Total additions	<u>9,135,288</u>	<u>46,346</u>	<u>9,181,634</u>
Benefits paid to or for participants	9,049,781	(21,400)	9,028,381
Administrative expenses	<u>610,707</u>	<u>46,346</u>	<u>657,053</u>
Total deductions	<u>9,660,488</u>	<u>24,946</u>	<u>9,685,434</u>
Net (decrease)	\$ <u><u>(525,200)</u></u>	\$ <u><u>21,400</u></u>	\$ <u><u>(503,800)</u></u>

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

Note 13 - Tax status

The trust funding the Plan has received an exemption letter from the IRS stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF INTEREST BEARING CASH

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	MORGAN STANLEY BANK NA	VARIABLE	ON DEMAND	\$ <u>91,798</u>	\$ <u>91,798</u>
				\$ <u>91,798</u>	\$ <u>91,798</u>

* PARTY-IN-INTEREST

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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 / CDW FINANCE CORP	4.13%	05/01/2025	\$ 12,000	\$ 11,783	\$ 12,000	
ENLINK MIDSTREAM PARTNERS LP	4.15%	06/01/2025	12,000	11,522	11,988	
FORTUNE BRANDS INNOVATIONS INC	4.00%	06/15/2025	9,000	8,909	8,982	
STEEL DYNAMICS INC	2.40%	06/15/2025	14,000	14,522	13,955	
DCP MIDSTREAM OPERATING LP	5.38%	07/15/2025	4,000	4,050	4,001	
CHARTER COMMUNICATIONS OPERATING LLC / CHARTER COMMUNICATION	4.91%	07/23/2025	12,000	12,158	11,983	
PENSKE AUTOMOTIVE GROUP INC	3.50%	09/01/2025	12,000	11,642	11,932	
MICROCHIP TECHNOLOGY INC	4.25%	09/01/2025	25,000	26,176	24,961	
BERRY GLOBAL INC	1.57%	01/15/2026	25,000	22,487	24,373	
ZIMMER BIOMET HOLDINGS INC	3.05%	01/15/2026	19,000	20,708	18,785	
CROWN AMERICAS LLC / CROWN AMERICAS CAPITAL CORP VI	4.75%	02/01/2026	12,000	11,920	11,929	
WESTERN DIGITAL CORP	4.75%	02/15/2026	3,000	2,846	2,980	
ONEMAIN FINANCE CORP	7.13%	03/15/2026	12,000	12,242	12,105	
XAI OCTAGN FLT RAT & ALT INM	6.50%	03/31/2026	900	22,219	22,644	
GLOBAL PAYMENTS INC	4.80%	04/01/2026	3,000	3,008	2,998	
OFS CREDIT CO INC CALL NT	6.13%	04/30/2026	1,000	23,777	24,610	
ICAHN ENTERPRISES LP / ICAHN ENTERPRISES FINANCE CORP	6.25%	05/15/2026	8,000	7,925	7,971	
UNDER ARMOUR INC	3.25%	06/15/2026	13,000	12,042	12,579	
GREAT ELM CAPITA	5.88%	06/30/2026	2,300	57,040	58,420	
MOLSON COORS BEVERAGE CO	3.00%	07/15/2026	26,000	28,293	25,580	
SABRA HEALTH CARE LP	5.13%	08/15/2026	12,000	11,329	11,938	
HILLENBRAND INC	5.00%	09/15/2026	12,000	11,844	11,870	
TEVA PHARMACEUTICAL FINANCE NETHERLANDS III BV	3.15%	10/01/2026	13,000	11,605	12,566	
SLM CORP	3.13%	11/02/2026	7,000	6,121	6,781	
FORD MOTOR CO	4.35%	12/08/2026	12,000	11,671	11,767	
OXFORD LANE CAPITAL CORP	5.00%	01/31/2027	2,325	57,660	55,428	
SBA COMMUNICATIONS CORP	3.88%	02/15/2027	13,000	12,142	12,696	
SBA COMMUNICATIONS CORP	3.88%	02/15/2027	24,000	24,810	23,440	
AECOM	5.13%	03/15/2027	12,000	11,717	11,971	
CA INC	4.70%	03/15/2027	28,000	31,016	27,798	
HILTON WORLDWIDE FINANCE LLC /HILTON WORLDWIDE FINANCE CORP	4.88%	04/01/2027	12,000	11,961	11,932	
TRAVEL + LEISURE CO	6.00%	04/01/2027	12,000	11,624	12,078	
SUNOCO LP / SUNOCO FINANCE CORP	6.00%	04/15/2027	11,000	11,103	10,963	
UNITED RENTALS NORTH AMERICA INC	5.50%	05/15/2027	11,000	11,156	10,998	
CENTURY COMMUNITIES INC	6.75%	06/01/2027	15,000	15,158	15,002	
CLEVELAND-CLIFFS INC	5.88%	06/01/2027	15,000	15,023	14,793	
HP INC	3.00%	06/17/2027	25,000	26,739	24,200	
GREAT ELM GROUP INC NT CALL	7.25%	06/30/2027	1,100	27,170	25,300	
EXPEDIA GROUP INC	4.63%	08/01/2027	24,000	22,758	24,024	
ALLEGION US HOLDING CO INC	3.55%	10/01/2027	27,000	28,132	26,261	
RHP HOTEL PROPERTIES LP / RHP FINANCE CORP	4.75%	10/15/2027	11,000	10,784	10,782	
TELEFLEX INC	4.63%	11/15/2027	13,000	12,279	12,720	
TRANSDIGM INC	5.50%	11/15/2027	32,000	30,521	31,881	
ATI INC	5.88%	12/01/2027	14,000	13,971	13,989	
BOYD GAMING CORP	4.75%	12/01/2027	13,000	12,324	12,728	
BUCKEYE PARTNERS LP	4.13%	12/01/2027	10,000	9,638	9,614	
BOYD GAMING CORP	4.75%	12/01/2027	22,000	21,706	21,540	
CARLISLE COS INC	3.75%	12/01/2027	24,000	27,246	23,494	

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
CENTENE CORP	4.25%	12/15/2027	13,000	12,010	12,705
SERVICE CORP INTERNATIONAL/US	4.63%	12/15/2027	12,000	11,288	11,826
SERVICE CORP INTERNATIONAL/US	4.63%	12/15/2027	23,000	24,414	22,667
SILGAN HOLDINGS INC	4.13%	02/01/2028	12,000	10,949	11,594
LAMAR MEDIA CORP	3.75%	02/15/2028	12,000	10,835	11,445
VICI PROPERTIES LP	4.75%	02/15/2028	12,000	11,710	12,034
MOTOROLA SOLUTIONS INC	4.60%	02/23/2028	11,000	11,836	11,055
TEGNA INC	4.63%	03/15/2028	13,000	11,697	12,423
TRIMBLE INC	4.90%	06/15/2028	27,000	30,488	27,211
CARPENTER TECHNOLOGY CORP	6.38%	07/15/2028	15,000	15,066	15,022
BLOCK FINANCIAL LLC	2.50%	07/15/2028	27,000	27,531	25,066
EAGLE POINT INCOME CO INC NT	7.75%	07/31/2028	1,750	43,173	43,402
HCA INC	5.63%	09/01/2028	8,000	9,370	8,198
FLUOR CORP	4.25%	09/15/2028	3,000	2,854	2,901
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	4.70%	09/15/2028	24,000	27,578	24,059
WILLIS NORTH AMERICA INC	4.50%	09/15/2028	9,000	10,818	8,985
HB FULLER CO	4.25%	10/15/2028	15,000	14,286	14,190
CONAGRA BRANDS INC	4.85%	11/01/2028	26,000	26,502	26,142
IQVIA INC	6.25%	02/01/2029	17,000	18,071	17,665
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	4,000	3,700	3,706
CDW LLC / CDW FINANCE CORP	3.25%	02/15/2029	28,000	28,220	26,070
LOWE'S COS INC	3.65%	04/05/2029	24,000	22,949	23,260
GREAT ELM CAP CORP	8.50%	04/30/2029	1,000	24,750	25,230
GXO LOGISTICS INC	6.25%	05/06/2029	14,000	14,654	14,221
TENET HEALTHCARE CORP	4.25%	06/01/2029	13,000	12,073	12,398
CROWN CASTLE INC	5.60%	06/01/2029	4,000	4,045	4,103
BALL CORP	6.00%	06/15/2029	14,000	14,166	14,262
BATH & BODY WORKS INC	7.50%	06/15/2029	30,000	30,675	30,716
OLIN CORP	5.63%	08/01/2029	20,000	19,648	19,439
NMI HOLDINGS INC	6.00%	08/15/2029	15,000	15,390	15,172
AMERICAN TOWER CORP	3.80%	08/15/2029	21,000	22,631	20,302
WILLIS NORTH AMERICA INC	2.95%	09/15/2029	17,000	14,624	15,800
QORVO INC	4.38%	10/15/2029	26,000	28,145	24,851
GREAT ELM CAP CORP	8.13%	12/31/2029	2,050	50,890	50,512
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	15,000	14,730	14,603
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	33,000	28,958	32,128
OLIN CORP	5.00%	02/01/2030	6,000	5,670	5,634
ORACLE CORP	2.95%	04/01/2030	29,000	25,503	26,802
GLOBAL PAYMENTS INC	2.90%	05/15/2030	8,000	6,863	7,197
UNITED RENTALS NORTH AMERICA INC	4.00%	07/15/2030	34,000	31,860	31,712
HCA INC	3.50%	09/01/2030	18,000	15,630	16,782
QUANTA SERVICES INC	2.90%	10/01/2030	19,000	16,803	17,184
VERIZON COMMUNICATIONS INC	2.55%	03/21/2031	29,000	24,675	25,793
TELEDYNE TECHNOLOGIES INC	2.75%	04/01/2031	29,000	24,209	25,811
DICK'S SPORTING GOODS INC	3.15%	01/15/2032	28,000	23,227	24,505
FLEX LTD	5.25%	01/15/2032	19,000	18,941	18,642
MOTOROLA SOLUTIONS INC	5.60%	06/01/2032	15,000	15,283	15,488
SERVICE CORP INTERNATIONAL/US	5.75%	10/15/2032	10,000	10,100	9,895
PHILIP MORRIS INTERNATIONAL INC	5.38%	02/15/2033	25,000	25,018	25,575
LKQ CORP	6.25%	06/15/2033	26,000	27,214	26,875
BAT CAPITAL CORP	6.42%	08/02/2033	26,000	27,320	27,776
FISERV INC	5.63%	08/21/2033	24,000	24,506	24,423
ALTRIA GROUP INC	6.88%	11/01/2033	25,000	27,523	27,479

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
GENUINE PARTS CO	6.88%	11/01/2033	22,000	24,332	24,218
AT&T INC	2.55%	12/01/2033	29,000	24,662	23,901
AMERICAN TOWER CORP	5.45%	02/15/2034	6,000	5,961	6,093
QUANTA SERVICES INC	5.25%	08/09/2034	9,000	9,049	8,868
CROWN CASTLE INC	5.20%	09/01/2034	22,000	22,406	21,544
			<u>\$ 1,672,425</u>	<u>\$ 1,951,956</u>	<u>\$ 1,930,890</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
AA MISSION ACQU CORP CL A	5,250	\$ 52,500	\$ 54,125
AAON INC	19	1,313	1,775
ABBOTT LABORATORIES	134	11,663	17,521
ACCENTURE PLC IRELAND CL A	37	5,608	11,036
ADIDAS AG	73	7,912	8,411
ADOBE INC	25	8,334	9,501
ADOBE INC	32	7,763	12,166
AIA GROUP LTD SPON ADR	97	3,290	2,915
AIA GROUP LTD SPON ADR	355	12,294	10,637
AIMEI HEALTH TECHNOLOGY CO LTD	4,250	43,435	46,665
AIR LIQUIDE ADR	562	12,169	23,070
AIR PROD & CHEM INC	28	8,669	7,721
AIRBNB INC CL A	94	10,766	11,445
ALCON INC	97	5,797	9,486
ALIBABA GROUP HLDG LTD	87	6,823	10,441
ALPHABET INC CL C	61	10,174	9,755
ALPHABET INC CL C	93	4,820	14,915
ALPHAVEST ACQUISITION CORP	5,725	59,470	66,525
AMADEUS IT GROUP S.A ADR	183	11,243	14,391
AMAZON COM INC	176	16,362	32,458
AMER INTL GP INC NEW	123	9,071	10,027
AMERICAN WATER WORKS CO	82	10,961	12,019
AMERIPRISE FINCL INC	31	6,327	14,632
AMGEN INC	35	7,487	10,244
ANGEL OAK FINL STRAT INCM RTS	4,975	194	194
ANSYS INC	34	6,947	11,095
ANTERO RES CORP COM	70	1,910	2,439
AON PLC CL A	25	10,232	9,013
ARTISAN PARTNERS ASSET MGMT	79	2,826	2,908
ASM INTERNATIONAL NV	21	6,709	10,089
ASML HOLDING NV NY REG NEW	25	6,984	16,715
ATLAS COPCO AB SP ADR B SP ADR	943	9,733	13,145
ATMOS ENERGY CP	78	8,722	12,570
BANK RAKYAT INDONESIA ADR	270	4,099	3,131
BEACON ROOFING SUPPLY INC	1	36	55
BLACKSTONE INC	61	7,251	8,057
BRUKER CORPORATION	36	1,847	1,426
BWX TECHNOLOGIES INC COM	21	1,741	2,319
BYD COMPANY LTD UNSPON ADR	36	2,607	3,468
CADENCE BANK	94	2,360	2,742
CANADIAN NATL RAILWAY CO	101	11,108	9,779
CAPITAL ONE FINANCIAL CORP	73	7,138	13,096
CAPITEC BANK HOLDINGS LTD ADR	51	1,889	4,762
CELESTICA INC	18	1,411	1,557
CENTURION ACQUISITION CRP CL A	3,000	30,510	31,140
CHAMPION HOMES INC	14	918	1,244
CHARLTON ARIA ACQU CORP CL A	4,750	47,073	48,213
CHINA MERCHANTS BK CO LTD UNSP	199	3,588	5,447
CIENA CORP NEW	23	1,330	1,574
CLEAN HARBORS	7	1,534	1,594
CLICKS GROUP LTD SPONS ADR	57	2,345	2,428
COCA COLA CO	138	6,877	10,012
COHERENT CORP	29	1,895	1,885
COLOPLAST AS SPONSERED ADR	1,104	14,950	12,477

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
COLUMBUS MCKINNON CORP	32	1,250	481
COMERICA INC	54	2,553	2,917
COMMERCE BANCSHARES	102	4,880	6,223
COMPASS GROUP PLC SPD ADR	539	8,955	18,128
CONSTELLATION BRANDS INC CL A	31	7,255	5,721
CORTEVA INC	220	6,969	13,638
COSAN S A ADR	3	38	16
COSTAR GROUP INC	90	6,607	6,643
COTERRA ENERGY INC	337	6,528	8,277
CPG FOCUSED ACCESS FUND	26,554	591,014	702,973
CSL LTD	137	13,005	11,007
CULLEN FROST BANKERS INC	27	3,182	3,169
CULLEN FROST BANKERS INC	57	5,425	6,600
CUSHMAN & WAKEFIELD PLC	291	3,027	2,727
DAIKIN INDS LTD UNSPON ADR	907	11,704	10,362
DANAHER CORPORATION	37	4,195	7,420
DASSAULT SYSTEMS SA ADS	336	10,621	12,543
DIAGEO PLC SPON ADR NEW	76	10,944	8,506
DRUGS MADE IN AMERICA ACQ CORP	2,500	24,925	25,225
EAGLE MATLS INC	7	1,643	1,647
ECOLAB INC	43	8,861	10,844
ELEMENT SOLUTIONS INC	129	2,347	2,633
ELI LILLY & CO	23	15,757	20,713
EPAM SYSTEMS	9	2,480	1,346
EQUITY LIFESTYLE PROPERTIES	103	6,143	6,672
EXPERIAN GP LTD ADR	264	8,168	13,100
FEDERAL SIGNAL CORP	18	1,392	1,468
FERRARI N V	46	10,188	21,222
FIRST AMERICAN FINL CORP	50	2,779	3,012
FIRSTCASH HLDGS INC	24	2,654	3,177
FS CREDIT REIT	15,948	389,093	383,901
GARTNER INC	12	1,518	4,845
GATX CORP	12	1,319	1,739
GENL DYNAMICS CORP	33	6,029	8,956
GILDAN ACTIVEWEAR INC	34	1,199	1,562
GLOBANT S.A	10	1,794	1,211
GLOBUS MEDICAL INC A	25	1,280	1,774
GP-ACT III ACQISITION CRP CL A	6,400	64,168	66,304
GRUPO FINANCIERO BANORTE SAB	71	2,360	3,042
GXO LOGISTICS INCORPORATED	38	1,543	1,390
HALMA PLC UNSPON ADR	75	5,396	5,556
HANOVER INSURANCE GROUP INC	15	2,463	2,465
HAWKINS INC	14	1,742	1,754
HDFC BANK LTD ADR	162	9,369	11,776
HEALTH EQUITY INC COM	15	1,082	1,255
HERMES INTL SCA UNSPON ADR	84	9,307	22,701
HOYA CORP SPONS ADR	92	10,575	10,828
HUNTINGTON INGALLS INDUSTRIES	13	2,615	3,063
ICICI BANK LTD	284	4,619	9,531
IDEXX LABS	17	7,621	7,539
INDUSTRIA DE DISENO TEXTIL IND	630	8,516	16,916
INFINEON TECHNOLOGIES AG	296	10,280	9,721
INSTALLED BLDG PRODS INC	19	2,404	3,081
INTEGER HOLDINGS CORP	13	1,530	1,637

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
JARDINE MATHESON HLDGS LTD ADR	141	6,978	6,269
JBT MAREL CORPORATION	22	2,645	2,292
JD COM INC SPON ADR CL A	66	2,133	2,167
KIRBY CP	24	2,058	2,272
KONE OYJ ADR	396	11,129	12,267
KUEHNE & NAGEL INTL AG ADR	110	6,267	5,056
L OREAL CO ADR	205	12,675	18,037
LENNAR CORPORATION	103	8,201	11,187
LINCOLN ELEC HLDGS INC	10	1,895	1,762
LONZA GROUP AG ZUERICH ADR	142	9,639	10,171
LOWES COMPANIES INC	36	7,866	8,112
LVMH MOET HENNESSY LOUIS VUITT	116	8,986	12,867
MAKEMYTRIP LIMITED	24	2,486	2,531
MARTIN MARIETTA MATERIALS	23	4,807	11,839
MASTERCARD INC CL A	38	7,482	20,574
MATADOR RES CO	15	825	607
MATERION CORP COM	24	2,445	2,021
MEDTRONIC PLC SHS	72	5,943	6,095
MEITUAN ADR	133	3,124	4,469
MERCK & CO INC NEW COM	83	8,121	7,105
MERCK KGAA SPD ADR	356	13,371	9,866
MICROCHIP TECHNOLOGY INC	140	7,783	6,451
MICROSOFT CORP	37	4,108	14,546
MICROSOFT CORP	71	7,263	27,873
MINTH GROUP LTD	17	531	804
MISUMI GROUP INC UNSPONSRD ADR	620	5,352	4,351
MITSUBISHI UFJ FINCL GRP ADS	640	4,043	8,090
MSCI INC COM	23	11,786	12,572
MURPHY OIL CORP	27	764	554
NETFLIX INC	11	2,081	12,765
NNN REIT INC	38	1,391	1,549
NORTHWEST NAT HLDG CO	25	1,082	1,059
NOVO NORDISK A/S ADR	185	5,138	12,293
OFC CREDIT CO 7.875% SER-F	2,100	51,947	51,135
ONTO INNOVATION INC	13	1,739	1,635
ORACLE CORP	150	21,322	21,108
OSHKOSH CORP	67	7,324	5,620
PARKER HANNIFIN CORP	31	7,239	18,662
PAYCOM SOFTWARE INC	34	6,222	7,702
PERMIAN RESOURCES CP CL A	55	564	645
PING AN INSURANCE ADR	288	2,492	3,461
PKO BANK POLSKI UNSPON ADR	168	2,410	3,232
PNC FINL SVCS GP	48	6,036	7,764
POMONA INVESTMENT FUND I	29,960	438,673	483,263
PROCTER & GAMBLE	52	7,070	8,471
PROSPERITY BANCSHARES	40	2,369	2,742
PT BK NEGARA INDONESIA UN ADR	137	2,098	1,725
QUALCOMM INC	65	6,034	9,689
R P M INC	83	5,892	8,879
RED ROCK RESORTS INC CL A	58	2,571	2,486
ROCHE HOLDINGS ADR	322	12,672	13,128
RUSH ENTERPRISES INC CL A	32	1,062	1,636
SAGE GROUP PLC-UNSPON ADR	179	9,978	11,835
SAP AG	59	6,493	17,206

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
SELECTIVE INSURANCE GROUP	37	2,378	3,217
SERVICENOW INC	16	5,321	15,000
SGS SA ADR	1,132	10,648	11,120
SHIN ETSU CHEM CO LTD ADR	676	6,325	10,260
SHOPIFY INC CL A	177	11,019	16,815
SILGAN HOLDINGS INC	32	1,528	1,653
SIM ACQUISITION CORP I CL A	5,000	49,899	51,351
SMC CORP JAPAN SPONSORED ADR	665	14,787	10,832
SONY GROUP CORPORATION ADR	505	5,859	13,130
SPIRE INC	30	2,221	2,330
STAG INDL INC COM	67	2,140	2,209
STARBUCKS CORP WASHINGTON	123	12,052	9,846
SYSMEX CORP UNSPON ADR	583	12,828	10,837
TAIWAN SMCNDCTR MFG CO LTD ADR	128	3,948	21,336
TAIWAN SMCNDCTR MFG CO LTD ADR	108	5,379	18,003
TELEDYNE TECH INC	17	6,958	8,102
TENCENT HLDGS LTD UNSPON ADR	318	9,558	19,417
TERUMO CORP ADR UNSPONS ADR	508	9,020	9,755
THERMO FISHER SCIENTIFIC	29	15,862	12,341
TOTALENERGIES SE SPONSORED ADS	142	8,800	8,073
TOTALENERGIES SE SPONSORED ADS	163	6,329	9,267
TRINET GROUP INC	19	1,521	1,525
TRIP COM GROUP LTD ADR	24	1,192	1,422
U S BANCORP COM NEW	215	7,605	8,673
UBER TECHNOLOGIES INC	77	6,133	6,238
UNITEDHEALTH GP INC	17	5,229	6,941
UNIVERSAL MUSIC GROUP NV ADR	754	9,645	11,079
VALMONT INDUSTRIES	6	1,421	1,741
VALVOLINE INC COM	78	2,813	2,685
VAT GROUP AG-ADR	143	5,558	5,121
VERIZON COMMUNICATIONS	217	9,055	9,561
VISA INC CL A	71	9,584	24,581
WAL-MART DE MEXICO SA SPON ADR	76	2,867	2,411
WARBY PARKER INC CL A	41	552	681
WATTS WTR TECH INC A	7	1,474	1,544
WEG S.A. SPONSORED ADR	516	2,748	4,104
WESCO INTL INC	9	1,319	1,409
WESTERN ALLIANCE BANCORP	44	2,196	3,073
WOLTERS KLUWER NV SPON ADR	76	9,580	13,502
WORKDAY INC CL A	44	9,951	10,802
XCEL ENERGY INC	131	8,187	9,262
XYLEM INC COM	25	2,700	3,060
ZIONS BANCORPORATION N A	61	2,234	2,761
ZOETIS INC CLASS-A	108	13,422	16,891
		\$ <u>2,976,776</u>	\$ <u>3,543,870</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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	621	\$ <u>1,040,361</u>	\$ <u>1,315,334</u>
		\$ <u>1,040,361</u>	\$ <u>1,315,334</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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	11,885	\$ 121,312	\$ 105,659
ANGEL OAK FINL STRATEGIES INCM	4,975	60,875	65,819
BLACKROCK MUNI CREDIT ALPHA I	5,432	65,995	69,800
BLACKROCK MUNIHLDNG CA QUAL FD	5,500	58,704	58,025
DOUBLELINE TOTAL RETURN I	92,417	813,875	816,965
FEDERATED HERMES GOVT OBL PRM	141,134	141,134	141,134
INVESCO S&P 500 EQUAL WEIGHT E	1,089	181,030	184,193
IRONWOOD INSTITUTIONAL MULTI-STRATEGY FUND LLC	288	337,024	344,992
ISHARES 20+ YR TREASU BOND ETF	1,968	194,665	176,077
ISHARES CORE DIVIDEND GROWTH	2,767	148,329	166,407
ISHARES RUSSELL 2000 VALUE ETF	42	7,034	6,092
KKR CREDIT OPPORTUNITIES I	12,740	340,163	293,902
LM MARTIN CURRIE SMASH SER EM	11,019	106,549	101,156
LOCORR MARKET TREND I	10,142	116,505	102,943
MFS GOVT MKTS INCOME TR SBI	5,750	22,253	18,113
NEUBERGER BERMAN LG SH INST	17,844	295,286	337,964
NUV NEW YORK AMT-FREE MUNIC	9,375	66,089	93,750
NUVEEN AMT-FREE QLTY MUN INC	3,300	34,897	35,904
TORTOISE ENRGY INFR TOT RET I	6,822	73,713	129,815
VANGUARD FTSE EMERGING MARKETS	1,842	75,016	83,351
VANGUARD GROWTH ETF	147	49,927	55,609
VANGUARD SMALL CAP ETF	372	74,834	80,405
WESTERN ASST INFLTN LKD INM FD	10,000	48,486	83,100
		<u>\$ 3,433,695</u>	<u>\$ 3,551,175</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	FEDERATED HERMES GOVT OBL PRM	\$ 425,000	\$ -	\$ -	\$ -	\$ -	\$ 425,000	\$ -
N/A	FEDERATED HERMES GOVT OBL PRM	-	850,000	-	-	850,000	850,000	-

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Payroll	\$ 172,398	\$ 176,324
Payroll taxes	20,796	21,443
Employee benefits	85,190	78,185
Occupancy	21,642	17,165
Office	47,432	46,297
Legal	54,471	68,175
Accounting	66,725	60,000
Payroll audits	23,044	23,715
Actuarial consulting	47,200	47,200
Computer	46,993	65,420
Insurance	11,310	8,334
Conferences and meetings	13,506	14,923
Depreciation	<u>-</u>	<u>8,752</u>
Total administrative expenses	<u>\$ 610,707</u>	<u>\$ 635,933</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF INTEREST BEARING CASH

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
*	MORGAN STANLEY BANK NA	VARIABLE	ON DEMAND	\$ <u>91,798</u>	\$ <u>91,798</u>
				\$ <u>91,798</u>	\$ <u>91,798</u>

* PARTY-IN-INTEREST

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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 / CDW FINANCE CORP	4.13%	05/01/2025	\$ 12,000	\$ 11,783	\$ 12,000	
ENLINK MIDSTREAM PARTNERS LP	4.15%	06/01/2025	12,000	11,522	11,988	
FORTUNE BRANDS INNOVATIONS INC	4.00%	06/15/2025	9,000	8,909	8,982	
STEEL DYNAMICS INC	2.40%	06/15/2025	14,000	14,522	13,955	
DCP MIDSTREAM OPERATING LP	5.38%	07/15/2025	4,000	4,050	4,001	
CHARTER COMMUNICATIONS OPERATING LLC / CHARTER COMMUNICATION	4.91%	07/23/2025	12,000	12,158	11,983	
PENSKE AUTOMOTIVE GROUP INC	3.50%	09/01/2025	12,000	11,642	11,932	
MICROCHIP TECHNOLOGY INC	4.25%	09/01/2025	25,000	26,176	24,961	
BERRY GLOBAL INC	1.57%	01/15/2026	25,000	22,487	24,373	
ZIMMER BIOMET HOLDINGS INC	3.05%	01/15/2026	19,000	20,708	18,785	
CROWN AMERICAS LLC / CROWN AMERICAS CAPITAL CORP VI	4.75%	02/01/2026	12,000	11,920	11,929	
WESTERN DIGITAL CORP	4.75%	02/15/2026	3,000	2,846	2,980	
ONEMAIN FINANCE CORP	7.13%	03/15/2026	12,000	12,242	12,105	
XAI OCTAGN FLT RAT & ALT INM	6.50%	03/31/2026	900	22,219	22,644	
GLOBAL PAYMENTS INC	4.80%	04/01/2026	3,000	3,008	2,998	
OFS CREDIT CO INC CALL NT	6.13%	04/30/2026	1,000	23,777	24,610	
ICAHN ENTERPRISES LP / ICAHN ENTERPRISES FINANCE CORP	6.25%	05/15/2026	8,000	7,925	7,971	
UNDER ARMOUR INC	3.25%	06/15/2026	13,000	12,042	12,579	
GREAT ELM CAPITA	5.88%	06/30/2026	2,300	57,040	58,420	
MOLSON COORS BEVERAGE CO	3.00%	07/15/2026	26,000	28,293	25,580	
SABRA HEALTH CARE LP	5.13%	08/15/2026	12,000	11,329	11,938	
HILLENBRAND INC	5.00%	09/15/2026	12,000	11,844	11,870	
TEVA PHARMACEUTICAL FINANCE NETHERLANDS III BV	3.15%	10/01/2026	13,000	11,605	12,566	
SLM CORP	3.13%	11/02/2026	7,000	6,121	6,781	
FORD MOTOR CO	4.35%	12/08/2026	12,000	11,671	11,767	
OXFORD LANE CAPITAL CORP	5.00%	01/31/2027	2,325	57,660	55,428	
SBA COMMUNICATIONS CORP	3.88%	02/15/2027	13,000	12,142	12,696	
SBA COMMUNICATIONS CORP	3.88%	02/15/2027	24,000	24,810	23,440	
AECOM	5.13%	03/15/2027	12,000	11,717	11,971	
CA INC	4.70%	03/15/2027	28,000	31,016	27,798	
HILTON WORLDWIDE FINANCE LLC /HILTON WORLDWIDE FINANCE CORP	4.88%	04/01/2027	12,000	11,961	11,932	
TRAVEL + LEISURE CO	6.00%	04/01/2027	12,000	11,624	12,078	
SUNOCO LP / SUNOCO FINANCE CORP	6.00%	04/15/2027	11,000	11,103	10,963	
UNITED RENTALS NORTH AMERICA INC	5.50%	05/15/2027	11,000	11,156	10,998	
CENTURY COMMUNITIES INC	6.75%	06/01/2027	15,000	15,158	15,002	
CLEVELAND-CLIFFS INC	5.88%	06/01/2027	15,000	15,023	14,793	
HP INC	3.00%	06/17/2027	25,000	26,739	24,200	
GREAT ELM GROUP INC NT CALL	7.25%	06/30/2027	1,100	27,170	25,300	
EXPEDIA GROUP INC	4.63%	08/01/2027	24,000	22,758	24,024	
ALLEGION US HOLDING CO INC	3.55%	10/01/2027	27,000	28,132	26,261	
RHP HOTEL PROPERTIES LP / RHP FINANCE CORP	4.75%	10/15/2027	11,000	10,784	10,782	
TELEFLEX INC	4.63%	11/15/2027	13,000	12,279	12,720	
TRANSDIGM INC	5.50%	11/15/2027	32,000	30,521	31,881	
ATI INC	5.88%	12/01/2027	14,000	13,971	13,989	
BOYD GAMING CORP	4.75%	12/01/2027	13,000	12,324	12,728	
BUCKEYE PARTNERS LP	4.13%	12/01/2027	10,000	9,638	9,614	
BOYD GAMING CORP	4.75%	12/01/2027	22,000	21,706	21,540	
CARLISLE COS INC	3.75%	12/01/2027	24,000	27,246	23,494	

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
CENTENE CORP	4.25%	12/15/2027	13,000	12,010	12,705
SERVICE CORP INTERNATIONAL/US	4.63%	12/15/2027	12,000	11,288	11,826
SERVICE CORP INTERNATIONAL/US	4.63%	12/15/2027	23,000	24,414	22,667
SILGAN HOLDINGS INC	4.13%	02/01/2028	12,000	10,949	11,594
LAMAR MEDIA CORP	3.75%	02/15/2028	12,000	10,835	11,445
VICI PROPERTIES LP	4.75%	02/15/2028	12,000	11,710	12,034
MOTOROLA SOLUTIONS INC	4.60%	02/23/2028	11,000	11,836	11,055
TEGNA INC	4.63%	03/15/2028	13,000	11,697	12,423
TRIMBLE INC	4.90%	06/15/2028	27,000	30,488	27,211
CARPENTER TECHNOLOGY CORP	6.38%	07/15/2028	15,000	15,066	15,022
BLOCK FINANCIAL LLC	2.50%	07/15/2028	27,000	27,531	25,066
EAGLE POINT INCOME CO INC NT	7.75%	07/31/2028	1,750	43,173	43,402
HCA INC	5.63%	09/01/2028	8,000	9,370	8,198
FLUOR CORP	4.25%	09/15/2028	3,000	2,854	2,901
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP	4.70%	09/15/2028	24,000	27,578	24,059
WILLIS NORTH AMERICA INC	4.50%	09/15/2028	9,000	10,818	8,985
HB FULLER CO	4.25%	10/15/2028	15,000	14,286	14,190
CONAGRA BRANDS INC	4.85%	11/01/2028	26,000	26,502	26,142
IQVIA INC	6.25%	02/01/2029	17,000	18,071	17,665
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	4,000	3,700	3,706
CDW LLC / CDW FINANCE CORP	3.25%	02/15/2029	28,000	28,220	26,070
LOWE'S COS INC	3.65%	04/05/2029	24,000	22,949	23,260
GREAT ELM CAP CORP	8.50%	04/30/2029	1,000	24,750	25,230
GXO LOGISTICS INC	6.25%	05/06/2029	14,000	14,654	14,221
TENET HEALTHCARE CORP	4.25%	06/01/2029	13,000	12,073	12,398
CROWN CASTLE INC	5.60%	06/01/2029	4,000	4,045	4,103
BALL CORP	6.00%	06/15/2029	14,000	14,166	14,262
BATH & BODY WORKS INC	7.50%	06/15/2029	30,000	30,675	30,716
OLIN CORP	5.63%	08/01/2029	20,000	19,648	19,439
NMI HOLDINGS INC	6.00%	08/15/2029	15,000	15,390	15,172
AMERICAN TOWER CORP	3.80%	08/15/2029	21,000	22,631	20,302
WILLIS NORTH AMERICA INC	2.95%	09/15/2029	17,000	14,624	15,800
QORVO INC	4.38%	10/15/2029	26,000	28,145	24,851
GREAT ELM CAP CORP	8.13%	12/31/2029	2,050	50,890	50,512
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	15,000	14,730	14,603
ENCOMPASS HEALTH CORP	4.75%	02/01/2030	33,000	28,958	32,128
OLIN CORP	5.00%	02/01/2030	6,000	5,670	5,634
ORACLE CORP	2.95%	04/01/2030	29,000	25,503	26,802
GLOBAL PAYMENTS INC	2.90%	05/15/2030	8,000	6,863	7,197
UNITED RENTALS NORTH AMERICA INC	4.00%	07/15/2030	34,000	31,860	31,712
HCA INC	3.50%	09/01/2030	18,000	15,630	16,782
QUANTA SERVICES INC	2.90%	10/01/2030	19,000	16,803	17,184
VERIZON COMMUNICATIONS INC	2.55%	03/21/2031	29,000	24,675	25,793
TELEDYNE TECHNOLOGIES INC	2.75%	04/01/2031	29,000	24,209	25,811
DICK'S SPORTING GOODS INC	3.15%	01/15/2032	28,000	23,227	24,505
FLEX LTD	5.25%	01/15/2032	19,000	18,941	18,642
MOTOROLA SOLUTIONS INC	5.60%	06/01/2032	15,000	15,283	15,488
SERVICE CORP INTERNATIONAL/US	5.75%	10/15/2032	10,000	10,100	9,895
PHILIP MORRIS INTERNATIONAL INC	5.38%	02/15/2033	25,000	25,018	25,575
LKQ CORP	6.25%	06/15/2033	26,000	27,214	26,875
BAT CAPITAL CORP	6.42%	08/02/2033	26,000	27,320	27,776
FISERV INC	5.63%	08/21/2033	24,000	24,506	24,423
ALTRIA GROUP INC	6.88%	11/01/2033	25,000	27,523	27,479

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
GENUINE PARTS CO	6.88%	11/01/2033	22,000	24,332	24,218
AT&T INC	2.55%	12/01/2033	29,000	24,662	23,901
AMERICAN TOWER CORP	5.45%	02/15/2034	6,000	5,961	6,093
QUANTA SERVICES INC	5.25%	08/09/2034	9,000	9,049	8,868
CROWN CASTLE INC	5.20%	09/01/2034	22,000	22,406	21,544
			<u>\$ 1,672,425</u>	<u>\$ 1,951,956</u>	<u>\$ 1,930,890</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
AA MISSION ACQU CORP CL A	5,250	\$ 52,500	\$ 54,125
AAON INC	19	1,313	1,775
ABBOTT LABORATORIES	134	11,663	17,521
ACCENTURE PLC IRELAND CL A	37	5,608	11,036
ADIDAS AG	73	7,912	8,411
ADOBE INC	25	8,334	9,501
ADOBE INC	32	7,763	12,166
AIA GROUP LTD SPON ADR	97	3,290	2,915
AIA GROUP LTD SPON ADR	355	12,294	10,637
AIMEI HEALTH TECHNOLOGY CO LTD	4,250	43,435	46,665
AIR LIQUIDE ADR	562	12,169	23,070
AIR PROD & CHEM INC	28	8,669	7,721
AIRBNB INC CL A	94	10,766	11,445
ALCON INC	97	5,797	9,486
ALIBABA GROUP HLDG LTD	87	6,823	10,441
ALPHABET INC CL C	61	10,174	9,755
ALPHABET INC CL C	93	4,820	14,915
ALPHAVEST ACQUISITION CORP	5,725	59,470	66,525
AMADEUS IT GROUP S.A ADR	183	11,243	14,391
AMAZON COM INC	176	16,362	32,458
AMER INTL GP INC NEW	123	9,071	10,027
AMERICAN WATER WORKS CO	82	10,961	12,019
AMERIPRISE FINCL INC	31	6,327	14,632
AMGEN INC	35	7,487	10,244
ANGEL OAK FINL STRAT INCM RTS	4,975	194	194
ANSYS INC	34	6,947	11,095
ANTERO RES CORP COM	70	1,910	2,439
AON PLC CL A	25	10,232	9,013
ARTISAN PARTNERS ASSET MGMT	79	2,826	2,908
ASM INTERNATIONAL NV	21	6,709	10,089
ASML HOLDING NV NY REG NEW	25	6,984	16,715
ATLAS COPCO AB SP ADR B SP ADR	943	9,733	13,145
ATMOS ENERGY CP	78	8,722	12,570
BANK RAKYAT INDONESIA ADR	270	4,099	3,131
BEACON ROOFING SUPPLY INC	1	36	55
BLACKSTONE INC	61	7,251	8,057
BRUKER CORPORATION	36	1,847	1,426
BWX TECHNOLOGIES INC COM	21	1,741	2,319
BYD COMPANY LTD UNSPON ADR	36	2,607	3,468
CADENCE BANK	94	2,360	2,742
CANADIAN NATL RAILWAY CO	101	11,108	9,779
CAPITAL ONE FINANCIAL CORP	73	7,138	13,096
CAPITEC BANK HOLDINGS LTD ADR	51	1,889	4,762
CELESTICA INC	18	1,411	1,557
CENTURION ACQUISITION CRP CL A	3,000	30,510	31,140
CHAMPION HOMES INC	14	918	1,244
CHARLTON ARIA ACQU CORP CL A	4,750	47,073	48,213
CHINA MERCHANTS BK CO LTD UNSP	199	3,588	5,447
CIENA CORP NEW	23	1,330	1,574
CLEAN HARBORS	7	1,534	1,594
CLICKS GROUP LTD SPONS ADR	57	2,345	2,428
COCA COLA CO	138	6,877	10,012
COHERENT CORP	29	1,895	1,885
COLOPLAST AS SPONSERED ADR	1,104	14,950	12,477

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
COLUMBUS MCKINNON CORP	32	1,250	481
COMERICA INC	54	2,553	2,917
COMMERCE BANCSHARES	102	4,880	6,223
COMPASS GROUP PLC SPD ADR	539	8,955	18,128
CONSTELLATION BRANDS INC CL A	31	7,255	5,721
CORTEVA INC	220	6,969	13,638
COSAN S A ADR	3	38	16
COSTAR GROUP INC	90	6,607	6,643
COTERRA ENERGY INC	337	6,528	8,277
CPG FOCUSED ACCESS FUND	26,554	591,014	702,973
CSL LTD	137	13,005	11,007
CULLEN FROST BANKERS INC	27	3,182	3,169
CULLEN FROST BANKERS INC	57	5,425	6,600
CUSHMAN & WAKEFIELD PLC	291	3,027	2,727
DAIKIN INDS LTD UNSPON ADR	907	11,704	10,362
DANAHER CORPORATION	37	4,195	7,420
DASSAULT SYSTEMS SA ADS	336	10,621	12,543
DIAGEO PLC SPON ADR NEW	76	10,944	8,506
DRUGS MADE IN AMERICA ACQ CORP	2,500	24,925	25,225
EAGLE MATLS INC	7	1,643	1,647
ECOLAB INC	43	8,861	10,844
ELEMENT SOLUTIONS INC	129	2,347	2,633
ELI LILLY & CO	23	15,757	20,713
EPAM SYSTEMS	9	2,480	1,346
EQUITY LIFESTYLE PROPERTIES	103	6,143	6,672
EXPERIAN GP LTD ADR	264	8,168	13,100
FEDERAL SIGNAL CORP	18	1,392	1,468
FERRARI N V	46	10,188	21,222
FIRST AMERICAN FINL CORP	50	2,779	3,012
FIRSTCASH HLDGS INC	24	2,654	3,177
FS CREDIT REIT	15,948	389,093	383,901
GARTNER INC	12	1,518	4,845
GATX CORP	12	1,319	1,739
GENL DYNAMICS CORP	33	6,029	8,956
GILDAN ACTIVEWEAR INC	34	1,199	1,562
GLOBANT S.A	10	1,794	1,211
GLOBUS MEDICAL INC A	25	1,280	1,774
GP-ACT III ACQISITION CRP CL A	6,400	64,168	66,304
GRUPO FINANCIERO BANORTE SAB	71	2,360	3,042
GXO LOGISTICS INCORPORATED	38	1,543	1,390
HALMA PLC UNSPON ADR	75	5,396	5,556
HANOVER INSURANCE GROUP INC	15	2,463	2,465
HAWKINS INC	14	1,742	1,754
HDFC BANK LTD ADR	162	9,369	11,776
HEALTH EQUITY INC COM	15	1,082	1,255
HERMES INTL SCA UNSPON ADR	84	9,307	22,701
HOYA CORP SPONS ADR	92	10,575	10,828
HUNTINGTON INGALLS INDUSTRIES	13	2,615	3,063
ICICI BANK LTD	284	4,619	9,531
IDEXX LABS	17	7,621	7,539
INDUSTRIA DE DISENO TEXTIL IND	630	8,516	16,916
INFINEON TECHNOLOGIES AG	296	10,280	9,721
INSTALLED BLDG PRODS INC	19	2,404	3,081
INTEGER HOLDINGS CORP	13	1,530	1,637

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
JARDINE MATHESON HLDGS LTD ADR	141	6,978	6,269
JBT MAREL CORPORATION	22	2,645	2,292
JD COM INC SPON ADR CL A	66	2,133	2,167
KIRBY CP	24	2,058	2,272
KONE OYJ ADR	396	11,129	12,267
KUEHNE & NAGEL INTL AG ADR	110	6,267	5,056
L OREAL CO ADR	205	12,675	18,037
LENNAR CORPORATION	103	8,201	11,187
LINCOLN ELEC HLDGS INC	10	1,895	1,762
LONZA GROUP AG ZUERICH ADR	142	9,639	10,171
LOWES COMPANIES INC	36	7,866	8,112
LVMH MOET HENNESSY LOUIS VUITT	116	8,986	12,867
MAKEMYTRIP LIMITED	24	2,486	2,531
MARTIN MARIETTA MATERIALS	23	4,807	11,839
MASTERCARD INC CL A	38	7,482	20,574
MATADOR RES CO	15	825	607
MATERION CORP COM	24	2,445	2,021
MEDTRONIC PLC SHS	72	5,943	6,095
MEITUAN ADR	133	3,124	4,469
MERCK & CO INC NEW COM	83	8,121	7,105
MERCK KGAA SPD ADR	356	13,371	9,866
MICROCHIP TECHNOLOGY INC	140	7,783	6,451
MICROSOFT CORP	37	4,108	14,546
MICROSOFT CORP	71	7,263	27,873
MINTH GROUP LTD	17	531	804
MISUMI GROUP INC UNSPONSRD ADR	620	5,352	4,351
mitsubishi UFJ FINCL GRP ADS	640	4,043	8,090
MSCI INC COM	23	11,786	12,572
MURPHY OIL CORP	27	764	554
NETFLIX INC	11	2,081	12,765
NNN REIT INC	38	1,391	1,549
NORTHWEST NAT HLDG CO	25	1,082	1,059
NOVO NORDISK A/S ADR	185	5,138	12,293
OFC CREDIT CO 7.875% SER-F	2,100	51,947	51,135
ONTO INNOVATION INC	13	1,739	1,635
ORACLE CORP	150	21,322	21,108
OSHKOSH CORP	67	7,324	5,620
PARKER HANNIFIN CORP	31	7,239	18,662
PAYCOM SOFTWARE INC	34	6,222	7,702
PERMIAN RESOURCES CP CL A	55	564	645
PING AN INSURANCE ADR	288	2,492	3,461
PKO BANK POLSKI UNSPON ADR	168	2,410	3,232
PNC FINL SVCS GP	48	6,036	7,764
POMONA INVESTMENT FUND I	29,960	438,673	483,263
PROCTER & GAMBLE	52	7,070	8,471
PROSPERITY BANCSHARES	40	2,369	2,742
PT BK NEGARA INDONESIA UN ADR	137	2,098	1,725
QUALCOMM INC	65	6,034	9,689
R P M INC	83	5,892	8,879
RED ROCK RESORTS INC CL A	58	2,571	2,486
ROCHE HOLDINGS ADR	322	12,672	13,128
RUSH ENTERPRISES INC CL A	32	1,062	1,636
SAGE GROUP PLC-UNSPON ADR	179	9,978	11,835
SAP AG	59	6,493	17,206

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF CORPORATE STOCK - COMMON

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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
SELECTIVE INSURANCE GROUP	37	2,378	3,217
SERVICENOW INC	16	5,321	15,000
SGS SA ADR	1,132	10,648	11,120
SHIN ETSU CHEM CO LTD ADR	676	6,325	10,260
SHOPIFY INC CL A	177	11,019	16,815
SILGAN HOLDINGS INC	32	1,528	1,653
SIM ACQUISITION CORP I CL A	5,000	49,899	51,351
SMC CORP JAPAN SPONSORED ADR	665	14,787	10,832
SONY GROUP CORPORATION ADR	505	5,859	13,130
SPIRE INC	30	2,221	2,330
STAG INDL INC COM	67	2,140	2,209
STARBUCKS CORP WASHINGTON	123	12,052	9,846
SYSMEX CORP UNSPON ADR	583	12,828	10,837
TAIWAN SMCNDCTR MFG CO LTD ADR	128	3,948	21,336
TAIWAN SMCNDCTR MFG CO LTD ADR	108	5,379	18,003
TELEDYNE TECH INC	17	6,958	8,102
TENCENT HLDGS LTD UNSPON ADR	318	9,558	19,417
TERUMO CORP ADR UNSPONS ADR	508	9,020	9,755
THERMO FISHER SCIENTIFIC	29	15,862	12,341
TOTALENERGIES SE SPONSORED ADS	142	8,800	8,073
TOTALENERGIES SE SPONSORED ADS	163	6,329	9,267
TRINET GROUP INC	19	1,521	1,525
TRIP COM GROUP LTD ADR	24	1,192	1,422
U S BANCORP COM NEW	215	7,605	8,673
UBER TECHNOLOGIES INC	77	6,133	6,238
UNITEDHEALTH GP INC	17	5,229	6,941
UNIVERSAL MUSIC GROUP NV ADR	754	9,645	11,079
VALMONT INDUSTRIES	6	1,421	1,741
VALVOLINE INC COM	78	2,813	2,685
VAT GROUP AG-ADR	143	5,558	5,121
VERIZON COMMUNICATIONS	217	9,055	9,561
VISA INC CL A	71	9,584	24,581
WAL-MART DE MEXICO SA SPON ADR	76	2,867	2,411
WARBY PARKER INC CL A	41	552	681
WATTS WTR TECH INC A	7	1,474	1,544
WEG S.A. SPONSORED ADR	516	2,748	4,104
WESCO INTL INC	9	1,319	1,409
WESTERN ALLIANCE BANCORP	44	2,196	3,073
WOLTERS KLUWER NV SPON ADR	76	9,580	13,502
WORKDAY INC CL A	44	9,951	10,802
XCEL ENERGY INC	131	8,187	9,262
XYLEM INC COM	25	2,700	3,060
ZIONS BANCORPORATION N A	61	2,234	2,761
ZOETIS INC CLASS-A	108	13,422	16,891
		\$ <u>2,976,776</u>	\$ <u>3,543,870</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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	621	\$ <u>1,040,361</u>	\$ <u>1,315,334</u>
		\$ <u>1,040,361</u>	\$ <u>1,315,334</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

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	11,885	\$ 121,312	\$ 105,659
ANGEL OAK FINL STRATEGIES INCM	4,975	60,875	65,819
BLACKROCK MUNI CREDIT ALPHA I	5,432	65,995	69,800
BLACKROCK MUNIHLDNG CA QUAL FD	5,500	58,704	58,025
DOUBLELINE TOTAL RETURN I	92,417	813,875	816,965
FEDERATED HERMES GOVT OBL PRM	141,134	141,134	141,134
INVESCO S&P 500 EQUAL WEIGHT E	1,089	181,030	184,193
IRONWOOD INSTITUTIONAL MULTI-STRATEGY FUND LLC	288	337,024	344,992
ISHARES 20+ YR TREASU BOND ETF	1,968	194,665	176,077
ISHARES CORE DIVIDEND GROWTH	2,767	148,329	166,407
ISHARES RUSSELL 2000 VALUE ETF	42	7,034	6,092
KKR CREDIT OPPORTUNITIES I	12,740	340,163	293,902
LM MARTIN CURRIE SMASH SER EM	11,019	106,549	101,156
LOCORR MARKET TREND I	10,142	116,505	102,943
MFS GOVT MKTS INCOME TR SBI	5,750	22,253	18,113
NEUBERGER BERMAN LG SH INST	17,844	295,286	337,964
NUV NEW YORK AMT-FREE MUNIC	9,375	66,089	93,750
NUVEEN AMT-FREE QLTY MUN INC	3,300	34,897	35,904
TORTOISE ENRGY INFR TOT RET I	6,822	73,713	129,815
VANGUARD FTSE EMERGING MARKETS	1,842	75,016	83,351
VANGUARD GROWTH ETF	147	49,927	55,609
VANGUARD SMALL CAP ETF	372	74,834	80,405
WESTERN ASST INFLTN LKD INM FD	10,000	48,486	83,100
		<u>\$ 3,433,695</u>	<u>\$ 3,551,175</u>

BRICKLAYERS AND ALLIED CRAFTWORKERS, LOCAL 2, ALBANY, NEW YORK, HEALTH BENEFIT FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED APRIL 30, 2025

EIN 14-1461803, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	FEDERATED HERMES GOVT OBL PRM	\$ 425,000	\$ -	\$ -	\$ -	\$ -	\$ 425,000	\$ -
N/A	FEDERATED HERMES GOVT OBL PRM	-	850,000	-	-	850,000	850,000	-