

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)          Mailing address (include room, apt., suite no. and street, or P.O. Box)          City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH &amp; WELF</u></p> <p><u>1175 WILLIAM STREET</u>  <u>BUFFALO, NY 14206-1805</u></p>	<p><b>1c</b> Effective date of plan  <u>12/19/1961</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>16-0849723</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>716-842-1318</u></p> <p><b>2d</b> Business code (see instructions)  <u>238900</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/13/2026	FRANK PIETROWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/11/2026	KENT RANDLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	440
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	307
	<b>6a(2)</b>	313
	<b>6b</b>	33
	<b>6c</b>	91
	<b>6d</b>	437
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	47

**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 4K

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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**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.

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**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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH &amp; WELF</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-0849723</b></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  
**EXCELLUS BLUE CROSS BLUE SHIELD**

(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
15-0329043	55107	00009839	97	06/01/2024	05/31/2025

**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><b>(a)</b> Total amount of commissions paid <b>27723</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></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  
**BROWN & BROWN INS SVCS INC - NY**      **45 EAST AVENUE #700**  
**ROCHESTER, NY 14604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27723			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
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(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	<b>0</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	<b>0</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	991477	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		991477
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	475125	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		475125
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	31553	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	159542	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>	191094	
	(H) Total retention .....	<b>9c(1)(H)</b>		382189
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH &amp; WELF</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-0849723</b></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  
**UNIVERA HEALTHCARE**

(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
15-0329043	55107	00500263	1	06/01/2024	05/31/2025

**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><b>(a)</b> Total amount of commissions paid <b>238</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></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  
**BROWN & BROWN INS SVCS INC - NY**      **45 EAST AVENUE #700**  
**ROCHESTER, NY 14604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
238			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	

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	(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.

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	8318
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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



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

BROWN & BROWN OF NEW YORK INC

6 TOWER PL  
ALBANY, NY 12203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	122	SUPPLEMENTAL COMPENSATION AND GROSS DEALER CONCESSION	3

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

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

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

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

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

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

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

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

**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.

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

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

**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) ▶ [ADD](#)

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	26452
<b>b</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.	<b>10b</b>	

**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 style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH &amp; WELF</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-0849723</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**

(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
13-5123390	64246	00029532	254	06/01/2024	05/31/2025

**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.

<b>(a)</b> Total amount of commissions paid <b>3465</b>	<b>(b)</b> Total amount of fees paid <b>794</b>
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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  
**BROWN & BROWN INSURANCE SERVICES**      **1719 ROUTE 10, SUITE 106**  
**PARSIPPANY, NJ 07054**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3465	794	FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	34645
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH &amp; WELF</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-0849723</b></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  
**HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.**

(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
16-1105741	55204	286535	6	06/01/2024	05/31/2025

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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	

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

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

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

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

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

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

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

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

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

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2250
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH &amp; WELF</b>	<b>D</b> Employer Identification Number (EIN) <b>16-0849723</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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

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

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

CARMEN O'NEAL

16-0849723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42108	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)

RACHEL BOHM

16-0849723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34085	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)

TRONCONI SEGARRA & ASSOCIATES LLP

04-3728817

(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	21775	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)

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 49 50 71 72 99	NONE	19957	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ARCARA LENDA EUSANIO & STACEY

47-1793720

(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	8693	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)

SLEVIN & HART PC

52-1708613

(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	7076	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	15 64	0
(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.	
MUTUAL FUNDS	RANGE FROM .01% TO .06%	
(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

<b>A</b> Name of plan BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH & WELFARE PLA	<b>B</b> Three-digit plan number (PN)	▶ <b>501</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH & WELF	<b>D</b> Employer Identification Number (EIN) 16-0849723	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	PROLOAN BOND FUND LLC	
<b>b</b> Name of sponsor of entity listed in (a):	PROLOAN BOND FUND LLC	
<b>c</b> EIN-PN <u>26-3436991-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>408397</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CHAPTER HEALTH &amp; WELF</b>	<b>D</b> Employer Identification Number (EIN) <b>16-0849723</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	259185	242077
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	486405	670543
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	95514	93859
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	853846	1070555
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		9019
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	893546	991884
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1091353	1191867
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	1287	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	386686	408397
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2360047	2191519
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		206994

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	52717	68292
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6480586	7145006
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	18800	36610
<b>h</b> Operating payables.....	<b>1h</b>	43369	220967
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	62169	257577
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6418417	6887429

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3835591	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	119679	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3955270
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	66114	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	37837	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		103951
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	15586	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	75206	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		90792
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	4763667	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	4761332	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		2335
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	81995	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		21711
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		42385
<b>c</b> Other income .....	<b>2c</b>		45774
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4344213

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2529577	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	1115947	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3645524
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	121035	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	30468	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	21499	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	7076	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	49599	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		229677
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3875201

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		469012
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **TRONCONI SEGARRA & ASSOCIATES LLP**

(2) EIN: **04-3728817**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**Bricklayers and Allied Craftworkers  
Local 3 New York  
(Niagara Falls-Buffalo Chapter)  
Health & Welfare Fund**

**Financial Statements and  
Supplemental Schedules**

**May 31, 2025 and 2024**

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Financial Statements*

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## Independent Auditors' Report

To the Board of Trustees of  
Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund  
Buffalo, New York

### *Opinion*

We have audited the accompanying financial statements of Bricklayers and Allied Craftworkers Local 3 New York (Niagara Falls-Buffalo Chapter) Health & Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles general 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 *Auditors' 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 these 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 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.

### ***Auditors' 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 auditors' 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.

### ***Report on Supplemental Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses, assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules of assets (held at end of year) and reportable transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Trounconi Segarra + Associates LLP*

Williamsville, New York  
February 4, 2026

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*Statements of Net Assets Available for Benefits  
as of May 31, 2025 and 2024*

	2025	2024
<b><i>Assets</i></b>		
Investments, at fair value	\$ 6,070,235	\$ 5,586,766
Receivables		
Employer contributions	637,269	486,405
Employer interest and other payments	33,274	33,401
Due from affiliated funds	79,249	48,870
Accrued interest	14,610	13,242
	764,402	581,918
Cash, non-interest bearing	242,077	259,185
Office equipment, net	68,292	52,717
Total assets	7,145,006	6,480,586
 <b><i>Liabilities</i></b>		
Reciprocal contributions payable	220,967	43,369
Total liabilities	220,967	43,369
Net assets available for benefits	\$ 6,924,039	\$ 6,437,217

*See independent auditors' report and notes to financial statements.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*Statements of Changes in Net Assets Available for Benefits  
for the years ended May 31, 2025 and 2024*

	2025	2024
<b><i>Additions to Net Assets</i></b>		
Investment income		
Interest and dividends	\$ 194,743	\$ 192,479
Net appreciation in fair value of investments	148,426	274,676
	343,169	467,155
Less investment fees	21,499	20,404
	321,670	446,751
Employer contributions, net	3,835,591	3,548,044
Participant self-pay contributions	119,679	134,114
Other income	45,774	66,824
	4,322,714	4,195,733
<b><i>Deductions from Net Assets</i></b>		
Benefit costs		
Dental claims	28,631	33,433
Dependent care	31,346	14,242
Health insurance premiums	1,054,850	957,633
Health reimbursements	616,091	622,658
Life insurance premiums	26,452	25,865
Supplemental disability	2,625	600
Supplemental unemployment	747,895	901,037
Tuition benefits	44,069	43,948
Vacation benefits	909,339	852,260
Vision	34,645	35,193
Workers' compensation	1,000	14,100
Sick pay benefits	128,022	143,080
Other benefits (credits)	2,749	(7,164)
	3,627,714	3,636,885
Administrative expenses	208,178	203,209
	3,835,892	3,840,094
Net increase	486,822	355,639
<b><i>Net Assets Available for Benefits</i></b>		
Beginning of year	6,437,217	6,081,578
End of year	\$ 6,924,039	\$ 6,437,217

*See independent auditors' report and notes to financial statements.*

# Bricklayers and Allied Craftworkers Local 3 New York (Niagara Falls-Buffalo Chapter) Health & Welfare Fund

*Notes to Financial Statements*

## 1. Description of Plan

The following brief description of the Bricklayers and Allied Craftworkers Local 3 New York (Niagara Falls-Buffalo Chapter) Health & Welfare Fund (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General** – The Plan is a defined contribution multiemployer welfare plan, administered by a Joint Board of Trustees (the “Trustees”), whose participating employers contribute to the Plan under terms of a collective bargaining agreement between the Local 3 New York of the International Union of Bricklayers and Allied Craftworkers AFL-CIO (the “Union”) and the Construction Industry Employers Association, Inc. (CIEA). The Plan was established effective December 19, 1961. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** – The Plan is primarily funded by contributions from participating employers in the construction industry in the Western New York area and are based on an hourly rate for hours worked for covered employment under the collective bargaining agreement.

Participants who are provided coverage under COBRA provisions contribute to the Plan based upon current COBRA rates. Active participants and retirees may contribute specified amounts to extend coverage to themselves and eligible dependents.

**Participation** – Participants are eligible to participate in the Plan as soon as employment with a participating employer begins.

**Benefits** – The Plan provides medical (health and hospitalization and prescription coverage), vision, life and accidental death benefits on an insured basis. Supplemental unemployment, disability, childcare, sick pay, tuition, vacation and dental benefits are paid directly to participants by the Plan out of the participant’s Health Reimbursement Account (“HRA”) or Wage Replacement Account (“WRA”). Contributions are credited to the HRA and WRA of the participant for whom such contributions are made. Benefit payments made on participants’ behalf are charged to the respective accounts. In any month in which there is insufficient credit in an individual participant’s account to provide the necessary medical insurance premium payment, the participant may make payments to defray the premium cost to continue coverage. Medical insurance coverage is provided by Excellus, BlueCross BlueShield, and Univera Healthcare.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**1. Description of Plan (continued)**

***Health Reimbursement Account*** – Amounts allocated to the HRA may only be used to pay for medical and health benefits that are otherwise excludable under Section 105(b) of the Internal Revenue Code. Such amounts include expenses for medical insurance premiums while working or after retirement and medical reimbursement benefits. Active members whose account balance is insufficient to cover premium costs, and participants covered under COBRA, may self-pay the cost of this coverage. Under the Plan, eligible retirees may also purchase medical coverage on a self-pay basis.

***Wage Replacement Account*** – Amounts allocated to the WRA are used to provide supplemental unemployment, disability, workers' compensation, dependent care, vacation, tuition, taxable health insurance reimbursement and extended time loss benefits. Such benefits are paid to the extent of the participant's account balance.

All benefits are paid from the net assets of the Plan, and certain of the benefits have defined limits. Health and dental insurance coverage are the only benefits available on a self-pay basis.

***General Fund*** – The Trustees designate a portion of the hourly contribution rate to a general fund from which certain benefits are to be paid. In addition, the general fund is credited with net investment income or loss (investment income or loss less administrative expenses and adjustments) and any amounts forfeited from the individual accounts of former participants. Amounts forfeited from such accounts in years ended May 31, 2025 and 2024 totaled \$56,987 and \$46,455, respectively. Eligibility for General Fund benefits is determined by a participant's availability to work and the number of hours of "covered employment." Employers must have made contributions on a participant's behalf for at least 500 hours in a calendar year for a participant to be eligible for General Fund benefits.

***Tax Status*** – The Plan obtained its latest determination letter on August 10, 1993 from the Internal Revenue Service indicating that it qualifies under Section 501(c)(9) of the Internal Revenue Code and, therefore, is exempt from Federal income tax under provisions of Section 501(a). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's legal counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

***Basis of Accounting*** – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**2. Summary of Significant Accounting Policies**

***Investment Valuation and Income Recognition*** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year. Realized gains and losses on disposition of investments are based upon actual costs and selling prices.

***Investment Risks and Uncertainties*** – The Plan invests in various investment securities, which 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 amounts reported in the statements of net assets available for benefits.

***Cash, Non-Interest Bearing*** – Consists of demand deposits at financial institutions.

***Employer Contributions Receivable*** – Contributions receivable from participating employers are recorded at net realizable value. Management closely monitors outstanding balances and estimates collectability based on specific existing economic conditions. Upon management's determination of collectability, the specific outstanding balance or the portion of outstanding balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer contributions. At May 31, 2025 and 2024, Plan management has determined that an allowance for expected credit losses was not deemed necessary to record.

In year ended May 31, 2024, the Plan, along with other affiliated organizations entered into a settlement agreement with a signatory employer to collect delinquent employer contributions and related interest, liquidated damages and other fees. Payments are made monthly and continue until September 2026. The amount owed to the Plan as of May 31, 2025 and 2024 totals \$33,274 and \$48,289, respectively. Such amount is reported in the statements of net assets available for benefits and consists of \$0 and \$14,888 of employer contributions and employer interest and other fees of \$33,274 and \$33,401 respectively.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**2. Summary of Significant Accounting Policies (continued)**

**Office Equipment** – Office equipment is stated at cost, net of accumulated depreciation. Depreciation is computed using the straight-line method over the approximate economic useful lives of the assets, which is five to fifteen years. The Plan’s capitalization policy requires purchased property with a useful life of five years or more and a cost exceeding \$2,500 to be capitalized.

Office equipment as of May 31 is summarized as follows:

	2025	2024
Cost		
Office equipment	\$ 72,710	\$ 56,511
Less accumulated depreciation	4,418	3,794
	\$ 68,292	\$ 52,717

Depreciation charged to operations amounted to \$624 and \$655 in years ended May 31, 2025 and 2024, respectively.

**Benefit Costs** – Benefit costs are recorded as a deduction from net assets available for benefits when paid.

**Use of Estimates** – The Plan uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported additions and deductions from Plan net assets available for benefits. Actual results could differ from these estimates.

**Subsequent Events** – Plan management has evaluated subsequent events through February 4, 2026, the date these financial statements were available to be issued for potential recognition or disclosure in the financial statements.

**3. Fair Value Measurements**

ASC 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework 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 fair value hierarchy under ASC 820 are described as follows:

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**3. Fair Value Measurements (continued)**

- **Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- **Level 2:** Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- **Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability'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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at May 31, 2025 and 2024. In accordance with accounting principles generally accepted in the United States of America, certain investments that are measured at fair value using the net asset value ("NAV") per share (or its equivalent) as a practical expedient, have not been classified in the fair value hierarchy.

*Interest Bearing Cash:* Valued at cost, which approximates fair value.

*Money Market Funds:* Valued at amortized cost, which approximates fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

*Corporate Stock:* Valued at the closing price reported on the active market on which the individual securities are traded.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**3. Fair Value Measurements (continued)**

*Exchange Traded Funds:* Valued at the closing price reported on the active market on which the individual securities are traded. The exchange traded funds held by the Plan are deemed to be actively traded.

*Mutual Funds:* Closed-end mutual funds are valued at the closing price reported on the active market on which the individual securities are traded. Open-end mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Corporate and U.S. Government and Agency Bonds:* Value provided by interactive data based on primarily observable market information on comparable securities of issuers with similar credit ratings, such as dealer quotes, available trade information, spreads, bids and offers, market makers and input from the dealer community.

*Limited Liability Companies:* Certain limited liability company investments are valued at net asset value (“NAV”) of units held by the Plan, and for limited liability companies that do not calculate NAV based on units, valuation is determined by the Plan’s percentage ownership of the investment.

The preceding methods described may produce a fair value calculation that may not be indicative of the 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.

Investments that measure fair value using NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the statements of net assets available for benefits.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**3. Fair Value Measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the fair value of the Plan's investment assets as of May 31, 2025 and 2024:

	2025	2024
Level 1		
Interest bearing cash	\$ 279,513	\$ 45,982
Money market funds	791,042	807,865
Corporate stock	1,191,867	1,091,353
Exchange-traded funds	621,423	519,133
Mutual funds	1,570,096	1,651,309
	4,453,941	4,115,642
Level 2		
Corporate bonds	991,884	893,546
U.S. Government and agency bonds	9,019	0
	1,000,903	893,546
Level 3		
Beacon Associates LLC II	0	1,287
Total investments in the fair value hierarchy	5,454,844	5,010,475
Investments valued at NAV		
Limited liability company		
Ironwood Institutional Multi-Strategy LLC	206,994	189,605
Proloan Bond Fund LLC	408,397	386,686
Total investments at fair value	\$ 6,070,235	\$ 5,586,766

The following table provides a summary of changes in fair value of the Plan's Level 3 investments for years ended May 31, 2025 and 2024:

	2025	2024
Beacon Associates LLC II		
Balance, beginning of year	\$ 1,287	\$ 898
Return of principal	(4,967)	(2,411)
Realized gain	4,967	2,411
Unrealized gain (loss)	(1,287)	389
Balance, end of year	\$ 0	\$ 1,287

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**3. Fair Value Measurements (continued)**

Gains and losses (realized and unrealized) included in changes in net assets for the previous period are reported in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

*Beacon Associates LLC II* (“Beacon”) is a New York Limited Liability Company formed for the purpose of pooling its members’ capital in order to have such capital invested through trading and investment strategies, both directly and indirectly, through other private investment funds. This investment is stated at fair value, which represents the Plan’s proportionate share of the net assets of Beacon. Beacon is composed primarily of cash equivalents and private investment funds. Cash equivalents are recorded at fair value. The private investment funds are valued at the net asset value of Beacon’s proportional share of the private investment funds. The change in the net asset value includes Beacon’s proportional share of dividends, interest, expenses and realized and unrealized gains and losses on security transactions and fees of the private investment funds.

Beacon is party to various litigation as a result of securities fraud perpetrated by Bernard L. Madoff Investment Securities, LLC (BLMIS), as a significant portion of Beacon’s assets were held in a custody account with BLMIS. Such fraud was discovered in December 2008, which coincides with when Beacon suspended capital withdrawals.

The Plan started receiving distributions in 2010. However, certain distributions were delayed until a settlement was reached in 2014 on the methodology for capital withdrawals to be made. After this agreement was reached, Beacon has continued to liquidate its remaining portfolio and distribute assets in accordance with the various settlement agreements reached as part of the litigation.

The Plan has received several distributions since requesting liquidation of its interest in Beacon. In years ended May 31, 2025 and 2024, the Plan received distributions of \$4,967 and \$2,411, respectively. The fair value of the Plan’s remaining investment in Beacon as of May 31, 2025 and 2024 was \$0 and \$1,287, respectively.

Lawsuits have been filed against Beacon Associates. The Plan is not named as a plaintiff of the litigation but is within a class protected by the lawsuits and periodically receives recoveries from the Madoff Victims Fund. Recoveries received from this Fund totaled \$29,342 and \$23,914 in years ended May 31, 2025 and 2024, respectively. Such amounts are included in other income in the statements of changes in net assets available for benefits.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**3. Fair Value Measurements (continued)**

***Investments Valued at NAV***

*Ironwood Institutional Multi-Strategy Fund LLC* (IIMS) is a Delaware limited liability company registered under the Investment Company Act of 1940, as amended, as a closed end, non-diversified management investment company. The Fund's objective is capital appreciation with limited variability of returns. The Fund seeks to achieve this objective by allocating capital among a number of pooled investment vehicles. Each is managed by an independent investment manager pursuant to various alternative investment strategies, including relative value; market neutral and low net equity; event-driven; and distressed and credit securities. The Plan's share of net assets of IIMS is represented by units. The fair value of the Plan's investment in IIMS as of May 31, 2025 and 2024 is \$206,994 and \$189,605, respectively.

*Proloan Bond Fund LLC* ("Proloan") is a Delaware limited-liability company. Proloan seeks to provide current income with high overall credit quality. Its other important objectives are to encourage the construction of residential and commercial housing and to facilitate employment for union members in the construction and related industries. The Plan may redeem its investment monthly, with a ten-day notice provided. The fair value of the Plan's investment in Proloan as of May 31, 2025 and 2024 was \$408,397 and \$386,686, respectively.

**4. Transactions with Affiliated Organizations**

The Plan shares office facilities with the Bricklayers and Allied Craftworkers Local 3 New York (Niagara Falls-Buffalo Chapter) Pension Plan ("the Pension Plan"), the Bricklayers and Allied Craftworkers Local 3, New York, Individual Account Retirement Fund (the "Individual Account Retirement Fund"), Bricklayers and Allied Craftworkers Local 3 New York Joint Apprenticeship and Training Committee (the "JATC") and the Union. The Plan is related to these organizations through common management and participant membership in the Union. The Pension Plan leases the office facilities from the JATC. Lease costs and related pro-rata charges are shared pursuant to a cost sharing agreement between the Pension Plan, Individual Account Retirement Fund and this Plan. Total allocated lease expense paid by this Plan for the years ended May 31, 2025 and 2024 was \$7,161 and \$6,286, respectively.

In addition to the lease expense, the Plan shares other administrative expenses with affiliated funds, including the Pension Plan, Individual Account Retirement Fund, the JATC and the Union pursuant to a cost sharing agreement whereby the Plan receives reimbursement from these organizations for their allocated share of expenses. Total due from these affiliated benefit funds at May 31, 2025 and 2024 was \$79,249 and \$48,870, respectively.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**5. Parties In Interest**

Wilmington Trust Company (“Wilmington”) provides custodial services for certain investment accounts held by the Plan. At May 31, 2025 and 2024, the Plan maintained a portion of its investments in money market funds sponsored by Wilmington. At May 31, 2025 and 2024, the value of the investments held in such funds by the Plan totaled \$791,042 and \$807,865, respectively.

Morgan Stanley, Inc. provides investment advisory services and custodial services for certain investment accounts held by the Plan. The Plan maintains a portion of its investments in Morgan Stanley cash accounts. At May 31, 2025 and 2024 the value of the investments held in such funds by the Plan totaled \$279,513 and \$45,982, respectively.

**6. Plan Termination**

Although it has expressed no intent to do so, the Board of Trustees has the right to discontinue or terminate the Plan at any time. In the event the Plan terminates, the Plan trustees shall continue to provide benefits under the terms of the Plan until all funds are disbursed. Under no circumstances shall any funds of the Plan revert to signatory employers or the Union.

**7. Reconciliation with Form 5500**

The accompanying financial statements, which are prepared in accordance with U.S. GAAP, calculate realized gains and losses on sales of securities and unrealized gains and losses (change in market value on securities held at year end) using historical cost. However, Form 5500, Annual Return/Report of Employee Benefit Plan, requires the calculation of such gains and losses to be measured on the basis of revalued cost on Schedule H. Revalued cost is calculated based on the market value of a security on the first day of the fiscal year plus the cost of any current year purchases, less the beginning market value of any current year sales. In total, however, the financial statement calculation of gains and losses and the calculation for Form 5500 are the same.

In the statements of changes in net assets available for benefits, investment fees are offset against investment income. On Form 5500 Schedule H, such fees are included as administrative expenses.

Amounts currently payable to or for participants, beneficiaries and dependents for benefit claims that have been processed and approved for payment prior to the end of the Plan year, but not yet paid as of that date, are reported as benefit claims payable on Form 5500, Annual Return/Report of the Employee Benefit Plan, Schedule H.

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**  
*Notes to Financial Statements (continued)*

**7. Reconciliation with Form 5500 (continued)**

The following is a reconciliation of net assets available for benefits reported in the financial statements and amounts reported in Schedule H of Form 5500 for the years ended May 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per financial statements	\$ 6,924,039	\$ 6,437,217
Benefit claims payable per Form 5500	36,610	18,800
Net assets available for benefits per Form 5500	\$ 6,887,429	\$ 6,418,417

The following is a reconciliation of benefit costs reported in the financial statements and amounts reported in Schedule H of Form 5500 for the year ended May 31, 2025:

Benefit costs per financial statements, year ended May 31, 2025	\$ 3,627,714
Benefits payable at May 31, 2025 per Form 5500	36,610
Benefits payable at May 31, 2024 per Form 5500	(18,800)
Benefit costs per Form 5500, year ended May 31, 2025	\$ 3,645,524

## **Supplemental Schedules**

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*Schedules of Administrative Expenses  
for the years ended May 31, 2025 and 2024*

	<u>2025</u>	<u>2024</u>
Compensation	\$ 78,834	\$ 73,520
Depreciation	624	655
Dental management fee	3,268	3,042
Employee benefits	35,047	31,438
Insurance	8,057	11,009
Office and other	13,904	17,463
Payroll taxes	7,154	6,370
Professional services		
Accounting and audit	30,468	29,033
Computer and other consulting	8,925	5,926
Legal	7,076	13,627
Lease	7,161	6,286
Travel and conferences	7,660	4,840
	<u>208,178</u>	<u>203,209</u>
	\$	\$

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	* CASH	Interest bearing cash	\$ 279,513	\$ 279,513
	* WILMINGTON US GOVT	Money market fund	791,042	791,042
	UNITED STATES TREASURY NOTE (9,000 due 01/31/2027, 4.125%)	Treasury Bond	8,993	9,019
	AAON INC (AAON)	Corporate Stock	1,269	1,657
	ABB LTD ADR (ABBNY)	Corporate Stock	2,965	3,101
	ABBOTT LABORATORIES (ABT)	Corporate Stock	4,413	5,281
	ACCENTURE PLC IRELAND CL A (ACN)	Corporate Stock	3,824	3,457
	ADIDAS AG (ADDYY)	Corporate Stock	4,007	4,568
	ADOBE INC (ADBE)	Corporate Stock	5,693	4,011
	ADOBE INC (ADBE)	Corporate Stock	4,355	3,040
	AIA GROUP LTD SPON ADR (AAGIY)	Corporate Stock	7,433	6,430
	AIA GROUP LTD SPON ADR (AAGIY)	Corporate Stock	2,186	1,833
	AIFEEX NEXUS ACQUI CORP CL A (AIFE)	Corporate Stock	27,745	28,336
	AIMEI HEALTH TECHNOLOGY CO LTD (AFJK)	Corporate Stock	10,220	11,135
	AIR LIQUIDE ADR (AIQUY)	Corporate Stock	8,063	12,714
	AIR PROD & CHEM INC (APD)	Corporate Stock	2,656	2,426
	AIRBNB INC CL A (ABNB)	Corporate Stock	3,758	3,568
	ALCON INC (ALC)	Corporate Stock	2,303	2,536
	ALIBABA GROUP HLDG LTD (BABA)	Corporate Stock	6,618	5,595
	ALPHABET INC CL A	Corporate Stock	9,853	14,598
	ALPHABET INC CL C (GOOG)	Corporate Stock	3,842	4,730
	ALPHABET INC CL C (GOOG)	Corporate Stock	2,959	3,048
	ALPHAVEST ACQUISITION CORP (ATMV)	Corporate Stock	22,853	25,872
	AMADEUS IT GROUP S.A ADR (AMADY)	Corporate Stock	6,249	8,414
	AMAZON COM INC (AMZN)	Corporate Stock	7,833	10,601
	AMAZON.COM INC	Corporate Stock	6,742	11,891
	AMER INTL GP INC NEW (AIG)	Corporate Stock	2,668	3,046
	AMERICAN WATER WORKS CO (AWK)	Corporate Stock	2,292	2,559
	AMERIPRISE FINCL INC (AMP)	Corporate Stock	3,444	4,604
	AMGEN INC (AMGN)	Corporate Stock	2,980	2,993
	AMPHENOL CORP NEW CL A	Corporate Stock	5,749	8,094
	ANSYS INC (ANSS)	Corporate Stock	3,589	3,326
	ANTERO RES CORP COM (AR)	Corporate Stock	1,761	2,135
	AON PLC CL A (AON)	Corporate Stock	3,723	3,409
	ARTISAN PARTNERS ASSET MGMT (APAM)	Corporate Stock	2,579	2,725
	ASM INTERNATIONAL NV (ASMIY)	Corporate Stock	4,258	6,273
	ASML HOLDING NV NY REG NEW (ASML)	Corporate Stock	6,668	10,108
	ATLAS COPCO AB SP ADR B SP ADR (ATLCY)	Corporate Stock	4,356	6,000
	ATMOS ENERGY CP (ATO)	Corporate Stock	2,642	3,537
	BANK RAKYAT INDONESIA ADR (BKRKY)	Corporate Stock	2,294	2,076
	BLACKROCK INC	Corporate Stock	4,369	5,879
	BLACKSTONE INC (BX)	Corporate Stock	2,222	2,410
	BRUKER CORPORATION (BRKR)	Corporate Stock	1,620	1,175
	BWX TECHNOLOGIES INC COM (BWXT)	Corporate Stock	1,546	2,227
	BYD COMPANY LTD UNSPON ADR (BYDDY)	Corporate Stock	1,482	2,055
	CADENCE BANK (CADE)	Corporate Stock	2,029	2,353
	CADENCE DESIGN SYS INC	Corporate Stock	6,864	7,177
	CANADIAN NATL RAILWAY CO (CNI)	Corporate Stock	6,414	5,792
	CAPITAL ONE FINANCIAL CORP (COF)	Corporate Stock	2,867	4,140

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	CAPITEC BANK HOLDINGS LTD ADR (CKHGY)	Corporate Stock	1,039	2,742
	CBOE GLOBAL MARKETS INC	Corporate Stock	2,452	4,124
	CBRE GROUP INC	Corporate Stock	8,138	7,876
	CDW CORP	Corporate Stock	5,184	4,689
	CELESTICA INC (CLS)	Corporate Stock	1,366	1,978
	CHAMPION HOMES INC (SKY)	Corporate Stock	783	789
	CHINA MERCHANTS BK CO LTD UNSP (CIHKY)	Corporate Stock	3,058	3,461
	CHIPOTLE MEXICAN GRILL-CL A	Corporate Stock	6,210	5,859
	CIENA CORP NEW (CIEN)	Corporate Stock	1,296	1,755
	CLEAN HARBORS (CLH)	Corporate Stock	1,385	1,512
	CLICKS GROUP LTD SPONS ADR (CLCGY)	Corporate Stock	1,325	1,387
	COCA COLA CO (KO)	Corporate Stock	2,529	3,104
	COCA COLA CO COM	Corporate Stock	5,213	7,066
	COHERENT CORP (COHR)	Corporate Stock	1,713	1,971
	COLOPLAST AS SPONSERED ADR (CLPBY)	Corporate Stock	9,449	5,862
	COMERICA INC (CMA)	Corporate Stock	2,250	2,609
	COMMERCE BANCSHARES (CBSH)	Corporate Stock	1,252	1,550
	COMPASS GROUP PLC SPD ADR (CMPGY)	Corporate Stock	5,527	10,504
	CONSTELLATION BRANDS INC CL A (STZ)	Corporate Stock	2,064	1,523
	COPART INC	Corporate Stock	2,426	2,986
	CORTEVA INC (CTVA)	Corporate Stock	3,205	4,763
	COSTAR GROUP INC (CSGP)	Corporate Stock	1,961	1,943
	COTERRA ENERGY INC (CTRA)	Corporate Stock	2,520	2,400
	CSL LTD (CSLLY)	Corporate Stock	6,996	5,314
	CSX CORP COMMON	Corporate Stock	6,395	6,034
	CULLEN FROST BANKERS INC (CFR)	Corporate Stock	2,578	2,799
	CULLEN FROST BANKERS INC (CFR)	Corporate Stock	1,721	2,008
	CUSHMAN & WAKEFIELD PLC (CWK)	Corporate Stock	2,667	2,518
	DAIKIN INDS LTD UNSPON ADR (DKILY)	Corporate Stock	8,020	5,713
	DANAHER CORP COM	Corporate Stock	4,779	4,368
	DANAHER CORPORATION (DHR)	Corporate Stock	2,740	2,248
	DASSAULT SYSTEMS SA ADS (DASTY)	Corporate Stock	8,223	6,856
	DIAGEO PLC SPON ADR NEW (DEO)	Corporate Stock	4,282	2,992
	DRUGS MADE IN AMERICA ACQ CORP (DMAA)	Corporate Stock	28,415	28,871
	EAGLE MATLS INC (EXP)	Corporate Stock	1,834	1,630
	ECOLAB INC (ECL)	Corporate Stock	2,525	3,377
	ELEMENT SOLUTIONS INC (ESI)	Corporate Stock	1,990	2,288
	ELI LILLY & CO (LLY)	Corporate Stock	4,748	4,965
	EPAM SYSTEMS (EPAM)	Corporate Stock	1,109	585
	EPAM SYSTEMS INC	Corporate Stock	3,499	2,966
	EQUITY LIFESTYLE PROPERTIES (ELS)	Corporate Stock	2,120	1,899
	EXPERIAN GP LTD ADR (EXPGY)	Corporate Stock	5,623	7,321
	EXTRA SPACE STORAGE INC REIT	Corporate Stock	5,289	4,686
	FEDERAL SIGNAL CORP (FSS)	Corporate Stock	1,250	1,500
	FERRARI N V (RACE)	Corporate Stock	4,556	9,843
	FIRSTCASH HLDGS INC (FCFS)	Corporate Stock	1,713	1,989
	FISERV INC	Corporate Stock	7,897	8,140
	FOUR LEAF ACQUISITION CP CL A (FORL)	Corporate Stock	11,446	12,403
	GARTNER INC (IT)	Corporate Stock	1,529	1,478
	GATX CORP (GATX)	Corporate Stock	1,138	1,582
	GENL DYNAMICS CORP (GD)	Corporate Stock	2,303	2,481
	GILDAN ACTIVEWEAR INC (GIL)	Corporate Stock	1,235	1,522

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	GLOBANT S.A (GLOB)	Corporate Stock	1,005	562
	GLOBUS MEDICAL INC A (GMED)	Corporate Stock	659	815
	GRUPO FINANCIERO BANORTE SAB (GBOOY)	Corporate Stock	1,323	1,763
	GXO LOGISTICS INCORPORATED (GXO)	Corporate Stock	1,743	1,765
	HALMA PLC UNSPON ADR (HALMY)	Corporate Stock	2,924	3,205
	HANOVER INSURANCE GROUP INC (THG)	Corporate Stock	2,049	2,172
	HAWKINS INC (HWKN)	Corporate Stock	1,463	1,612
	HDFC BANK LTD ADR (HDB)	Corporate Stock	5,153	6,922
	HEICO CORPORATION - CLASS A	Corporate Stock	4,283	6,132
	HERC HLDGS INC (HRT)	Corporate Stock	1,112	1,024
	HERMES INTL SCA UNSPON ADR (HESAY)	Corporate Stock	4,307	10,647
	HOYA CORP SPONS ADR (HOCPY)	Corporate Stock	6,776	6,032
	HUNTINGTON INGALLS INDUSTRIES (HII)	Corporate Stock	2,161	2,444
	ICICI BANK LTD (IBN)	Corporate Stock	2,607	5,478
	IDEXX LABS (IDXX)	Corporate Stock	2,250	2,641
	INDUSTRIA DE DISEÑO TEXTIL IND (IDEXY)	Corporate Stock	5,407	9,318
	INFINEON TECHNOLOGIES AG (IFNNY)	Corporate Stock	5,618	6,226
	INSTALLED BLDG PRODS INC (IBP)	Corporate Stock	2,064	2,434
	INTER & CO INC CLASS A COM (INTR)	Corporate Stock	854	869
	INTERCONTINENTAL EXCHANGE, INC	Corporate Stock	2,616	4,135
	INTUITIVE SURGICAL INC	Corporate Stock	2,015	5,523
	JARDINE MATHESON HLDGS LTD ADR (JMHL)	Corporate Stock	3,648	3,114
	JBT MAREL CORPORATION (JBTM)	Corporate Stock	2,194	2,075
	JD COM INC SPON ADR CL A (JD)	Corporate Stock	2,228	1,220
	JOHNSON & JOHNSON	Corporate Stock	3,002	3,104
	JPMORGAN CHASE & CO	Corporate Stock	2,687	4,752
	KEEN VISION ACQUISITION CORP (KVAC)	Corporate Stock	10,953	12,158
	KIRBY CP (KEX)	Corporate Stock	1,707	2,161
	KONE OYJ ADR (KNYJY)	Corporate Stock	7,034	6,444
	L OREAL CO ADR (LRLCY)	Corporate Stock	8,620	9,470
	L3 HARRIS TECHNOLOGIES INC	Corporate Stock	7,117	8,308
	LENNAR CORPORATION (LEN)	Corporate Stock	3,900	2,780
	LINCOLN ELEC HLDGS INC (LECO)	Corporate Stock	1,584	1,616
	LONZA GROUP AG ZUERICH ADR (LZAGY)	Corporate Stock	4,783	4,894
	LOWES COMPANIES INC (LOW)	Corporate Stock	2,288	2,333
	LVMH MOET HENNESSY LOUIS VUITT (LVMUY)	Corporate Stock	7,379	6,951
	MAKEMYTRIP LIMITED (MMYT)	Corporate Stock	950	939
	MARTIN MARIETTA MATERIALS (MLM)	Corporate Stock	3,164	3,476
	MASCO CORP	Corporate Stock	3,997	4,682
	MASTERCARD INC CL A	Corporate Stock	6,088	13,469
	MASTERCARD INC CL A (MA)	Corporate Stock	4,668	6,423
	MATADOR RES CO (MTDR)	Corporate Stock	716	579
	MEDTRONIC PLC SHS (MDT)	Corporate Stock	1,834	1,847
	MEITUAN ADR (MPNGY)	Corporate Stock	3,081	2,643
	MELAR ACQUISITION CORP I CL A (MACI)	Corporate Stock	15,984	16,592
	MERCK & CO INC NEW COM (MRK)	Corporate Stock	2,644	1,864
	MERCK KGAA SPD ADR (MKKGY)	Corporate Stock	6,939	4,563
	META PLATFORMS, INC-A	Corporate Stock	5,109	11,655
	MICROCHIP TECHNOLOGY INC (MCHP)	Corporate Stock	3,446	2,218
	MICROSOFT CORP	Corporate Stock	10,692	17,033
	MICROSOFT CORP (MSFT)	Corporate Stock	7,770	9,557
	MICROSOFT CORP (MSFT)	Corporate Stock	4,009	4,930

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	MISUMI GROUP INC UNSPONSRD ADR (MSSMY)	Corporate Stock	2,958	2,275
	MITSUBISHI UFJ FINCL GRP ADS (MUFG)	Corporate Stock	1,834	3,022
	MOODYS CORP	Corporate Stock	2,712	4,793
	MSCI INC - CL A	Corporate Stock	2,843	3,384
	MSCI INC COM (MSCI)	Corporate Stock	3,591	3,841
	MURPHY OIL CORP (MUR)	Corporate Stock	668	506
	NASDAQ, INC.	Corporate Stock	5,033	5,848
	NATIONAL GRID PLC SPON ADR (NGG)	Corporate Stock	2,878	2,907
	NETFLIX INC (NFLX)	Corporate Stock	1,607	4,010
	NNN REIT INC (NNN)	Corporate Stock	1,206	1,331
	NOMURA RESH INST LTD ADR (NRILY)	Corporate Stock	1,579	1,501
	NORFOLK SOUTHERN CORP	Corporate Stock	4,319	4,943
	NORTHWEST NAT HLDG CO (NWN)	Corporate Stock	949	887
	NOVO NORDISK A/S ADR (NVO)	Corporate Stock	3,407	7,150
	NVIDIA CORP COM	Corporate Stock	11,190	15,945
	OFC CREDIT CO 7.875% SER-F (OCCIM)	Corporate Stock	24,736	24,910
	ONTO INNOVATION INC (ONTO)	Corporate Stock	1,689	1,222
	ORACLE CORP (ORCL)	Corporate Stock	6,722	7,342
	OSHKOSH CORP (OSK)	Corporate Stock	1,722	1,573
	PARKER HANNIFIN CORP (PH)	Corporate Stock	4,026	5,797
	PAYCOM SOFTWARE INC (PAYC)	Corporate Stock	1,889	2,581
	PERMIAN RESOURCES CP CL A (PR)	Corporate Stock	500	600
	PING AN INSURANCE ADR (PNGAY)	Corporate Stock	1,948	1,895
	PKO BANK POLSKI UNSPON ADR (PSZKY)	Corporate Stock	1,401	1,919
	PLUM ACQUISITION CORP IV CL A (PLMK)	Corporate Stock	12,525	12,675
	PNC FINL SVCS GP (PNC)	Corporate Stock	2,180	2,441
	PROCTER & GAMBLE (PG)	Corporate Stock	2,301	2,672
	PROSPERITY BANCSHARES (PB)	Corporate Stock	2,022	2,341
	PT BK NEGARA INDONESIA UN ADR (P'TBRY)	Corporate Stock	1,427	1,283
	QUALCOMM INC (QCOM)	Corporate Stock	2,763	2,772
	R P M INC (RPM)	Corporate Stock	2,690	2,739
	RED ROCK RESORTS INC CL A (RRR)	Corporate Stock	2,200	2,324
	ROCHE HOLDINGS ADR (RHHBY)	Corporate Stock	7,909	7,133
	ROLLINS INCORPORATED	Corporate Stock	4,988	6,011
	RUSH ENTERPRISES INC CL A (RUSHA)	Corporate Stock	927	1,339
	S&P GLOBAL INC	Corporate Stock	2,097	3,590
	SAGE GROUP PLC-UNSPON ADR (SGPYY)	Corporate Stock	5,400	6,381
	SALESFORCE INC	Corporate Stock	2,310	3,185
	SAP AG (SAP)	Corporate Stock	3,929	9,689
	SCHNEIDER ELEC SA UNSP ADR (SBGSY)	Corporate Stock	3,141	3,151
	SELECTIVE INSURANCE GROUP (SIGI)	Corporate Stock	2,617	2,696
	SERVICENOW INC	Corporate Stock	6,639	11,122
	SERVICENOW INC (NOW)	Corporate Stock	3,391	4,682
	SGS SA ADR (SGSOY)	Corporate Stock	6,301	6,473
	SHERWIN WILLIAMS CO COM	Corporate Stock	4,829	5,382
	SHIN ETSU CHEM CO LTD ADR (SHECY)	Corporate Stock	4,764	5,966
	SHOPIFY INC CL A (SHOP)	Corporate Stock	3,482	5,654
	SILGAN HOLDINGS INC (SLGN)	Corporate Stock	1,470	1,660
	SMC CORP JAPAN SPONSORED ADR (SMCAY)	Corporate Stock	10,301	6,830
	SONY GROUP CORPORATION ADR (SONY)	Corporate Stock	2,745	3,829
	SPIRE INC (SR)	Corporate Stock	1,840	1,898
	STAG INDL INC COM (STAG)	Corporate Stock	1,769	1,950

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	STARBUCKS CORP WASHINGTON (SBUX)	Corporate Stock	3,558	3,051
	SYNOPTIS INC COM	Corporate Stock	4,908	4,176
	SYSMEX CORP UNSPON ADR (SSMXY)	Corporate Stock	9,222	5,462
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Corporate Stock	4,046	11,490
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Corporate Stock	3,638	13,706
	TAVIA ACQUISITION CORP (TAVI)	Corporate Stock	14,250	14,464
	TELEDYNE TECH INC (TDY)	Corporate Stock	2,305	2,582
	TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Corporate Stock	8,062	11,112
	TERUMO CORP ADR UNSPONS ADR (TRUMY)	Corporate Stock	5,555	5,735
	THERMO FISHER SCIENTIFIC (TMO)	Corporate Stock	4,685	3,423
	THERMO FISHER SCIENTIFIC INC	Corporate Stock	8,585	7,251
	TOTALENERGIES SE SPONSORED ADS (TTE)	Corporate Stock	3,942	5,231
	TOTALENERGIES SE SPONSORED ADS (TTE)	Corporate Stock	2,430	2,247
	TRANSUNION	Corporate Stock	10,053	9,419
	TRINET GROUP INC (TNET)	Corporate Stock	1,334	1,415
	TRIP COM GROUP LTD ADR (TCOM)	Corporate Stock	681	858
	U S BANCORP COM NEW (USB)	Corporate Stock	2,869	2,887
	UBER TECHNOLOGIES INC (UBER)	Corporate Stock	2,401	2,524
	UNION PACIFIC CORP COM	Corporate Stock	4,594	4,655
	UNITEDHEALTH GP INC (UNH)	Corporate Stock	2,058	1,187
	UNITEDHEALTH GROUP INC	Corporate Stock	8,977	9,057
	UNIVERSAL MUSIC GROUP NV ADR (UNVGY)	Corporate Stock	5,480	6,761
	VALMONT INDUSTRIES (VMI)	Corporate Stock	1,224	1,589
	VALVOLINE INC COM (VTV)	Corporate Stock	2,373	2,289
	VAT GROUP AG-ADR (VACNY)	Corporate Stock	3,014	2,951
	VERIZON COMMUNICATIONS (VZ)	Corporate Stock	2,698	2,824
	VERTEX PHARMACEUTICALS INC	Corporate Stock	3,172	4,421
	VISA INC	Corporate Stock	4,797	9,495
	VISA INC CL A (V)	Corporate Stock	5,553	7,659
	WAL-MART DE MEXICO SA SPON ADR (WMMVY)	Corporate Stock	1,593	1,380
	WARBY PARKER INC CL A (WRBY)	Corporate Stock	816	1,155
	WATTS WTR TECH INC A (WTS)	Corporate Stock	1,262	1,524
	WEG S.A. SPONSORED ADR (WEGZY)	Corporate Stock	1,590	2,177
	WESCO INTL INC (WCC)	Corporate Stock	1,594	1,705
	WESTERN ALLIANCE BANCORP (WAL)	Corporate Stock	1,864	2,649
	WOLTERS KLUWER NV SPON ADR (WTKWY)	Corporate Stock	5,232	7,261
	WORKDAY INC CL A (WDAY)	Corporate Stock	3,380	3,262
	WORKDAY INC-A	Corporate Stock	5,783	6,193
	XCEL ENERGY INC (XEL)	Corporate Stock	2,408	2,744
	ZIONS BANCORPORATION N A (ZION)	Corporate Stock	1,905	2,414
	ZOETIS INC	Corporate Stock	4,677	4,722
	ZOETIS INC CLASS-A (ZTS)	Corporate Stock	5,887	5,377
	ALLIANCEBERNSTEIN NATL MUNI (AFB)	Exchanged Traded Fund	17,492	17,336
	ANGEL OAK FINL	Exchanged Traded Fund	33,559	34,614
	BLACKROCK MUNIHLDNG CA QUAL FD (MUC)	Exchanged Traded Fund	24,099	24,041
	BLACKROCK MUNIYLD NY QUAL FD (MYN)	Exchanged Traded Fund	17,493	16,933
	INVESCO S&P 500 EQUAL WEIGHT E (RSP)	Exchanged Traded Fund	49,965	52,400
	ISHARES CORE DIVIDEND GROWTH (DGRO)	Exchanged Traded Fund	77,536	94,531
	ISHARES RUSSELL 2000 VALUE ETF (IWN)	Exchanged Traded Fund	5,697	5,139
	ISHARES 20+	Exchanged Traded Fund	159,374	140,550

\* Party-in-interest

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**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

**Schedule of Assets (Held at End of Year) (continued)**

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	ISHARES 7-10 YR TREASURY BD ETF (IEF)	Exchanged Traded Fund	14,617	14,186
	MFS INTERMEDIATE INCOME TR SBI (MIN)	Exchanged Traded Fund	14,603	14,740
	NUV NEW YORK AMT-FREE MUNIC (NRK)	Exchanged Traded Fund	17,395	16,694
	PIONEER DIVERSIFIED HIGH INC (HNW)	Exchanged Traded Fund	13,856	16,457
	VANGUARD FTSE EMERGING MARKETS (VWO)	Exchanged Traded Fund	60,030	66,035
	VANGUARD GROWTH ETF (VUG)	Exchanged Traded Fund	29,764	35,530
	VANGUARD SMALL CAP ETF (VB)	Exchanged Traded Fund	35,010	39,477
	WESTERN ASST INFLTN LKD INM FD (WIA)	Exchanged Traded Fund	33,803	32,760
	AMER BEACON AHL MNGD FUT STR Y (AHLYX)	Mutual Fund	93,442	78,059
	BLACKROCK MUNI CREDIT ALPHA I (MUNEX)	Mutual Fund	25,066	26,339
	DOUBLELINE TOTAL RETURN I (DBLTX)	Mutual Fund	441,488	428,939
	FEDERATED HERMES GOVT OBL PRM (GOFXX)	Mutual Fund	61,937	61,937
	FS MULTI STRATEGY ALTERN I (FSMSX)	Mutual Fund	287,010	291,182
	LM MARTIN CURRIE SMASH SER EM (LCSMX)	Mutual Fund	61,444	60,380
	LOCORR MARKET TREND I (LOTIX)	Mutual Fund	93,456	80,528
	NEUBERGER BERMAN LG SH INST (NLSIX)	Mutual Fund	329,161	393,850
	TORTOISE ENRGY INFR TOT RET I (TORIX)	Mutual Fund	94,572	148,882
	AECOM (7,000 due 03/15/2027, 5.125%)	Corporate Bond	6,838	6,995
	ALLEGION US HOLDING CO INC (11,000 due 07/01/2032, 5.411%)	Corporate Bond	11,147	11,143
	ALTRIA GROUP INC (10,000 due 05/06/2030, 3.400%)	Corporate Bond	8,901	9,381
	ALTRIA GROUP INC (2,000 due 02/14/2029, 4.800%)	Corporate Bond	1,914	2,007
	AMERICAN TOWER CORP (12,000 due 03/15/2033, 5.650%)	Corporate Bond	12,268	12,310
	AT&T INC (9,000 due 02/15/2028, 4.100%)	Corporate Bond	10,063	8,932
	AT&T INC (2,000 due 03/01/2029, 4.350%)	Corporate Bond	1,911	1,988
	BALL CORP (9,000 due 06/15/2029, 6.000%)	Corporate Bond	9,107	9,170
	BAT CAPITAL CORP (10,000 due 08/02/2033, 6.421%)	Corporate Bond	10,419	10,699
	BAT CAPITAL CORP (2,000 due 03/25/2028, 2.259%)	Corporate Bond	1,688	1,880
	BATH & BODY WORKS INC (3,000 due 02/01/2028, 5.250%)	Corporate Bond	3,004	2,998
	BATH & BODY WORKS INC (12,000 due 06/15/2029, 7.500%)	Corporate Bond	11,760	12,340
	BLOCK FINANCIAL LLC (12,000 due 07/15/2028, 2.500%)	Corporate Bond	11,553	11,170
	BOYD GAMING CORP (8,000 due 12/01/2027, 4.750%)	Corporate Bond	7,511	7,884
	BROADCOM INC (12,000 due 11/15/2030, 4.150%)	Corporate Bond	10,960	11,690
	BUCKEYE PARTNERS LP (9,000 due 12/01/2027, 4.125%)	Corporate Bond	8,701	8,756
	CARLISLE COS INC (10,000 due 12/01/2027, 3.750%)	Corporate Bond	11,352	9,786
	CARLISLE COS INC (2,000 due 03/01/2030, 2.750%)	Corporate Bond	1,677	1,831
	CARLYLE CREDIT INCOME FUND (550 due 10/31/2028, 8.750%)	Corporate Bond	13,530	14,053
	CARPENTER TECHNOLOGY CORP (9,000 due 07/15/2028, 6.375%)	Corporate Bond	9,036	9,034
	CDW LLC /CDW FINANCE CORP (13,000 due 12/01/2031, 3.569%)	Corporate Bond	11,706	11,787
	CENTENE CORP (8,000 due 12/15/2027, 4.250%)	Corporate Bond	7,404	7,813
	CENTURY COMMUNITIES INC (3,000 due 06/01/2027, 6.750%)	Corporate Bond	3,010	3,000
	CHARTER COMMUNICATIONS OPERATION LLC/ CHARTER COMMUNICATION (7,000 due 07/23/2025, 4.908%)	Corporate Bond	7,074	6,999
	CLEVELAND-CLIFFS INC (9,000 due 06/01/2027, 5.875%)	Corporate Bond	8,978	8,861
	CONAGRA BRANDS INC (9,000 due 11/01/2028, 4.850%)	Corporate Bond	9,174	9,032
	CONAGRA BRANDS INC (2,000 due 11/01/2025, 4.600%)	Corporate Bond	2,326	1,997
	CRESCENT CAP BDC INC NT CAL 26 (750 due 05/25/2026, 5.000%)	Corporate Bond	17,605	18,383
	CROWN AMERICAS LLC/ CROWN AMERICAS CAPITAL CORP VI (9,000 due 02/01/2026, 4.750%)	Corporate Bond	9,024	8,997
	CROWN CASTLE INC (10,000 due 06/01/2029, 5.600%)	Corporate Bond	10,142	10,266
	DCP MIDSTREAM OPERATING LP (3,000 due 07/15/2025, 5.375%)	Corporate Bond	2,970	3,000

\* Party-in-interest

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**Bricklayers and Allied Craftworkers Local 3 New York  
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*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

**Schedule of Assets (Held at End of Year) (continued)**

**as of May 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	DICK'S SPORTING GOODS INC (11,000 due 01/15/2032, 3.150%)	Corporate Bond	8,833	9,671
	EAGLE POINT CREDIT CO (500 due 01/31/2029, 8.000%)	Corporate Bond	12,300	12,460
	ENCOMPASS HEALTH CORP (11,000 due 02/01/2028, 4.500%)	Corporate Bond	10,588	10,840
	ENCOMPASS HEALTH CORP (9,000 due 02/01/2030, 4.750%)	Corporate Bond	8,702	8,774
	ENCOMPASS HEALTH CORP (2,000 due 02/01/2030, 4.750%)	Corporate Bond	1,810	1,950
	ENLINK MIDSTREAM PARTNERS LP (7,000 due 06/01/2025, 4.150%)	Corporate Bond	6,716	6,998
	EXPEDIA INC (12,000 due 02/15/2028, 3.800%)	Corporate Bond	11,015	11,746
	FISERV INC (10,000 due 08/21/2033, 5.625%)	Corporate Bond	10,106	10,171
	FLEX LTD (11,000 due 05/12/2030, 4.875%)	Corporate Bond	10,935	10,914
	FORD MOTOR CO (9,000 due 12/08/2026, 4.346%)	Corporate Bond	9,181	8,868
	FORTUNE BRANDS INNOVATIONS INC (11,000 due 06/15/2025, 4.000%)	Corporate Bond	10,923	10,995
	GENUINE PARTS CO (9,000 due 11/01/2033, 6.875%)	Corporate Bond	9,950	9,851
	GLOBAL PAYMENTS INC (11,000 due 08/15/2032, 5.400%)	Corporate Bond	11,085	11,032
	GREAT ELM CAP CORP (850 due 12/31/2029, 8.125%)	Corporate Bond	21,101	21,335
	GXO LOGISTICS INC (9,000 due 05/06/2029, 6.250%)	Corporate Bond	9,171	9,219
	HB FULLER CO (9,000 due 10/15/2028, 4.250%)	Corporate Bond	8,572	8,586
	HCA INC (10,000 due 09/01/2028, 5.625%)	Corporate Bond	11,713	10,218
	HILLENBRAND INC (7,000 due 09/15/2026, 5.000%)	Corporate Bond	7,586	6,971
	HILTON WORLDWIDE FINANCE LLC /HILTON WORLDWIDE FINANCE CORP (9,000 due 04/01/2027, 4.875%)	Corporate Bond	9,055	8,973
	HP INC (3,000 due 04/15/2029, 4.000%)	Corporate Bond	2,741	2,905
	HP INC (9,000 due 06/17/2027, 3.000%)	Corporate Bond	9,478	8,703
	ICHAN ENTERPRISES LP/ ICHAN ENTERPRISES FINANCE CORP (5,000 due 05/15/2026, 6.250%)	Corporate Bond	4,953	4,952
	ICHAN ENTERPRISES LP/ ICHAN ENTERPRISES FINANCE CORP (4,000 due 05/15/2027, 5.250%)	Corporate Bond	3,886	3,806
	IQVIA INC (8,000 due 02/01/2029, 6.250%)	Corporate Bond	8,499	8,288
	LAMAR MEDIA CORP (8,000 due 02/15/2028, 3.750%)	Corporate Bond	7,223	7,738
	LKQ CORP (10,000 due 06/15/2033, 6.250%)	Corporate Bond	10,203	10,410
	LOWES COS INC (10,000 due 07/01/2033, 5.150%)	Corporate Bond	10,218	10,048
	MARRIOTT INTERNATIONAL INC/MD (2,000 due 06/15/2030, 4.625%)	Corporate Bond	1,940	1,983
	MARRIOTT INTERNATIONAL INC/MD (3,000 due 03/15/2030, 4.800%)	Corporate Bond	2,988	3,003
	MICROCHIP TECHNOLOGY INC (11,000 due 09/01/2025, 4.250%)	Corporate Bond	11,577	10,983
	MOLSON COORS BEVERAGE CO (12,000 due 07/15/2026, 3.000%)	Corporate Bond	12,606	11,799
	MOTOROLA SOLUTIONS INC (12,000 due 05/23/2029, 4.600%)	Corporate Bond	11,420	11,974
	NAVIENT CORP (2,000 due 06/15/2026, 6.750%)	Corporate Bond	2,027	2,025
	NETAPP INC (11,000 due 03/17/2035, 5.700%)	Corporate Bond	11,010	11,036
	NMI HOLDINGS INC (8,000 due 08/15/2029, 6.000%)	Corporate Bond	8,066	8,116
	OLIN CORP (11,000 due 08/01/2029, 5.625%)	Corporate Bond	10,533	10,780
	ONEMAIN FINANCE CORP (8,000 due 03/15/2026, 7.125%)	Corporate Bond	8,161	8,108
	ORACLE CORP (13,000 due 04/01/2030, 2.950%)	Corporate Bond	11,432	12,037
	OXFORD LANE CAP CORP (775 due 02/28/2027, 6.250%)	Corporate Bond	17,664	18,781
	PAYCHEX INC (3,000 due 04/15/2035, 5.600%)	Corporate Bond	3,054	3,044
	PENSKE AUTOMOTIVE GROUP INC (7,000 due 09/01/2025, 3.500%)	Corporate Bond	7,066	6,972
	PHILIP MORRIS INTERNATIONAL INC (10,000 due 02/15/2033, 5.375%)	Corporate Bond	9,997	10,185
	QORVO INC (12,000 due 10/15/2029, 4.375%)	Corporate Bond	12,323	11,511
	QUANTA SERVICES INC (8,000 due 08/09/2034, 5.250%)	Corporate Bond	8,094	7,912
	QUANTA SERVICES INC (4,000 due 10/01/2030, 2.900%)	Corporate Bond	3,517	3,630
	RHP HOTEL PROPERTIES LP/ RHP FINANCE CORP (9,000 due 10/15/2027, 4.750%)	Corporate Bond	8,856	8,891
	RUNAWAY GROWTH FIN CO (725 due 07/28/2027, 7.500%)	Corporate Bond	18,061	18,118

\* Party-in-interest

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**Bricklayers and Allied Craftworkers Local 3 New York  
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*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

**Schedule of Assets (Held at End of Year) (continued)**

**as of May 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	SABRA HEALTH CARE LP (9,000 due 08/15/2026, 5.125%)	Corporate Bond	8,577	8,985
	SARATOGA INVT CORP CAL NT 27 (750 due 04/30/2027, 6.000%)	Corporate Bond	17,725	18,323
	SARATOGA INVT CORP CAL NT 28 (650 due 04/15/2028, 8.500%)	Corporate Bond	16,088	16,348
	SBA COMMUNICATIONS CORP (8,000 due 02/15/2027, 3.875%)	Corporate Bond	7,946	7,844
	SBA COMMUNICATIONS CORP (5,000 due 02/15/2027, 3.875%)	Corporate Bond	5,196	4,902
	SBA COMMUNICATIONS CORP (11,000 due 02/01/2029, 3.125%)	Corporate Bond	9,808	10,232
	SERVICE CORP INTERNATIONAL/US (13,000 due 06/01/2029, 5.125%)	Corporate Bond	13,519	12,892
	SERVICE CORP INTERNATIONAL/US (10,000 due 12/15/2027, 4.625%)	Corporate Bond	9,458	9,855
	SERVICE CORP INTERNATIONAL/US (2,000 due 10/15/2032, 5.750%)	Corporate Bond	1,970	1,994
	SILGAN HOLDINGS INC (8,000 due 02/01/2028, 4.125%)	Corporate Bond	7,223	7,770
	SLM CORP (10,000 due 11/02/2026, 3.125%)	Corporate Bond	9,411	9,757
	STEEL DYNAMICS INC (11,000 due 06/15/2025, 2.400%)	Corporate Bond	11,598	10,988
	SUNOCO LP/ SUNOCO FINANCE CORP (9,000 due 04/15/2027, 6.000%)	Corporate Bond	9,249	8,995
	TEGNA INC (9,000 due 03/15/2028, 4.625%)	Corporate Bond	8,108	8,677
	TELEDYNE TECHNOLOGIES INC (12,000 due 04/01/2031, 2.750%)	Corporate Bond	10,018	10,677
	TELEFLEX INC (9,000 due 11/15/2027, 4.625%)	Corporate Bond	8,581	8,874
	TENET HEALTHCARE CORP (9,000 due 06/01/2029, 4.250%)	Corporate Bond	8,358	8,641
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS III BV (8,000 due 10/01/2026, 3.150%)	Corporate Bond	7,155	7,809
	TRANSDIGM INC (2,000 due 05/01/2029, 4.875%)	Corporate Bond	1,905	1,937
	TRANSDIGM INC (13,000 due 11/15/2027, 5.500%)	Corporate Bond	12,274	13,012
	TRAVEL + LEISURE CO (10,000 due 04/01/2027, 6.000%)	Corporate Bond	9,753	10,073
	TRIMBLE INC (11,000 due 06/15/2028, 4.900%)	Corporate Bond	11,177	11,098
	UNDER ARMOUR INC (10,000 due 06/15/2026, 3.250%)	Corporate Bond	9,879	9,779
	UNITED RENTALS NORTH AMERICA INC (7,000 due 05/15/2027, 5.500%)	Corporate Bond	7,089	7,007
	UNITED RENTALS NORTH AMERICA INC (3,000 due 05/15/2027, 5.500%)	Corporate Bond	3,218	3,003
	UNITED RENTALS NORTH AMERICA INC (9,000 due 01/15/2028, 4.875%)	Corporate Bond	8,449	8,904
	UNITED RENTALS NORTH AMERICA INC (2,000 due 07/15/2030, 4.000%)	Corporate Bond	1,782	1,878
	VERIZON COMMUNICATIONS INC (5,000 due 09/21/2028, 4.329%)	Corporate Bond	4,856	4,987
	VERIZON COMMUNICATIONS INC (7,000 due 03/21/2031, 2.550%)	Corporate Bond	5,922	6,199
	VICI PROPERTIES LP (9,000 due 02/15/2028, 4.750%)	Corporate Bond	8,783	9,007
	WESTERN DIGITAL CORP (1,000 due 02/15/2026, 4.750%)	Corporate Bond	949	997
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP (8,000 due 03/11/2034, 5.61.1%)	Corporate Bond	8,484	8,155
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP (3,000 due 09/15/2028, 4.700%)	Corporate Bond	2,906	3,008
	WILLIS NORTH AMERICA INC (10,000 due 05/15/2033, 5.350%)	Corporate Bond	9,983	10,053
	WILLIS NORTH AMERICA INC (2,000 due 06/15/2027, 4.650%)	Corporate Bond	1,929	2,007
	YUM! BRANDS INC (14,000 due 04/01/2032, 5.375%)	Corporate Bond	13,808	13,841
	ZIMMER BIOMET HOLDINGS INC (12,000 due 01/15/2026, 3.050%)	Corporate Bond	11,379	11,884
	IRONWOOD INSTITUTIONAL MULTI-STRATEGY LLC	Limited liability company	202,214	206,994
	PROLOAN BOND FUND LLC	Limited liability company	400,768	408,397
	Total investments		<u>\$ 5,789,243</u>	<u>\$ 6,070,235</u>

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4j*

*Schedule of Reportable Transactions*

*for the year ended May 31, 2025*

(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)
Wilmington US Govt	Money market fund	\$ 3,754,709				3,754,709	3,754,709	N/A
Wilmington US Govt	Money market fund		3,772,744			3,772,744	3,772,744	0

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	* CASH	Interest bearing cash	\$ 279,513	\$ 279,513
	* WILMINGTON US GOVT	Money market fund	791,042	791,042
	UNITED STATES TREASURY NOTE (9,000 due 01/31/2027, 4.125%)	Treasury Bond	8,993	9,019
	AAON INC (AAON)	Corporate Stock	1,269	1,657
	ABB LTD ADR (ABBNY)	Corporate Stock	2,965	3,101
	ABBOTT LABORATORIES (ABT)	Corporate Stock	4,413	5,281
	ACCENTURE PLC IRELAND CL A (ACN)	Corporate Stock	3,824	3,457
	ADIDAS AG (ADDYY)	Corporate Stock	4,007	4,568
	ADOBE INC (ADBE)	Corporate Stock	5,693	4,011
	ADOBE INC (ADBE)	Corporate Stock	4,355	3,040
	AIA GROUP LTD SPON ADR (AAGIY)	Corporate Stock	7,433	6,430
	AIA GROUP LTD SPON ADR (AAGIY)	Corporate Stock	2,186	1,833
	AIFEEX NEXUS ACQUI CORP CL A (AIFE)	Corporate Stock	27,745	28,336
	AIMEI HEALTH TECHNOLOGY CO LTD (AFJK)	Corporate Stock	10,220	11,135
	AIR LIQUIDE ADR (AIQUY)	Corporate Stock	8,063	12,714
	AIR PROD & CHEM INC (APD)	Corporate Stock	2,656	2,426
	AIRBNB INC CL A (ABNB)	Corporate Stock	3,758	3,568
	ALCON INC (ALC)	Corporate Stock	2,303	2,536
	ALIBABA GROUP HLDG LTD (BABA)	Corporate Stock	6,618	5,595
	ALPHABET INC CL A	Corporate Stock	9,853	14,598
	ALPHABET INC CL C (GOOG)	Corporate Stock	3,842	4,730
	ALPHABET INC CL C (GOOG)	Corporate Stock	2,959	3,048
	ALPHAVEST ACQUISITION CORP (ATMV)	Corporate Stock	22,853	25,872
	AMADEUS IT GROUP S.A ADR (AMADY)	Corporate Stock	6,249	8,414
	AMAZON COM INC (AMZN)	Corporate Stock	7,833	10,601
	AMAZON.COM INC	Corporate Stock	6,742	11,891
	AMER INTL GP INC NEW (AIG)	Corporate Stock	2,668	3,046
	AMERICAN WATER WORKS CO (AWK)	Corporate Stock	2,292	2,559
	AMERIPRISE FINCL INC (AMP)	Corporate Stock	3,444	4,604
	AMGEN INC (AMGN)	Corporate Stock	2,980	2,993
	AMPHENOL CORP NEW CL A	Corporate Stock	5,749	8,094
	ANSYS INC (ANSS)	Corporate Stock	3,589	3,326
	ANTERO RES CORP COM (AR)	Corporate Stock	1,761	2,135
	AON PLC CL A (AON)	Corporate Stock	3,723	3,409
	ARTISAN PARTNERS ASSET MGMT (APAM)	Corporate Stock	2,579	2,725
	ASM INTERNATIONAL NV (ASMIY)	Corporate Stock	4,258	6,273
	ASML HOLDING NV NY REG NEW (ASML)	Corporate Stock	6,668	10,108
	ATLAS COPCO AB SP ADR B SP ADR (ATLCY)	Corporate Stock	4,356	6,000
	ATMOS ENERGY CP (ATO)	Corporate Stock	2,642	3,537
	BANK RAKYAT INDONESIA ADR (BKRKY)	Corporate Stock	2,294	2,076
	BLACKROCK INC	Corporate Stock	4,369	5,879
	BLACKSTONE INC (BX)	Corporate Stock	2,222	2,410
	BRUKER CORPORATION (BRKR)	Corporate Stock	1,620	1,175
	BWX TECHNOLOGIES INC COM (BWXT)	Corporate Stock	1,546	2,227
	BYD COMPANY LTD UNSPON ADR (BYDDY)	Corporate Stock	1,482	2,055
	CADENCE BANK (CADE)	Corporate Stock	2,029	2,353
	CADENCE DESIGN SYS INC	Corporate Stock	6,864	7,177
	CANADIAN NATL RAILWAY CO (CNI)	Corporate Stock	6,414	5,792
	CAPITAL ONE FINANCIAL CORP (COF)	Corporate Stock	2,867	4,140

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	CAPITEC BANK HOLDINGS LTD ADR (CKHGY)	Corporate Stock	1,039	2,742
	CBOE GLOBAL MARKETS INC	Corporate Stock	2,452	4,124
	CBRE GROUP INC	Corporate Stock	8,138	7,876
	CDW CORP	Corporate Stock	5,184	4,689
	CELESTICA INC (CLS)	Corporate Stock	1,366	1,978
	CHAMPION HOMES INC (SKY)	Corporate Stock	783	789
	CHINA MERCHANTS BK CO LTD UNSP (CIHKY)	Corporate Stock	3,058	3,461
	CHIPOTLE MEXICAN GRILL-CL A	Corporate Stock	6,210	5,859
	CIENA CORP NEW (CIEN)	Corporate Stock	1,296	1,755
	CLEAN HARBORS (CLH)	Corporate Stock	1,385	1,512
	CLICKS GROUP LTD SPONS ADR (CLCGY)	Corporate Stock	1,325	1,387
	COCA COLA CO (KO)	Corporate Stock	2,529	3,104
	COCA COLA CO COM	Corporate Stock	5,213	7,066
	COHERENT CORP (COHR)	Corporate Stock	1,713	1,971
	COLOPLAST AS SPONSERED ADR (CLPBY)	Corporate Stock	9,449	5,862
	COMERICA INC (CMA)	Corporate Stock	2,250	2,609
	COMMERCE BANCSHARES (CBSH)	Corporate Stock	1,252	1,550
	COMPASS GROUP PLC SPD ADR (CMPGY)	Corporate Stock	5,527	10,504
	CONSTELLATION BRANDS INC CL A (STZ)	Corporate Stock	2,064	1,523
	COPART INC	Corporate Stock	2,426	2,986
	CORTEVA INC (CTVA)	Corporate Stock	3,205	4,763
	COSTAR GROUP INC (CSGP)	Corporate Stock	1,961	1,943
	COTERRA ENERGY INC (CTRA)	Corporate Stock	2,520	2,400
	CSL LTD (CSLLY)	Corporate Stock	6,996	5,314
	CSX CORP COMMON	Corporate Stock	6,395	6,034
	CULLEN FROST BANKERS INC (CFR)	Corporate Stock	2,578	2,799
	CULLEN FROST BANKERS INC (CFR)	Corporate Stock	1,721	2,008
	CUSHMAN & WAKEFIELD PLC (CWK)	Corporate Stock	2,667	2,518
	DAIKIN INDS LTD UNSPON ADR (DKILY)	Corporate Stock	8,020	5,713
	DANAHER CORP COM	Corporate Stock	4,779	4,368
	DANAHER CORPORATION (DHR)	Corporate Stock	2,740	2,248
	DASSAULT SYSTEMS SA ADS (DASTY)	Corporate Stock	8,223	6,856
	DIAGEO PLC SPON ADR NEW (DEO)	Corporate Stock	4,282	2,992
	DRUGS MADE IN AMERICA ACQ CORP (DMAA)	Corporate Stock	28,415	28,871
	EAGLE MATLS INC (EXP)	Corporate Stock	1,834	1,630
	ECOLAB INC (ECL)	Corporate Stock	2,525	3,377
	ELEMENT SOLUTIONS INC (ESI)	Corporate Stock	1,990	2,288
	ELI LILLY & CO (LLY)	Corporate Stock	4,748	4,965
	EPAM SYSTEMS (EPAM)	Corporate Stock	1,109	585
	EPAM SYSTEMS INC	Corporate Stock	3,499	2,966
	EQUITY LIFESTYLE PROPERTIES (ELS)	Corporate Stock	2,120	1,899
	EXPERIAN GP LTD ADR (EXPGY)	Corporate Stock	5,623	7,321
	EXTRA SPACE STORAGE INC REIT	Corporate Stock	5,289	4,686
	FEDERAL SIGNAL CORP (FSS)	Corporate Stock	1,250	1,500
	FERRARI N V (RACE)	Corporate Stock	4,556	9,843
	FIRSTCASH HLDGS INC (FCFS)	Corporate Stock	1,713	1,989
	FISERV INC	Corporate Stock	7,897	8,140
	FOUR LEAF ACQUISITION CP CL A (FORL)	Corporate Stock	11,446	12,403
	GARTNER INC (IT)	Corporate Stock	1,529	1,478
	GATX CORP (GATX)	Corporate Stock	1,138	1,582
	GENL DYNAMICS CORP (GD)	Corporate Stock	2,303	2,481
	GILDAN ACTIVEWEAR INC (GIL)	Corporate Stock	1,235	1,522

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	GLOBANT S.A (GLOB)	Corporate Stock	1,005	562
	GLOBUS MEDICAL INC A (GMED)	Corporate Stock	659	815
	GRUPO FINANCIERO BANORTE SAB (GBOOY)	Corporate Stock	1,323	1,763
	GXO LOGISTICS INCORPORATED (GXO)	Corporate Stock	1,743	1,765
	HALMA PLC UNSPON ADR (HALMY)	Corporate Stock	2,924	3,205
	HANOVER INSURANCE GROUP INC (THG)	Corporate Stock	2,049	2,172
	HAWKINS INC (HWKN)	Corporate Stock	1,463	1,612
	HDFC BANK LTD ADR (HDB)	Corporate Stock	5,153	6,922
	HEICO CORPORATION - CLASS A	Corporate Stock	4,283	6,132
	HERC HLDGS INC (HRT)	Corporate Stock	1,112	1,024
	HERMES INTL SCA UNSPON ADR (HESAY)	Corporate Stock	4,307	10,647
	HOYA CORP SPONS ADR (HOCPY)	Corporate Stock	6,776	6,032
	HUNTINGTON INGALLS INDUSTRIES (HII)	Corporate Stock	2,161	2,444
	ICICI BANK LTD (IBN)	Corporate Stock	2,607	5,478
	IDEXX LABS (IDXX)	Corporate Stock	2,250	2,641
	INDUSTRIA DE DISEÑO TEXTIL IND (IDEXY)	Corporate Stock	5,407	9,318
	INFINEON TECHNOLOGIES AG (IFNNY)	Corporate Stock	5,618	6,226
	INSTALLED BLDG PRODS INC (IBP)	Corporate Stock	2,064	2,434
	INTER & CO INC CLASS A COM (INTR)	Corporate Stock	854	869
	INTERCONTINENTAL EXCHANGE, INC	Corporate Stock	2,616	4,135
	INTUITIVE SURGICAL INC	Corporate Stock	2,015	5,523
	JARDINE MATHESON HLDGS LTD ADR (JMHL)	Corporate Stock	3,648	3,114
	JBT MAREL CORPORATION (JBTM)	Corporate Stock	2,194	2,075
	JD COM INC SPON ADR CL A (JD)	Corporate Stock	2,228	1,220
	JOHNSON & JOHNSON	Corporate Stock	3,002	3,104
	JPMORGAN CHASE & CO	Corporate Stock	2,687	4,752
	KEEN VISION ACQUISITION CORP (KVAC)	Corporate Stock	10,953	12,158
	KIRBY CP (KEX)	Corporate Stock	1,707	2,161
	KONE OYJ ADR (KNYJY)	Corporate Stock	7,034	6,444
	L OREAL CO ADR (LRLCY)	Corporate Stock	8,620	9,470
	L3 HARRIS TECHNOLOGIES INC	Corporate Stock	7,117	8,308
	LENNAR CORPORATION (LEN)	Corporate Stock	3,900	2,780
	LINCOLN ELEC HLDGS INC (LECO)	Corporate Stock	1,584	1,616
	LONZA GROUP AG ZUERICH ADR (LZAGY)	Corporate Stock	4,783	4,894
	LOWES COMPANIES INC (LOW)	Corporate Stock	2,288	2,333
	LVMH MOET HENNESSY LOUIS VUITT (LVMUY)	Corporate Stock	7,379	6,951
	MAKEMYTRIP LIMITED (MMYT)	Corporate Stock	950	939
	MARTIN MARIETTA MATERIALS (MLM)	Corporate Stock	3,164	3,476
	MASCO CORP	Corporate Stock	3,997	4,682
	MASTERCARD INC CL A	Corporate Stock	6,088	13,469
	MASTERCARD INC CL A (MA)	Corporate Stock	4,668	6,423
	MATADOR RES CO (MTDR)	Corporate Stock	716	579
	MEDTRONIC PLC SHS (MDT)	Corporate Stock	1,834	1,847
	MEITUAN ADR (MPNGY)	Corporate Stock	3,081	2,643
	MELAR ACQUISITION CORP I CL A (MACI)	Corporate Stock	15,984	16,592
	MERCK & CO INC NEW COM (MRK)	Corporate Stock	2,644	1,864
	MERCK KGAA SPD ADR (MKKGY)	Corporate Stock	6,939	4,563
	META PLATFORMS, INC-A	Corporate Stock	5,109	11,655
	MICROCHIP TECHNOLOGY INC (MCHP)	Corporate Stock	3,446	2,218
	MICROSOFT CORP	Corporate Stock	10,692	17,033
	MICROSOFT CORP (MSFT)	Corporate Stock	7,770	9,557
	MICROSOFT CORP (MSFT)	Corporate Stock	4,009	4,930

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	MISUMI GROUP INC UNSPONSRD ADR (MSSMY)	Corporate Stock	2,958	2,275
	MTSUBISHI UFJ FINCL GRP ADS (MUFG)	Corporate Stock	1,834	3,022
	MOODYS CORP	Corporate Stock	2,712	4,793
	MSCI INC - CL A	Corporate Stock	2,843	3,384
	MSCI INC COM (MSCI)	Corporate Stock	3,591	3,841
	MURPHY OIL CORP (MUR)	Corporate Stock	668	506
	NASDAQ, INC.	Corporate Stock	5,033	5,848
	NATIONAL GRID PLC SPON ADR (NGG)	Corporate Stock	2,878	2,907
	NETFLIX INC (NFLX)	Corporate Stock	1,607	4,010
	NNN REIT INC (NNN)	Corporate Stock	1,206	1,331
	NOMURA RESH INST LTD ADR (NRILY)	Corporate Stock	1,579	1,501
	NORFOLK SOUTHERN CORP	Corporate Stock	4,319	4,943
	NORTHWEST NAT HLDG CO (NWN)	Corporate Stock	949	887
	NOVO NORDISK A/S ADR (NVO)	Corporate Stock	3,407	7,150
	NVIDIA CORP COM	Corporate Stock	11,190	15,945
	OFC CREDIT CO 7.875% SER-F (OCCIM)	Corporate Stock	24,736	24,910
	ONTO INNOVATION INC (ONTO)	Corporate Stock	1,689	1,222
	ORACLE CORP (ORCL)	Corporate Stock	6,722	7,342
	OSHKOSH CORP (OSK)	Corporate Stock	1,722	1,573
	PARKER HANNIFIN CORP (PH)	Corporate Stock	4,026	5,797
	PAYCOM SOFTWARE INC (PAYC)	Corporate Stock	1,889	2,581
	PERMIAN RESOURCES CP CL A (PR)	Corporate Stock	500	600
	PING AN INSURANCE ADR (PNGAY)	Corporate Stock	1,948	1,895
	PKO BANK POLSKI UNSPON ADR (PSZKY)	Corporate Stock	1,401	1,919
	PLUM ACQUISITION CORP IV CL A (PLMK)	Corporate Stock	12,525	12,675
	PNC FINL SVCS GP (PNC)	Corporate Stock	2,180	2,441
	PROCTER & GAMBLE (PG)	Corporate Stock	2,301	2,672
	PROSPERITY BANCSHARES (PB)	Corporate Stock	2,022	2,341
	PT BK NEGARA INDONESIA UN ADR (P'TBRY)	Corporate Stock	1,427	1,283
	QUALCOMM INC (QCOM)	Corporate Stock	2,763	2,772
	R P M INC (RPM)	Corporate Stock	2,690	2,739
	RED ROCK RESORTS INC CL A (RRR)	Corporate Stock	2,200	2,324
	ROCHE HOLDINGS ADR (RHHBY)	Corporate Stock	7,909	7,133
	ROLLINS INCORPORATED	Corporate Stock	4,988	6,011
	RUSH ENTERPRISES INC CL A (RUSHA)	Corporate Stock	927	1,339
	S&P GLOBAL INC	Corporate Stock	2,097	3,590
	SAGE GROUP PLC-UNSPON ADR (SGPYY)	Corporate Stock	5,400	6,381
	SALESFORCE INC	Corporate Stock	2,310	3,185
	SAP AG (SAP)	Corporate Stock	3,929	9,689
	SCHNEIDER ELEC SA UNSP ADR (SBGSY)	Corporate Stock	3,141	3,151
	SELECTIVE INSURANCE GROUP (SIGI)	Corporate Stock	2,617	2,696
	SERVICENOW INC	Corporate Stock	6,639	11,122
	SERVICENOW INC (NOW)	Corporate Stock	3,391	4,682
	SGS SA ADR (SGSOY)	Corporate Stock	6,301	6,473
	SHERWIN WILLIAMS CO COM	Corporate Stock	4,829	5,382
	SHIN ETSU CHEM CO LTD ADR (SHECY)	Corporate Stock	4,764	5,966
	SHOPIFY INC CL A (SHOP)	Corporate Stock	3,482	5,654
	SILGAN HOLDINGS INC (SLGN)	Corporate Stock	1,470	1,660
	SMC CORP JAPAN SPONSORED ADR (SMCAY)	Corporate Stock	10,301	6,830
	SONY GROUP CORPORATION ADR (SONY)	Corporate Stock	2,745	3,829
	SPIRE INC (SR)	Corporate Stock	1,840	1,898
	STAG INDL INC COM (STAG)	Corporate Stock	1,769	1,950

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

*Schedule of Assets (Held at End of Year) (continued)*

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	STARBUCKS CORP WASHINGTON (SBUX)	Corporate Stock	3,558	3,051
	SYNOPTIS INC COM	Corporate Stock	4,908	4,176
	SYSMEX CORP UNSPON ADR (SSMXY)	Corporate Stock	9,222	5,462
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Corporate Stock	4,046	11,490
	TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Corporate Stock	3,638	13,706
	TAVIA ACQUISITION CORP (TAVI)	Corporate Stock	14,250	14,464
	TELEDYNE TECH INC (TDY)	Corporate Stock	2,305	2,582
	TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Corporate Stock	8,062	11,112
	TERUMO CORP ADR UNSPONS ADR (TRUMY)	Corporate Stock	5,555	5,735
	THERMO FISHER SCIENTIFIC (TMO)	Corporate Stock	4,685	3,423
	THERMO FISHER SCIENTIFIC INC	Corporate Stock	8,585	7,251
	TOTALENERGIES SE SPONSORED ADS (TTE)	Corporate Stock	3,942	5,231
	TOTALENERGIES SE SPONSORED ADS (TTE)	Corporate Stock	2,430	2,247
	TRANSUNION	Corporate Stock	10,053	9,419
	TRINET GROUP INC (TNET)	Corporate Stock	1,334	1,415
	TRIP COM GROUP LTD ADR (TCOM)	Corporate Stock	681	858
	U S BANCORP COM NEW (USB)	Corporate Stock	2,869	2,887
	UBER TECHNOLOGIES INC (UBER)	Corporate Stock	2,401	2,524
	UNION PACIFIC CORP COM	Corporate Stock	4,594	4,655
	UNITEDHEALTH GP INC (UNH)	Corporate Stock	2,058	1,187
	UNITEDHEALTH GROUP INC	Corporate Stock	8,977	9,057
	UNIVERSAL MUSIC GROUP NV ADR (UNVGY)	Corporate Stock	5,480	6,761
	VALMONT INDUSTRIES (VMI)	Corporate Stock	1,224	1,589
	VALVOLINE INC COM (VTV)	Corporate Stock	2,373	2,289
	VAT GROUP AG-ADR (VACNY)	Corporate Stock	3,014	2,951
	VERIZON COMMUNICATIONS (VZ)	Corporate Stock	2,698	2,824
	VERTEX PHARMACEUTICALS INC	Corporate Stock	3,172	4,421
	VISA INC	Corporate Stock	4,797	9,495
	VISA INC CL A (V)	Corporate Stock	5,553	7,659
	WAL-MART DE MEXICO SA SPON ADR (WMMVY)	Corporate Stock	1,593	1,380
	WARBY PARKER INC CL A (WRBY)	Corporate Stock	816	1,155
	WATTS WTR TECH INC A (WTS)	Corporate Stock	1,262	1,524
	WEG S.A. SPONSORED ADR (WEGZY)	Corporate Stock	1,590	2,177
	WESCO INTL INC (WCC)	Corporate Stock	1,594	1,705
	WESTERN ALLIANCE BANCORP (WAL)	Corporate Stock	1,864	2,649
	WOLTERS KLUWER NV SPON ADR (WTKWY)	Corporate Stock	5,232	7,261
	WORKDAY INC CL A (WDAY)	Corporate Stock	3,380	3,262
	WORKDAY INC-A	Corporate Stock	5,783	6,193
	XCEL ENERGY INC (XEL)	Corporate Stock	2,408	2,744
	ZIONS BANCORPORATION N A (ZION)	Corporate Stock	1,905	2,414
	ZOETIS INC	Corporate Stock	4,677	4,722
	ZOETIS INC CLASS-A (ZTS)	Corporate Stock	5,887	5,377
	ALLIANCEBERNSTEIN NATL MUNI (AFB)	Exchanged Traded Fund	17,492	17,336
	ANGEL OAK FINL	Exchanged Traded Fund	33,559	34,614
	BLACKROCK MUNIHLDNG CA QUAL FD (MUC)	Exchanged Traded Fund	24,099	24,041
	BLACKROCK MUNIYLD NY QUAL FD (MYN)	Exchanged Traded Fund	17,493	16,933
	INVESCO S&P 500 EQUAL WEIGHT E (RSP)	Exchanged Traded Fund	49,965	52,400
	ISHARES CORE DIVIDEND GROWTH (DGRO)	Exchanged Traded Fund	77,536	94,531
	ISHARES RUSSELL 2000 VALUE ETF (IWN)	Exchanged Traded Fund	5,697	5,139
	ISHARES 20+	Exchanged Traded Fund	159,374	140,550

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

**Schedule of Assets (Held at End of Year) (continued)**

*as of May 31, 2025*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	ISHARES 7-10 YR TREASURY BD ETF (IEF)	Exchanged Traded Fund	14,617	14,186
	MFS INTERMEDIATE INCOME TR SBI (MIN)	Exchanged Traded Fund	14,603	14,740
	NUV NEW YORK AMT-FREE MUNIC (NRK)	Exchanged Traded Fund	17,395	16,694
	PIONEER DIVERSIFIED HIGH INC (HNW)	Exchanged Traded Fund	13,856	16,457
	VANGUARD FTSE EMERGING MARKETS (VWO)	Exchanged Traded Fund	60,030	66,035
	VANGUARD GROWTH ETF (VUG)	Exchanged Traded Fund	29,764	35,530
	VANGUARD SMALL CAP ETF (VB)	Exchanged Traded Fund	35,010	39,477
	WESTERN ASST INFLTN LKD INM FD (WIA)	Exchanged Traded Fund	33,803	32,760
	AMER BEACON AHL MNGD FUT STR Y (AHLXX)	Mutual Fund	93,442	78,059
	BLACKROCK MUNI CREDIT ALPHA I (MUNEX)	Mutual Fund	25,066	26,339
	DOUBLELINE TOTAL RETURN I (DBLTX)	Mutual Fund	441,488	428,939
	FEDERATED HERMES GOVT OBL PRM (GOFXX)	Mutual Fund	61,937	61,937
	FS MULTI STRATEGY ALTERN I (FSMSX)	Mutual Fund	287,010	291,182
	LM MARTIN CURRIE SMASH SER EM (LCSMX)	Mutual Fund	61,444	60,380
	LOCORR MARKET TREND I (LOTIX)	Mutual Fund	93,456	80,528
	NEUBERGER BERMAN LG SH INST (NLSIX)	Mutual Fund	329,161	393,850
	TORTOISE ENRGY INFR TOT RET I (TORIX)	Mutual Fund	94,572	148,882
	AECOM (7,000 due 03/15/2027, 5.125%)	Corporate Bond	6,838	6,995
	ALLEGION US HOLDING CO INC (11,000 due 07/01/2032, 5.411%)	Corporate Bond	11,147	11,143
	ALTRIA GROUP INC (10,000 due 05/06/2030, 3.400%)	Corporate Bond	8,901	9,381
	ALTRIA GROUP INC (2,000 due 02/14/2029, 4.800%)	Corporate Bond	1,914	2,007
	AMERICAN TOWER CORP (12,000 due 03/15/2033, 5.650%)	Corporate Bond	12,268	12,310
	AT&T INC (9,000 due 02/15/2028, 4.100%)	Corporate Bond	10,063	8,932
	AT&T INC (2,000 due 03/01/2029, 4.350%)	Corporate Bond	1,911	1,988
	BALL CORP (9,000 due 06/15/2029, 6.000%)	Corporate Bond	9,107	9,170
	BAT CAPITAL CORP (10,000 due 08/02/2033, 6.421%)	Corporate Bond	10,419	10,699
	BAT CAPITAL CORP (2,000 due 03/25/2028, 2.259%)	Corporate Bond	1,688	1,880
	BATH & BODY WORKS INC (3,000 due 02/01/2028, 5.250%)	Corporate Bond	3,004	2,998
	BATH & BODY WORKS INC (12,000 due 06/15/2029, 7.500%)	Corporate Bond	11,760	12,340
	BLOCK FINANCIAL LLC (12,000 due 07/15/2028, 2.500%)	Corporate Bond	11,553	11,170
	BOYD GAMING CORP (8,000 due 12/01/2027, 4.750%)	Corporate Bond	7,511	7,884
	BROADCOM INC (12,000 due 11/15/2030, 4.150%)	Corporate Bond	10,960	11,690
	BUCKEYE PARTNERS LP (9,000 due 12/01/2027, 4.125%)	Corporate Bond	8,701	8,756
	CARLISLE COS INC (10,000 due 12/01/2027, 3.750%)	Corporate Bond	11,352	9,786
	CARLISLE COS INC (2,000 due 03/01/2030, 2.750%)	Corporate Bond	1,677	1,831
	CARLYLE CREDIT INCOME FUND (550 due 10/31/2028, 8.750%)	Corporate Bond	13,530	14,053
	CARPENTER TECHNOLOGY CORP (9,000 due 07/15/2028, 6.375%)	Corporate Bond	9,036	9,034
	CDW LLC /CDW FINANCE CORP (13,000 due 12/01/2031, 3.569%)	Corporate Bond	11,706	11,787
	CENTENE CORP (8,000 due 12/15/2027, 4.250%)	Corporate Bond	7,404	7,813
	CENTURY COMMUNITIES INC (3,000 due 06/01/2027, 6.750%)	Corporate Bond	3,010	3,000
	CHARTER COMMUNICATIONS OPERATION LLC/ CHARTER COMMUNICATION (7,000 due 07/23/2025, 4.908%)	Corporate Bond	7,074	6,999
	CLEVELAND-CLIFFS INC (9,000 due 06/01/2027, 5.875%)	Corporate Bond	8,978	8,861
	CONAGRA BRANDS INC (9,000 due 11/01/2028, 4.850%)	Corporate Bond	9,174	9,032
	CONAGRA BRANDS INC (2,000 due 11/01/2025, 4.600%)	Corporate Bond	2,326	1,997
	CRESCENT CAP BDC INC NT CAL 26 (750 due 05/25/2026, 5.000%)	Corporate Bond	17,605	18,383
	CROWN AMERICAS LLC/ CROWN AMERICAS CAPITAL CORP VI (9,000 due 02/01/2026, 4.750%)	Corporate Bond	9,024	8,997
	CROWN CASTLE INC (10,000 due 06/01/2029, 5.600%)	Corporate Bond	10,142	10,266
	DCP MIDSTREAM OPERATING LP (3,000 due 07/15/2025, 5.375%)	Corporate Bond	2,970	3,000

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

**Schedule of Assets (Held at End of Year) (continued)**

**as of May 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	DICK'S SPORTING GOODS INC (11,000 due 01/15/2032, 3.150%)	Corporate Bond	8,833	9,671
	EAGLE POINT CREDIT CO (500 due 01/31/2029, 8.000%)	Corporate Bond	12,300	12,460
	ENCOMPASS HEALTH CORP (11,000 due 02/01/2028, 4.500%)	Corporate Bond	10,588	10,840
	ENCOMPASS HEALTH CORP (9,000 due 02/01/2030, 4.750%)	Corporate Bond	8,702	8,774
	ENCOMPASS HEALTH CORP (2,000 due 02/01/2030, 4.750%)	Corporate Bond	1,810	1,950
	ENLINK MIDSTREAM PARTNERS LP (7,000 due 06/01/2025, 4.150%)	Corporate Bond	6,716	6,998
	EXPEDIA INC (12,000 due 02/15/2028, 3.800%)	Corporate Bond	11,015	11,746
	FISERV INC (10,000 due 08/21/2033, 5.625%)	Corporate Bond	10,106	10,171
	FLEX LTD (11,000 due 05/12/2030, 4.875%)	Corporate Bond	10,935	10,914
	FORD MOTOR CO (9,000 due 12/08/2026, 4.346%)	Corporate Bond	9,181	8,868
	FORTUNE BRANDS INNOVATIONS INC (11,000 due 06/15/2025, 4.000%)	Corporate Bond	10,923	10,995
	GENUINE PARTS CO (9,000 due 11/01/2033, 6.875%)	Corporate Bond	9,950	9,851
	GLOBAL PAYMENTS INC (11,000 due 08/15/2032, 5.400%)	Corporate Bond	11,085	11,032
	GREAT ELM CAP CORP (850 due 12/31/2029, 8.125%)	Corporate Bond	21,101	21,335
	GXO LOGISTICS INC (9,000 due 05/06/2029, 6.250%)	Corporate Bond	9,171	9,219
	HB FULLER CO (9,000 due 10/15/2028, 4.250%)	Corporate Bond	8,572	8,586
	HCA INC (10,000 due 09/01/2028, 5.625%)	Corporate Bond	11,713	10,218
	HILLENBRAND INC (7,000 due 09/15/2026, 5.000%)	Corporate Bond	7,586	6,971
	HILTON WORLDWIDE FINANCE LLC /HILTON WORLDWIDE FINANCE CORP (9,000 due 04/01/2027, 4.875%)	Corporate Bond	9,055	8,973
	HP INC (3,000 due 04/15/2029, 4.000%)	Corporate Bond	2,741	2,905
	HP INC (9,000 due 06/17/2027, 3.000%)	Corporate Bond	9,478	8,703
	ICHAN ENTERPRISES LP/ ICHAN ENTERPRISES FINANCE CORP (5,000 due 05/15/2026, 6.250%)	Corporate Bond	4,953	4,952
	ICHAN ENTERPRISES LP/ ICHAN ENTERPRISES FINANCE CORP (4,000 due 05/15/2027, 5.250%)	Corporate Bond	3,886	3,806
	IQVIA INC (8,000 due 02/01/2029, 6.250%)	Corporate Bond	8,499	8,288
	LAMAR MEDIA CORP (8,000 due 02/15/2028, 3.750%)	Corporate Bond	7,223	7,738
	LKQ CORP (10,000 due 06/15/2033, 6.250%)	Corporate Bond	10,203	10,410
	LOWES COS INC (10,000 due 07/01/2033, 5.150%)	Corporate Bond	10,218	10,048
	MARRIOTT INTERNATIONAL INC/MD (2,000 due 06/15/2030, 4.625%)	Corporate Bond	1,940	1,983
	MARRIOTT INTERNATIONAL INC/MD (3,000 due 03/15/2030, 4.800%)	Corporate Bond	2,988	3,003
	MICROCHIP TECHNOLOGY INC (11,000 due 09/01/2025, 4.250%)	Corporate Bond	11,577	10,983
	MOLSON COORS BEVERAGE CO (12,000 due 07/15/2026, 3.000%)	Corporate Bond	12,606	11,799
	MOTOROLA SOLUTIONS INC (12,000 due 05/23/2029, 4.600%)	Corporate Bond	11,420	11,974
	NAVIENT CORP (2,000 due 06/15/2026, 6.750%)	Corporate Bond	2,027	2,025
	NETAPP INC (11,000 due 03/17/2035, 5.700%)	Corporate Bond	11,010	11,036
	NMI HOLDINGS INC (8,000 due 08/15/2029, 6.000%)	Corporate Bond	8,066	8,116
	OLIN CORP (11,000 due 08/01/2029, 5.625%)	Corporate Bond	10,533	10,780
	ONEMAIN FINANCE CORP (8,000 due 03/15/2026, 7.125%)	Corporate Bond	8,161	8,108
	ORACLE CORP (13,000 due 04/01/2030, 2.950%)	Corporate Bond	11,432	12,037
	OXFORD LANE CAP CORP (775 due 02/28/2027, 6.250%)	Corporate Bond	17,664	18,781
	PAYCHEX INC (3,000 due 04/15/2035, 5.600%)	Corporate Bond	3,054	3,044
	PENSKE AUTOMOTIVE GROUP INC (7,000 due 09/01/2025, 3.500%)	Corporate Bond	7,066	6,972
	PHILIP MORRIS INTERNATIONAL INC (10,000 due 02/15/2033, 5.375%)	Corporate Bond	9,997	10,185
	QORVO INC (12,000 due 10/15/2029, 4.375%)	Corporate Bond	12,323	11,511
	QUANTA SERVICES INC (8,000 due 08/09/2034, 5.250%)	Corporate Bond	8,094	7,912
	QUANTA SERVICES INC (4,000 due 10/01/2030, 2.900%)	Corporate Bond	3,517	3,630
	RHP HOTEL PROPERTIES LP/ RHP FINANCE CORP (9,000 due 10/15/2027, 4.750%)	Corporate Bond	8,856	8,891
	RUNAWAY GROWTH FIN CO (725 due 07/28/2027, 7.500%)	Corporate Bond	18,061	18,118

\* Party-in-interest

*See independent auditors' report.*

**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4i*

**Schedule of Assets (Held at End of Year) (continued)**

**as of May 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	SABRA HEALTH CARE LP (9,000 due 08/15/2026, 5.125%)	Corporate Bond	8,577	8,985
	SARATOGA INVT CORP CAL NT 27 (750 due 04/30/2027, 6.000%)	Corporate Bond	17,725	18,323
	SARATOGA INVT CORP CAL NT 28 (650 due 04/15/2028, 8.500%)	Corporate Bond	16,088	16,348
	SBA COMMUNICATIONS CORP (8,000 due 02/15/2027, 3.875%)	Corporate Bond	7,946	7,844
	SBA COMMUNICATIONS CORP (5,000 due 02/15/2027, 3.875%)	Corporate Bond	5,196	4,902
	SBA COMMUNICATIONS CORP (11,000 due 02/01/2029, 3.125%)	Corporate Bond	9,808	10,232
	SERVICE CORP INTERNATIONAL/US (13,000 due 06/01/2029, 5.125%)	Corporate Bond	13,519	12,892
	SERVICE CORP INTERNATIONAL/US (10,000 due 12/15/2027, 4.625%)	Corporate Bond	9,458	9,855
	SERVICE CORP INTERNATIONAL/US (2,000 due 10/15/2032, 5.750%)	Corporate Bond	1,970	1,994
	SILGAN HOLDINGS INC (8,000 due 02/01/2028, 4.125%)	Corporate Bond	7,223	7,770
	SLM CORP (10,000 due 11/02/2026, 3.125%)	Corporate Bond	9,411	9,757
	STEEL DYNAMICS INC (11,000 due 06/15/2025, 2.400%)	Corporate Bond	11,598	10,988
	SUNOCO LP/ SUNOCO FINANCE CORP (9,000 due 04/15/2027, 6.000%)	Corporate Bond	9,249	8,995
	TEGNA INC (9,000 due 03/15/2028, 4.625%)	Corporate Bond	8,108	8,677
	TELEDYNE TECHNOLOGIES INC (12,000 due 04/01/2031, 2.750%)	Corporate Bond	10,018	10,677
	TELEFLEX INC (9,000 due 11/15/2027, 4.625%)	Corporate Bond	8,581	8,874
	TENET HEALTHCARE CORP (9,000 due 06/01/2029, 4.250%)	Corporate Bond	8,358	8,641
	TEVA PHARMACEUTICAL FINANCE NETHERLANDS III BV (8,000 due 10/01/2026, 3.150%)	Corporate Bond	7,155	7,809
	TRANSDIGM INC (2,000 due 05/01/2029, 4.875%)	Corporate Bond	1,905	1,937
	TRANSDIGM INC (13,000 due 11/15/2027, 5.500%)	Corporate Bond	12,274	13,012
	TRAVEL + LEISURE CO (10,000 due 04/01/2027, 6.000%)	Corporate Bond	9,753	10,073
	TRIMBLE INC (11,000 due 06/15/2028, 4.900%)	Corporate Bond	11,177	11,098
	UNDER ARMOUR INC (10,000 due 06/15/2026, 3.250%)	Corporate Bond	9,879	9,779
	UNITED RENTALS NORTH AMERICA INC (7,000 due 05/15/2027, 5.500%)	Corporate Bond	7,089	7,007
	UNITED RENTALS NORTH AMERICA INC (3,000 due 05/15/2027, 5.500%)	Corporate Bond	3,218	3,003
	UNITED RENTALS NORTH AMERICA INC (9,000 due 01/15/2028, 4.875%)	Corporate Bond	8,449	8,904
	UNITED RENTALS NORTH AMERICA INC (2,000 due 07/15/2030, 4.000%)	Corporate Bond	1,782	1,878
	VERIZON COMMUNICATIONS INC (5,000 due 09/21/2028, 4.329%)	Corporate Bond	4,856	4,987
	VERIZON COMMUNICATIONS INC (7,000 due 03/21/2031, 2.550%)	Corporate Bond	5,922	6,199
	VICI PROPERTIES LP (9,000 due 02/15/2028, 4.750%)	Corporate Bond	8,783	9,007
	WESTERN DIGITAL CORP (1,000 due 02/15/2026, 4.750%)	Corporate Bond	949	997
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP (8,000 due 03/11/2034, 5.61.1%)	Corporate Bond	8,484	8,155
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP (3,000 due 09/15/2028, 4.700%)	Corporate Bond	2,906	3,008
	WILLIS NORTH AMERICA INC (10,000 due 05/15/2033, 5.350%)	Corporate Bond	9,983	10,053
	WILLIS NORTH AMERICA INC (2,000 due 06/15/2027, 4.650%)	Corporate Bond	1,929	2,007
	YUM! BRANDS INC (14,000 due 04/01/2032, 5.375%)	Corporate Bond	13,808	13,841
	ZIMMER BIOMET HOLDINGS INC (12,000 due 01/15/2026, 3.050%)	Corporate Bond	11,379	11,884
	IRONWOOD INSTITUTIONAL MULTI-STRATEGY LLC	Limited liability company	202,214	206,994
	PROLOAN BOND FUND LLC	Limited liability company	400,768	408,397
	Total investments		<u>\$ 5,789,243</u>	<u>\$ 6,070,235</u>

\* Party-in-interest

*See independent auditors' report.*

<b>Form 5500</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <b>2024</b> <hr/> <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

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

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)

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

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 NY NIAGARA FALLS-BUFFALO CHAPTER HEALTH &amp; WELFARE PLA</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>2a</b> 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) <b>BRICKLAYERS &amp; ALLIED CRAFTWORKERS LOCAL BUFFALO CH</b>  <b>1175 WILLIAM STREET</b>  <b>BUFFALO NY 14206-1805</b>	<b>1c</b> Effective date of plan <b>12/19/1961</b>	<b>2b</b> Employer Identification Number (EIN) <b>16-0849723</b>
	<b>2c</b> Plan Sponsor's telephone number <b>716-842-1318</b>	<b>2d</b> Business code (see instructions) <b>238900</b>

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

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

SIGN HERE	<i>Frank Pietrowski</i>	02/13/2026	FRANK PIETROWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Z Randle</i>	02/11/2026	KENT RANDLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	440
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	307
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	313
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	33
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	91
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	437
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	47

**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 4K**

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

<p><b>a Pension Schedules</b></p> <p><b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p><b>(4)</b> <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____</p> <p><b>(5)</b> <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)</p> <p><b>(3)</b> <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>  5  </u></p> <p><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Bricklayers and Allied Craftworkers Local 3 New York  
(Niagara Falls-Buffalo Chapter) Health & Welfare Fund**

*EIN: 16-0849723 Plan Number: 501*

*Form 5500 Schedule H, Line 4j*

*Schedule of Reportable Transactions*

*for the year ended May 31, 2025*

(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)
Wilmington US Govt	Money market fund	\$ 3,754,709				3,754,709	3,754,709	N/A
Wilmington US Govt	Money market fund		3,772,744			3,772,744	3,772,744	0

*See independent auditors' report.*