

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/01/1971
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES BRICKLAYERS & 33 SAGINAW DRIVE ROCHESTER, NY 14623
2b	Employer Identification Number (EIN) 16-0983640
2c	Plan Sponsor's telephone number
2d	Business code (see instructions) 238100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/01/2026	RICHARD WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/31/2026	KIM GAYLORD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 695
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 695 6a(2) 589 6b 6c 6d 589 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 84

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 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	5999116	331	10/01/2024	09/30/2025

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.

(a) Total amount of commissions paid 2473	(b) Total amount of fees paid 131
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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 OF NEW YORK, INC. 45 EAST AVE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2473			3

(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	
0	110		3

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

BROWN & BROWN INSURANCE SERVICE INC

300 N BEACH STREET
DAYTON BEACH, FL 32114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	21		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.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	37481
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640	

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.
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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	335	10/01/2024	09/30/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
93590	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
BROWN & BROWN OF NEW YORK, INC
45 EAST AVE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93590			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	3446604	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		3446604
b Benefit charges (1) Claims paid	9b(1)	2999589	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		2999589
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	110047	
(B) Administrative service or other fees	9c(1)(B)	505297	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)	615344	
(H) Total retention	9c(1)(H)		1230688
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640	

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.
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1 Coverage Information:

(a) Name of insurance carrier
MVP HEALTH CARE

(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
14-1640868	95521	700453-0001	19	10/01/2024	09/30/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2888	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
BROWN & BROWN OF NEW YORK, INC
45 EAST AVE, #700
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2888			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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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	73381
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640	

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.
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1 Coverage Information:

(a) Name of insurance carrier
MVP HEALTH CARE

(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
14-1640868	95521	700453-003	5	10/01/2024	09/30/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
750	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
BROWN & BROWN OF NEW YORK, INC
45 EAST AVE, #700
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
750			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	15324
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640

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.
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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	00028834	175	10/01/2024	09/30/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3347	579

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 SERVICE INC 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	
2462	579		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STRATEGIC ON-MEDICAL SOLUTIONS 75 STATE STREET
BOSTON, MA 02109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
885			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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	24616
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640	

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.
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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	00508998	1	10/01/2024	09/30/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
488	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
BROWN & BROWN INSURANCE SERVICE INC 45 EAST AVE
ROCHESTER, NY 14604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
488			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	14710
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MODERN ADMINISTRATION SYSTEMS LLC

70 HILLTOP RD 1003
RAMSEY, NJ 07446

(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?
50 49	NONE	22382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONADIO & CO, LLP

16-1131146

(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	NONE	21850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	12248	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

ARCARA LENDA EUSIANO & STACEY CPA

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	10600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXCELLUS BLUE CROSS BLUE SHIELD

16-0983640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15	NONE	6584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLEVIN & HART, P.C.

1625 MASSACHUSETTS AVE NW
WASHINGTON, DC 20036

(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	5455	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES BRICKLAYERS &	D Employer Identification Number (EIN) 16-0983640

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	252991	581277
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	640951	684768
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	14354	20840
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	500095	845802
(2) U.S. Government securities	1c(2)		35196
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1012106	1102135
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	12375	46460
(B) Common	1c(4)(B)	1635505	1511699
(5) Partnership/joint venture interests	1c(5)	456808	574330
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2634149	2974445
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	271925	299218

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	128845	111435
f Total assets (add all amounts in lines 1a through 1e)	1f	7560104	8787605
Liabilities			
g Benefit claims payable	1g	50246	61120
h Operating payables	1h	100014	109351
i Acquisition indebtedness	1i		
j Other liabilities	1j	32407	8443
k Total liabilities (add all amounts in lines 1g through 1j)	1k	182667	178914
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7377437	8608691

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5545814	
(B) Participants	2a(1)(B)	827217	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6373031
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47	
(B) U.S. Government securities	2b(1)(B)	495	
(C) Corporate debt instruments	2b(1)(C)	42586	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	20833	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		63961
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20078	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	101588	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		121666
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1731299	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1680376	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		50923
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-206776	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-206776

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		408645
c Other income	2c		110974
d Total income. Add all income amounts in column (b) and enter total	2d		6922424

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2925903	
(2) To insurance carriers for the provision of benefits	2e(2)	2500700	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5426603
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	30542	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19107	
(5) Investment advisory and investment management fees	2i(5)	12248	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6491	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	196179	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		264567
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5691170

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1231254
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**BRICKLAYERS AND ALLIED
CRAFTWORKERS LOCAL 3 NEW YORK
(ROCHESTER CHAPTER) WELFARE FUND**

**Financial Statements and Supplemental Schedules
as of September 30, 2025 and 2024
Together with Independent
Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

March 19, 2026

To the Board of Trustees of the
Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter)
Welfare Fund:

Opinion

We have audited the accompanying financial statements of the Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter) 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 September 30, 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 September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

171 Sully's Trail
Pittsford, NY 14534
p (585) 381-1000
f (585) 381-3131

www.bonadio.com

INDEPENDENT AUDITOR'S REPORT

(Continued)

Responsibilities of Management for the Financial Statements (Continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT

(Continued)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but 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.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Benefits Paid and Administrative Expenses for the years ended September 30, 2025 and 2024, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonardis & Co. LLP

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Statements of Net Assets Available For Benefits September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
CASH	\$ 581,277	\$ 252,991
INVESTMENTS:		
Cash and cash equivalents	845,802	500,095
Mutual funds, exchange-traded and closed-end funds	2,974,445	2,634,149
Equity securities	1,511,699	1,635,505
Preferred securities	46,460	12,375
U.S. Government securities	35,196	-
Corporate obligations	1,102,135	1,012,106
Managed hedge fund	299,218	271,925
Partnership	574,330	456,808
Total investments	<u>7,389,285</u>	<u>6,522,963</u>
RECEIVABLES:		
Employer and reciprocal contributions	684,768	640,951
Accrued interest and dividends	15,183	11,336
Other receivables	3,015	3,015
Due from affiliates	2,642	3
Total receivables	<u>705,608</u>	<u>655,305</u>
FURNITURE, EQUIPMENT, SOFTWARE, AND LEASEHOLD IMPROVEMENTS, net	<u>111,435</u>	<u>128,845</u>
Total assets	<u>8,787,605</u>	<u>7,560,104</u>
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	109,351	100,014
DUE TO BROKER	8,443	25,738
DUE TO AFFILIATES	-	6,669
Total liabilities	<u>117,794</u>	<u>132,421</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,669,811</u>	<u>\$ 7,427,683</u>

The accompanying notes are an integral part of these statements.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Statements of Changes in Net Assets Available For Benefits For the Years Ended September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	\$ 252,792	\$ 516,547
Dividends	125,348	125,932
Interest	<u>60,279</u>	<u>56,688</u>
Investment income before investment management fees	438,419	699,167
Less: Investment management fees	<u>12,248</u>	<u>14,248</u>
Net investment income	<u>426,171</u>	<u>684,919</u>
Contributions -		
Employer and reciprocal, net of reciprocal payments of \$982,842 and \$844,226 in 2025 and 2024, respectively	5,545,814	4,891,492
Participant	<u>827,217</u>	<u>843,029</u>
Total contributions	<u>6,373,031</u>	<u>5,734,521</u>
Other income	107,035	15,438
Employer interest	<u>3,939</u>	<u>7,131</u>
Total additions	<u>6,910,176</u>	<u>6,442,009</u>
DEDUCTIONS:		
Cost of benefits paid	5,415,729	5,204,754
Administrative expenses	<u>252,319</u>	<u>323,597</u>
Total deductions	<u>5,668,048</u>	<u>5,528,351</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,242,128	913,658
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>7,427,683</u>	<u>6,514,025</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 8,669,811</u>	<u>\$ 7,427,683</u>

The accompanying notes are an integral part of these statements.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Notes to Financial Statements September 30, 2025 and 2024

1. DESCRIPTION OF THE PLAN

The following description of Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter) Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit welfare plan formed under various collective bargaining agreements (CBAs) negotiated by Local 3 New York of the International Union of Bricklayers and Allied AFL-CIO (the "Local") to cover all individuals employed under the terms of the CBAs. Officers and employees of both the Local and its affiliated fringe benefit funds are also eligible to participate in the Plan.

Benefits and Eligibility

The Plan provides benefits to covered members of the Local as a result of various CBAs entered into by the Local. Participants are eligible to participate in the Plan as soon as employment with a participant employer begins. 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 order for a participant to be eligible. The medical benefits provided are underwritten by MVP Health Care, Excellus Health Plan, Inc., and Davis Vision. The group life insurance and accidental death and dismemberment plan is underwritten by MetLife. In addition, supplemental unemployment, disability, childcare, scholarship, vacation, sick leave, 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 made to the Plan by employers on behalf of participants based on an hourly contribution. 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 premium payment, the participant may make payments to defray the premium cost to continue coverage.

Contributions and Funding

The Plan receives contributions from employers pursuant to the CBA with the Local or other locals pursuant to reciprocal agreements. The contributions are net of any reciprocal payments in accordance with such agreements. Reciprocal payments to other local's for the years ended September 30, 2025 and 2024 totaled \$982,842 and \$844,226, respectively.

Effective July 1, 2025, for each hour worked in covered employment, employers are required to contribute \$13.14 for a commercial bricklayer; \$13.13 for a commercial tile setter; \$10.12 for a commercial tile, marble, terrazzo and mason finisher; \$8.73 for a residential bricklayer; \$8.79 for a residential tile setter; \$7.13 for a residential tile, marble, terrazzo and mason finisher; and \$11.30 for a heavy highway worker. Effective July 1, 2024, for each hour worked in covered employment, employers are required to contribute \$12.14 for a commercial bricklayer, \$11.13 for a commercial tile setter, \$9.12 for a commercial tile, marble, terrazzo and mason finisher, \$8.00 for a residential bricklayer, \$8.05 for a residential tile setter, \$6.40 for a residential tile, marble, terrazzo and mason finisher, and \$10.30 for a heavy highway worker. Contributions are received from other locals at the lower of the Local amount or at the rate collected pursuant to their CBA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Contributions and Funding (Continued)

Participants who are provided coverage under The Consolidated Omnibus Budget Reconciliation Act of 1985 (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.

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts reported in the financial statements. Actual results could differ from those estimates, and such differences may be significant.

Cash

Cash (excluding cash and cash equivalents included with investments) consists of bank demand deposit accounts. At times, the balances in these accounts may exceed federally insured limits. The Plan has not experienced any losses in these accounts and management believes it is not exposed to any significant credit risk with respect to cash.

Investments

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. 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 those changes could materially affect the amounts reported in the financial statements. The Plan's investments are stated 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, established 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 lower priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- 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;

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

- 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 are used 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 during the years ended September 30, 2025 or 2024, respectively.

Cash and cash equivalents consist of money market funds recorded at fair value using Level 1 and Level 2 inputs.

Mutual funds, exchange-traded and closed-end funds, equity securities, preferred securities, and U.S. Government securities: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Corporate obligations: Valued using Level 2 inputs based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Managed hedge fund: Valued at the net asset value (NAV) as a practical expedient to estimate the fair value of the underlying investments. The Plan's investment in the managed hedge fund includes the investment of Ironwood Institutional Multi-Strategy Fund LLC ("Ironwood"). Ironwood invests primarily in equity, event-driven, and distressed and credit securities with the objective of capital appreciation with limited variability of returns.

Partnership: The Plan's investment in the ProLoan Bond Fund, LLC ("ProLoan") is reported as a partnership in the financial statements. 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. This investment is stated at net asset value as a practical expedient to estimate the fair value of the underlying investments.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employer and Reciprocal Contributions Receivable

Employer and reciprocal contributions receivable represent contributions from employers and other locals pursuant to reciprocal agreements based on hours worked but not received at year-end. Employer contributions receivable have been collected in full by the Plan subsequent to the year-end. Management monitors outstanding balances and estimates collectability based on specific economic conditions. Upon management's determination of an uncollectible receivable, the specific balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer contributions. No allowance for uncollectible receivables was considered necessary as of September 30, 2025 and 2024.

Furniture, Equipment, Software, and Leasehold Improvements, net

Furniture, equipment, software, and leasehold improvements are stated at cost, less accumulated depreciation and amortization. Depreciation is provided over the estimated useful lives of the related assets ranging from three to seven years using the straight-line method. Software is amortized over the useful life of the asset. Leasehold improvements are amortized over the life of the lease. The Plan capitalizes all additions that have useful lives greater than one year.

Leases

The Plan leases office space from a related party. The Plan determines if an arrangement is a lease at inception.

Benefit Payments

Benefits are recorded as an expense when paid.

Administrative Expenses

Administrative expenses are paid by the Plan.

3. FURNITURE, EQUIPMENT, SOFTWARE, AND LEASEHOLD IMPROVEMENTS, NET

Furniture, equipment, software, and leasehold improvements consist of the following for the years ended September 30:

	<u>2025</u>	<u>2024</u>
Office furniture and equipment	\$ 28,082	\$ 28,082
Furniture and fixtures	7,100	7,100
Software	118,676	107,013
Leasehold improvements	<u>126,437</u>	<u>126,437</u>
	280,295	268,632
Less: Accumulated depreciation and amortization	<u>(168,860)</u>	<u>(139,787)</u>
	<u>\$ 111,435</u>	<u>\$ 128,845</u>

Depreciation and amortization expense for the years ended September 30, 2025 and 2024 was \$29,073 and \$24,990, respectively.

4. INVESTMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 98,125	\$ 747,677	\$ -	\$ 845,802
Mutual funds, exchange-traded and closed-end funds	2,974,445	-	-	2,974,445
Equity securities	1,511,699	-	-	1,511,699
Preferred securities	46,460	-	-	46,460
U.S. Government securities	35,196	-	-	35,196
Corporate obligations	<u>-</u>	<u>1,102,135</u>	<u>-</u>	<u>1,102,135</u>
	<u>\$ 4,665,925</u>	<u>\$ 1,849,812</u>	<u>\$ -</u>	<u>6,515,737</u>
Total investments at net asset value (a)				<u>873,548</u>
Total investments				<u>\$ 7,389,285</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 118,281	\$ 381,814	\$ -	\$ 500,095
Mutual funds, exchange-traded and closed-end funds	2,634,149	-	-	2,634,149
Equity securities	1,635,505	-	-	1,635,505
Preferred securities	12,375	-	-	12,375
Corporate obligations	<u>-</u>	<u>1,012,106</u>	<u>-</u>	<u>1,012,106</u>
	<u>\$ 4,400,310</u>	<u>\$ 1,393,920</u>	<u>\$ -</u>	<u>5,794,230</u>
Total investments at net asset value (a)				<u>728,733</u>
Total investments				<u>\$ 6,522,963</u>

- (a) Certain investments that were measured using the net asset value practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. INVESTMENTS (Continued)

The Plan has the following investments whose fair value is based on the net asset value practical expedient as of September 30, 2025:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>
ProLoan Bond Fund, LLC	\$ 574,330	\$ -	[1]
Ironwood Institutional Multi-Strategy Fund LLC	<u>299,218</u>	<u>-</u>	[2]
	<u>\$ 873,548</u>	<u>\$ -</u>	

The Plan has the following investments whose fair value is based on the net asset value practical expedient as of September 30, 2024:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>
ProLoan Bond Fund, LLC	\$ 456,808	\$ -	[1]
Ironwood Institutional Multi-Strategy Fund LLC	<u>271,925</u>	<u>-</u>	[2]
	<u>\$ 728,733</u>	<u>\$ -</u>	

[1] The investment in the ProLoan Bond Fund, LLC partnership is liquid. There are no restrictions on redemption.

[2] The investment has a one-year lock-up and the redemption period is quarterly with a 90-day notice.

5. PARTY-IN-INTEREST TRANSACTIONS

Investments

Wilmington Trust Company ("Wilmington") provides custodial services to the Plan. Certain of the Plan's investments are maintained in money markets sponsored by Wilmington. Morgan Stanley Smith Barney LLC ("Morgan Stanley") provides investment advisory services to the Plan. Certain of the Plan's investments are maintained in money markets sponsored by Morgan Stanley.

Shared Services

The Plan receives its proportionate share of employer and reciprocal contributions monthly from the Bricklayers and Allied Craftworkers Local 3 New York (Rochester Chapter) Pension Fund (the "Pension Fund") because the Pension Fund receives deposits and distributes the majority of all contributions through consolidated checks issued by most employers. The Plan is related to the Pension Fund through common membership. The Plan's share of employer and reciprocal contribution income received from the Pension Fund for the years ended September 30, 2025 and 2024 were \$5,545,814 and \$4,891,492, respectively, and are included in "employer and reciprocal, net of reciprocal payments" in the financial statements.

5. PARTY-IN-INTEREST TRANSACTIONS (Continued)

Shared Services (Continued)

The Plan shares administrative employees, office space and other applicable expenses with the Pension Fund. During the year ended September 30, 2025, the Plan began reimbursing the Pension Fund its share of these expenses, pursuant to an administrative cost sharing agreement. Total reimbursements to the Pension Fund during the year ended September 30, 2025 were \$123,996 and is included in “administrative expenses” in the financial statements.

The Plan is owed \$2,642 and \$3 from the Pension Fund as of September 30, 2025 and 2024, respectively.

Leased Space

The Plan entered into an agreement with the BAC Local 3 NY Building Corporation (the “Building Corporation”) to lease its office space. The original lease was for the period of July 1, 2017 through June 30, 2024. This lease was amended to extend the period through June 30, 2029, with the option to renew for three additional five-year terms. The parties of the lease have the ability to terminate the lease by written notice to the other party without penalty. Monthly rent through June 30, 2026, is \$2,471, increasing 2% annually on July 1 each remaining year of the lease term. For the year ended September 30, 2024, the monthly rent amounts are allocated between the Pension Fund and the Bricklayers and Allied Craftworkers Local 3 New York Individual Annuity Retirement Fund (the “IARF”), totaling \$13,680, which is included in “occupancy” in the financial statements. During the year ended September 30, 2025, the Plan began reimbursing the Pension Fund its share of rent expense, pursuant to an administrative cost sharing agreement. Therefore, the amount directly paid by the Plan prior to the administrative cost sharing agreement for the year ended September 30, 2025 totaled \$3,420, which is included in “occupancy” in the financial statements.

The Plan owed the IARF \$6,669 for the year ended September 30, 2024.

6. PERSONAL ACCOUNTS

HRA’s and WRA’s are maintained for all eligible participants. Contributions are allocated to each participant’s accounts as described in Note 1 and are allocated between the participant’s HRA and WRA based on their balance in each account, and to the General Fund, in accordance with Plan provisions. For each hour worked in covered employment, \$0.85 (\$0.45 for participants classified as apprentices) is contributed to the General Fund and \$1.00 (\$0.55 for participants classified as apprentices) is contributed to the Sick Leave Fund. These rates fluctuate for apprentices dependent on their level classification. The contribution for the Sick Leave Fund is contributed directly to the participants WRA account. The remainder of the contributions are allocated to the participant’s HRA, until such time the participant accumulates a balance of \$2,000 in their individual HRA. Once the participant has accumulated a \$2,000 balance in the HRA, remaining contributions are allocated at 20% to the participant’s HRA and 80% to the participant’s WRA, until such time the participant accumulates a balance of \$10,000 in their WRA. Once the participant has accumulated a \$10,000 balance in the WRA, all remaining contributions are allocated to the participant’s HRA.

6. PERSONAL ACCOUNTS (Continued)

Amounts accumulated in the HRA are available for medical and dental insurance premiums and medical expenses which exceed the maximum coverage amount allowed by the Plan, as well as deductibles and other health benefits. Amounts accumulated in the WRA are available to provide benefits for unemployment, temporary disability, workers' compensation, dependent care, vacation, scholarship, and extended time-loss benefits. Payments of these claims reduce the amount available in the HRA or WRA. Participants may continue to use their HRA or WRA after retirement. Upon a participant's death, the balance in their HRA transfers to the participant's surviving spouse. If no surviving spouse is named, the balance in the HRA is forfeited to the General Fund. If a participant's account becomes inactive for a three-year period, the balance in the account will be forfeited to the General Fund.

HRA and WRA activity of all participants is as follows for the years ended September 30:

	<u>2025</u>	<u>2024</u>
HRA's and WRA's, beginning of year	\$ 5,820,181	\$ 5,573,122
Add: Contributions	5,122,693	4,538,742
Less: Benefits paid	<u>(4,526,616)</u>	<u>(4,291,683)</u>
HRA's and WRA's, end of year	<u>\$ 6,416,258</u>	<u>\$ 5,820,181</u>

This liability is included in the Plan's benefit obligations as other amounts currently payable. See Note 10.

7. 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 of such termination, any balance in a participant's individual account shall be used for the payment of the benefits or will otherwise be distributed to the participant in accordance with applicable tax laws or regulations.

8. INCOME TAX STATUS

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on August 26, 1980, in which the Internal Revenue Service stated the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The trust has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe the trust is currently designed and being operated in compliance with the applicable requirements of the IRC.

For employee benefit plans, their tax-exempt status itself is deemed to be an uncertainty since events could potentially occur to jeopardize their tax-exempt status. The Plan files the Return of Organization Exempt from Income Tax (Form 990) and the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the September 30, 2025 and 2024 financial statements to the Schedule H of Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 8,669,811	\$ 7,427,683
Benefits currently payable	<u>(61,120)</u>	<u>(50,246)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 8,608,691</u>	<u>\$ 7,377,437</u>

The following is a reconciliation of benefits paid to or on behalf of participants per the financial statements to Schedule H of Form 5500 for the years ended September 30:

	<u>2025</u>	<u>2024</u>
Benefits paid per the financial statements	\$ 5,415,729	\$ 5,204,754
Less: Insurance premiums and other costs paid per Form 5500 Schedule H Part II Lines 2(e)(2) & (3)	<u>(2,500,700)</u>	<u>(2,489,350)</u>
Subtotal	2,915,029	2,715,404
Medical and disability benefits currently payable:		
Add: End of year	61,120	50,246
Less: Beginning of year	<u>(50,246)</u>	<u>(46,869)</u>
Benefits paid to participants per Form 5500 Schedule H Part II line 2(e)(1)	<u>\$ 2,925,903</u>	<u>\$ 2,718,781</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are required to be reported on Form 5500, Schedule H and are either benefit claims that have been processed and approved for payment prior to September 30 but not yet paid as of that date or incurred but not yet reported to the Plan.

The classification of changes in net assets available for benefits for the year ended September 30, 2025 differs between the financial statements and Form 5500.

10. BENEFIT OBLIGATIONS

Benefit obligations as of September 30, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
AMOUNTS CURRENTLY PAYABLE:		
Claims and premiums payable and claims incurred but not reported	<u>\$ 61,120</u>	<u>\$ 50,246</u>
OTHER AMOUNTS CURRENTLY PAYABLE:		
Health reimbursement and wage replacement accounts	<u>6,416,258</u>	<u>5,820,181</u>
Total benefit obligations	<u>\$ 6,477,378</u>	<u>\$ 5,870,427</u>

Change in benefit obligations as of September 30, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
AMOUNTS CURRENTLY PAYABLE:		
Balance at beginning of year	\$ 50,246	\$ 46,869
Claims and premiums reported and approved for payment	5,426,603	5,208,131
Claims and premiums billed and paid	<u>(5,415,729)</u>	<u>(5,204,754)</u>
Balance at year end	<u>61,120</u>	<u>50,246</u>
OTHER AMOUNTS CURRENTLY PAYABLE:		
Balance at beginning of year	5,820,181	5,573,122
Net change during the year	<u>596,077</u>	<u>247,059</u>
Balance at year end	<u>6,416,258</u>	<u>5,820,181</u>
Total benefit obligations at year end	<u>\$ 6,477,378</u>	<u>\$ 5,870,427</u>

11. SUBSEQUENT EVENTS

All other subsequent events have been evaluated through March 19, 2026, which is the date the financial statements were available be issued.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

Schedules of Benefits Paid and Administrative Expenses For the Years Ended September 30, 2025 and 2024

Schedule I

	<u>2025</u>	<u>2024</u>
BENEFITS:		
Medical insurance premiums	\$ 2,445,454	\$ 2,429,533
Vacation payments	1,646,916	1,491,434
Medical, dental and optical claims and fees	638,721	605,370
Supplemental unemployment payments	403,407	417,796
Sick pay	179,686	148,278
Life insurance premium	30,710	34,365
Disability payments	24,628	15,881
Vision insurance premiums	24,536	27,073
Child care benefit	20,296	29,614
Employee assistance program - drug testing	1,375	770
Tuition assistance payments	<u>-</u>	<u>4,640</u>
 Total benefits	 <u>\$ 5,415,729</u>	 <u>\$ 5,204,754</u>
 ADMINISTRATIVE EXPENSES:		
Administrative expenses	\$ 123,996	\$ -
Salaries, benefits, payroll taxes	30,542	117,994
Depreciation and amortization	29,073	24,990
Auditing fees	19,107	23,079
Computer support	10,719	44,479
Payroll auditing fees	10,600	15,839
Insurance	8,079	18,270
Office expense	7,307	31,130
Legal fees	6,491	26,134
Occupancy	3,420	13,680
Miscellaneous expense	1,693	-
Conferences and meetings	<u>1,292</u>	<u>8,002</u>
 Total administrative expenses	 <u>\$ 252,319</u>	 <u>\$ 323,597</u>

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
CASH AND CASH EQUIVALENTS:				
	CASH	Cash and cash equivalents	\$ 15,954	\$ 15,954
*	MORGAN STANLEY BANK N.A.	Cash and cash equivalents	14,227	14,227
*	MORGAN STANLEY PRIVATE BANK N.A.	Cash and cash equivalents	47,194	47,194
*	WILMINGTON US GOVT MONEY MKT CL INS	Cash and cash equivalents	768,427	768,427
			<u>845,802</u>	<u>845,802</u>
MUTUAL FUNDS AND EXCHANGE-TRADED AND CLOSED-END FUNDS:				
	ALLIANCEBERNSTEIN NATL MUNI	Exchange-traded and closed-end funds	20,106	20,886
	ANGEL OAK FINL STRATEGIES INCM	Exchange-traded and closed-end funds	32,085	33,431
	BLACKROCK MUNIHLNG CA QUAL FD	Exchange-traded and closed-end funds	25,225	26,311
	BLACKROCK MUNIYLD NY QUAL FD	Exchange-traded and closed-end funds	19,958	20,108
	INVESCO S&P 500 EQUAL WEIGHT E	Exchange-traded and closed-end funds	147,053	164,660
	ISHARES CORE DIVIDEND GROWTH	Exchange-traded and closed-end funds	66,020	86,530
	ISHARES RUSSELL 2000 VALUE ETF	Exchange-traded and closed-end funds	9,002	9,523
	ISHARES 0-3 MONTH TREASURY B	Exchange-traded and closed-end funds	1,740	1,743
	ISHARES 20+ YR TREASU BOND ETF	Exchange-traded and closed-end funds	134,566	121,096
	ISHARES 7-10 YR TREASRY BD ETF	Exchange-traded and closed-end funds	33,903	34,243
	NUV NEW YORK AMT-FREE MUNIC	Exchange-traded and closed-end funds	19,957	19,890
	VANGUARD FTSE EMERGING MARKETS	Exchange-traded and closed-end funds	99,911	122,609
	VANGUARD GROWTH ETF	Exchange-traded and closed-end funds	27,220	37,889
	VANGUARD LONG TERM BND	Exchange-traded and closed-end funds	83,017	85,729
	VANGUARD SMALL CAP ETF	Exchange-traded and closed-end funds	64,774	76,538
	VANGUARD VALUE ETF INDEX	Exchange-traded and closed-end funds	75,073	76,461
	WESTERN ASST INFLTN LKD INM FD	Exchange-traded and closed-end funds	40,937	40,837
	FEDERATED HERMES GOVT OBL PRM	Mutual funds	-	220,865
	AMER BEACON AHL MNGD FUT STR Y	Mutual funds	179,673	177,675
	CLEARBRIDGE SMASH SERIES EM	Mutual funds	59,575	71,191
	DOUBLELINE TOTAL RETURN I	Mutual funds	286,478	288,921
	FS MULTI STRATEGY AL TERN I	Mutual funds	367,500	380,356
	LOCORR MARKET TREND I	Mutual funds	176,337	178,371
	NEUBERGER BERMAN LG SH INST	Mutual funds	458,779	532,994
	TORTOISE ENRGY INFR TOT RET I	Mutual funds	91,821	145,588
			<u>2,520,710</u>	<u>2,974,445</u>
EQUITY SECURITIES:				
	ALBEMARLE CORP COM	Equity securities	12,031	12,000
	ALPHABET INC CL A	Equity securities	8,991	17,746
	AMAZON.COM INC	Equity securities	12,754	18,005
	AMPHENOL CORP NEW CL A	Equity securities	2,491	4,826
	BENTLEY SYS INC CL B	Equity securities	7,844	7,619
	BLACKROCK INC	Equity securities	7,499	10,493
	CADENCE DESIGN SYS INC	Equity securities	9,795	11,943
	CBRE GROUP INC	Equity securities	9,431	11,502
	CLEARWATER ANALYTICS HOLDINGS CL A	Equity securities	11,136	9,010

(Continued)

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
EQUITY SECURITIES (Continued):				
	COCA COLA CO COM	Equity securities	\$ 6,233	\$ 7,494
	HEICO CORPORATION - CLASS	Equity securities	3,544	4,828
	INTERCONTINENTAL EXCHANGE, INC	Equity securities	5,237	6,402
	INTUITIVE SURGICAL INC	Equity securities	4,209	6,261
	JPMORGAN CHASE &	Equity securities	3,900	7,570
	L3 HARRIS TECHNOLOGIES INC	Equity securities	8,159	11,911
	MASTERCARD INC CL	Equity securities	8,719	15,927
	META PLATFORMS, INC	Equity securities	6,379	15,422
	MICROSOFT CORP	Equity securities	13,066	23,308
	MOODYS CORP	Equity securities	4,751	6,671
	MSCI INC - CL A	Equity securities	3,320	3,972
	NASDAQ, INC.	Equity securities	5,814	7,164
	NVIDIA CORP COM	Equity securities	10,624	22,763
	ROLLINS INCORPORATED	Equity securities	8,775	10,280
	S&P GLOBAL INC	Equity securities	5,158	6,327
	SALESFORCE INC	Equity securities	4,021	4,503
	SERVICENOW INC	Equity securities	12,045	15,645
	SHERWIN WILLIAMS CO COM	Equity securities	7,190	7,618
	THERMO FISHER SCIENTIFIC	Equity securities	10,106	9,700
	TJX COMPANIES COM	Equity securities	6,175	7,082
	TRANSUNION	Equity securities	11,690	10,724
	UNITEDHEALTH GROUP	Equity securities	12,886	15,193
	VERTEX PHARMACEUTICALS	Equity securities	9,070	9,791
	VISA INC	Equity securities	6,160	10,241
	WORKDAY INC-A	Equity securities	9,869	10,351
	ZOETIS INC	Equity securities	5,512	4,829
	ABBOTT LABORATORIES	Equity securities	2,540	3,056
	ACCENTURE PLC IRELAND CL A	Equity securities	2,487	1,991
	ADOBE INC	Equity securities	4,594	3,516
	ADOBE INC	Equity securities	2,146	1,968
	AIA GROUP LTD SPON ADR	Equity securities	11,667	11,782
	AIA GROUP LTD SPON ADR	Equity securities	2,173	2,226
	AIR PROD & CHEM INC	Equity securities	3,660	3,298
	AIRBNB INC CL A	Equity securities	1,728	1,598
	ALCON INC	Equity securities	19,478	17,063
	ALCON INC	Equity securities	2,991	2,902
	ALIBABA GROUP HLDG LTD	Equity securities	4,060	8,215
	ALPHABET INC CL C	Equity securities	3,717	5,337
	ALPHABET INC CL C	Equity securities	2,115	3,669
	ALPHAV RED D47K2	Equity securities	-	15,384
	AMADEUS IT GROUP S,A ADR	Equity securities	15,688	17,528
	AMAZON COM INC	Equity securities	5,299	7,680
	AMER INTL GP INC NEW	Equity securities	3,642	3,845
	AMERICAN WATER WORKS CO	Equity securities	3,433	3,690
	AMERIPRISE FINCL INC	Equity securities	3,783	4,619
	AMGEN INC	Equity securities	3,840	3,853

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	EQUITY SECURITIES (Continued):			
	ANDRETTI ACQU CORP II CL A	Equity securities	\$ 14,970	\$ 15,690
	ANTERO RES CORP COM	Equity securities	2,526	2,993
	AON PLC CL A	Equity securities	16,751	16,961
	AON PLC CL A	Equity securities	2,690	2,454
	ARTISAN PARTNERS ASSET MGMT	Equity securities	4,274	4,774
	ASML HOLDING NV NV REG NEW	Equity securities	9,190	16,695
	ATMOS ENERGY CP	Equity securities	3,714	5,152
	BANK RAKYAT INDONESIA ADR	Equity securities	2,156	1,662
	BATH & BODY WORKS INC	Equity securities	2,360	2,075
	BEIERSDORF AG UNSPONS ADR	Equity securities	11,650	9,014
	BLACKSTONE INC	Equity securities	2,408	3,486
	BOSTON SCIENTIFIC CORP	Equity securities	1,792	1,695
	BROADCOM INC	Equity securities	4,210	4,443
	BRUKER CORPORATION	Equity securities	4,359	3,249
	BYD COMPANY LTD UNSPON ADR	Equity securities	1,578	1,841
	CADENCE BANK	Equity securities	3,939	5,293
	CAPITAL ONE FINANCIAL CORP	Equity securities	3,636	5,597
	CAPITEC BANK HOLDINGS LTD ADR	Equity securities	1,004	2,745
	CCC INTELLIGENT SOLUTIONS HLD	Equity securities	2,418	2,396
	CHINA MERCHANTS BK CO LTD UNSP	Equity securities	2,267	3,155
	CIENA CORP NEW	Equity securities	1,359	3,537
	CIRRUS LOGIC INC	Equity securities	1,423	1,424
	CLEAN HARBORS	Equity securities	3,579	3,791
	CLICKS GROUP LTD SPONS ADR	Equity securities	1,243	1,236
	COCA COLA CO	Equity securities	3,477	3,714
	COCA COLA CONSOLIDATED INC	Equity securities	2,921	3,062
	COHERENT CORP	Equity securities	3,047	4,647
	COMERICA INC	Equity securities	3,931	5,271
	COMMERCE BANCSHARES	Equity securities	1,398	1,643
	COMMERCIAL METALS CO	Equity securities	2,568	2,638
	CONSTELLATION BRANDS INC CL A	Equity securities	3,094	1,714
	CORTEVA INC	Equity securities	4,439	5,494
	COSTAR GROUP INC	Equity securities	1,430	1,670
	COTERRA ENERGY INC	Equity securities	3,450	3,193
	CSW INDUSTRIALS INC	Equity securities	2,276	2,020
	CULLEN FROST BANKERS INC	Equity securities	4,732	5,102
	CULLEN FROST BANKERS INC	Equity securities	2,136	2,513
	CUSHMAN & WAKEFIELD PLC	Equity securities	3,134	4,840
	DANAHER CORPORATION	Equity securities	3,428	3,010
	DINO POLSKA S A ADR	Equity securities	1,384	1,147
	DRUGS MADE IN AMERICA ACQ CORP	Equity securities	29,910	30,810
	EAGLE MATLS INC	Equity securities	3,611	3,721
	ECOLAB INC	Equity securities	3,443	4,483
	ELEMENT SOLUTIONS INC	Equity securities	3,821	4,933
	ELI LILLY & CO	Equity securities	3,410	3,887
	EPAM SYSTEMS	Equity securities	1,009	472
	EQUITY LIFESTYLE PROPERTIES	Equity securities	2,783	2,506

(Continued)

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
EQUITY SECURITIES (Continued):				
	ESSILORLUXOTTICA ADR	Equity securities	\$ 16,369	\$ 18,323
	EXPERIAN GP LTD ADR	Equity securities	10,860	13,178
	FIRSTCASH HLDGS INC	Equity securities	3,266	4,541
	FOUR LEAF ACQUISITION CP CL A	Equity securities	8,662	9,488
	GATX CORP	Equity securities	2,799	3,815
	GENL DYNAMICS CORP	Equity securities	2,975	3,886
	GILDAN ACTIVEWEAR INC	Equity securities	1,547	2,527
	GLOBANT S.A	Equity securities	946	311
	GRUPO FINANCIERO BANORTE SAB	Equity securities	1,232	1,864
	GXO LOGISTICS INCORPORATED	Equity securities	1,085	1,503
	HANOVER INSURANCE GROUP INC	Equity securities	3,683	4,020
	HAWKINS INC	Equity securities	1,912	2,947
	HDFC BANK LTD ADR	Equity securities	4,957	5,827
	HERC HLDGS INC	Equity securities	2,894	2,599
	HERMES INTL SCA UNSPON ADR	Equity securities	12,193	18,621
	HEXCEL CORP NEW	Equity securities	3,131	3,451
	HUNTINGTON INGALLS INDUSTRIES	Equity securities	3,260	4,803
	IB ACQ RED E63TB	Equity securities	11,750	12,361
	ICICI BANK LTD	Equity securities	2,410	4,504
	ICON PLC	Equity securities	9,939	11,975
	IDEXX LABS	Equity securities	1,675	2,450
	INSTALLED BLDG PRODS INC	Equity securities	568	1,303
	INTER & CO INC CLASS A COM	Equity securities	803	1,061
	INTERCONTINENTAL HOTLS GRP ADR	Equity securities	8,614	8,887
	INTUIT INC	Equity securities	1,844	1,568
	JBT MAREL CORPORATION	Equity securities	2,641	3,112
	JD COM INC SPON ADR CL A	Equity securities	1,557	1,221
	KEEN VISION ACQUISITION CORP	Equity securities	10,444	11,798
	L OREAL CO ADR	Equity securities	17,479	18,186
	LEGATO MERGER CORP III	Equity securities	23,937	25,239
	LENNAR CORPORATION	Equity securities	5,047	4,535
	LINCOLN ELEC HLDGS INC	Equity securities	2,593	3,221
	LIONHEART HOLDINGS CL A	Equity securities	22,175	23,122
	LONDON STK EXCHANGE GROUP ADR	Equity securities	28,969	22,815
	LONZA GROUP AG ZUERICH ADR	Equity securities	9,304	9,939
	LOWES COMPANIES INC	Equity securities	3,083	3,612
	LUMEN TECHNOLOGIES INC	Equity securities	955	967
	MAKEMVTRIP LIMITED	Equity securities	898	817
	MARTIN MARIETTA MATERIALS	Equity securities	4,176	5,331
	MASTERCARD INC CL A	Equity securities	30,856	30,022
	MASTERCARD INC CL A	Equity securities	3,529	4,717
	MATADOR RES CO	Equity securities	2,674	2,383
	MEDTRONIC PLC SHS	Equity securities	2,381	2,732
	MERCK & CO INC NEW COM	Equity securities	3,254	2,568
	MERITAGE HOME CORPORATION	Equity securities	1,934	1,798
	MICROCHIP TECHNOLOGY INC	Equity securities	3,273	2,902
	MICROSOFT CORP	Equity securities	5,427	7,128

(Continued)

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
	EQUITY SECURITIES (Continued):			
	MICROSOFT CORP	Equity securities	\$ 5,822	\$ 8,056
	MITSUBISHI UFJ FINCL GRP ADS	Equity securities	2,467	4,160
	MOLINA HEALTHCARE INC	Equity securities	2,406	2,612
	MSCI INC COM	Equity securities	2,561	2,867
	MUELLER INDUS INC	Equity securities	2,204	2,502
	MURPHY OIL CORP	Equity securities	2,690	2,898
	NETEASE.COM INC ADS	Equity securities	11,157	13,040
	NETFLIX INC	Equity securities	756	1,874
	NEXTRACKER INC CLASS A	Equity securities	695	803
	NINTENDO CO LTD ADR NEW	Equity securities	20,968	21,425
	NOBLE CORP NEW A	Equity securities	1,088	1,055
	NORTHWEST NAT HLDG CO	Equity securities	2,874	3,038
	NOVARTIS AG ADR	Equity securities	8,924	9,624
	NVIDIA CORPORATION	Equity securities	3,650	3,806
	ORACLE CORP	Equity securities	3,904	7,821
	OSHKOSH CORP	Equity securities	2,070	2,603
	PANTAGES CAPITAL ACQ CORP CL A	Equity securities	21,684	22,316
	PARKER HANNIFIN CORP	Equity securities	5,431	8,490
	PAYCOM SOFTWARE INC	Equity securities	1,337	1,559
	PERMIAN RESOURCES CP CL A	Equity securities	2,247	2,330
	PHILIP MORRIS INTL INC	Equity securities	20,767	18,815
	PING AN INSURANCE ADR	Equity securities	1,687	2,073
	PKO BANK POLSKI UNSPON ADR	Equity securities	1,288	1,739
	PNC FINL SVCS GP	Equity securities	2,654	3,410
	PROCTER & GAMBLE	Equity securities	3,226	3,309
	PROSPERITY BANCSHARES	Equity securities	4,226	4,414
	PVH CORPORATION	Equity securities	2,057	2,054
	QUALCOMM INC	Equity securities	3,564	4,218
	R P M INC	Equity securities	3,410	3,711
	REA GROUP LTD	Equity securities	13,161	12,940
	RECKITT BENCKISER PLC SPNS ADR	Equity securities	10,389	11,455
	RED ROCK RESORTS INC CL A	Equity securities	1,303	1,863
	RF ACQUISITION CORP II	Equity securities	21,242	22,554
	RUSH ENTERPRISES INC CL A	Equity securities	2,368	3,083
	SANMINA CORP	Equity securities	3,097	2,983
	SAP AG	Equity securities	30,391	33,668
	SARTORIUS AG ADR	Equity securities	9,807	9,441
	SELECTIVE INSURANCE GROUP	Equity securities	4,312	4,064
	SERVICENOW INC	Equity securities	2,411	3,162
	SHOPIFY INC CL A	Equity securities	1,975	4,737
	SIEMENS HEALTHINEERS AG ADR	Equity securities	8,870	8,949
	SONY GROUP CORPORATION ADR	Equity securities	3,879	5,614
	SPIRE INC	Equity securities	3,258	3,637
	STAG INDL INC COM	Equity securities	2,723	2,866
	STARBUCKS CORP WASHINGTON	Equity securities	2,331	2,288
	SYNOPSVS INC	Equity securities	2,285	1,974
	SYNOPSVS INC	Equity securities	2,030	1,983

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	EQUITY SECURITIES (Continued):			
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	\$ 10,167	\$ 27,772
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	3,120	16,095
	TAYLOR MORRISON HOME CORP CL A	Equity securities	1,920	1,832
	TELEDYNE TECH INC	Equity securities	3,032	4,137
	TENCENT HLDGS LTD UNSPON ADR	Equity securities	11,967	14,561
	TENCENT HLDGS LTD UNSPON ADR	Equity securities	6,999	14,305
	TOTALENERGIES SE SPONSORED ADS	Equity securities	3,172	3,078
	TRINH GROUP INC	Equity securities	2,628	2,309
	TRIP COM GROUP LTD ADR	Equity securities	2,097	2,500
	U S BANCORP COM NEW	Equity securities	3,351	3,760
	UBER TECHNOLOGIES INC	Equity securities	3,265	3,941
	UBER TECHNOLOGIES INC	Equity securities	1,452	1,415
	VALMONT INDUSTRIES	Equity securities	2,437	3,659
	VALVOLINE INC COM	Equity securities	4,031	3,950
	VERIZON COMMUNICATIONS	Equity securities	3,559	3,830
	VISA INC CL A	Equity securities	3,403	4,464
	WAL-MART DE MEXICO SA SPON ADR	Equity securities	1,511	1,238
	WARBY PARKER INC CL A	Equity securities	1,838	3,006
	WATTS WTR TECH INC A	Equity securities	1,012	1,426
	WEG S.A. SPONSORED ADR	Equity securities	1,173	1,514
	WELLS FARGO & CO NEW	Equity securities	3,481	3,660
	WESCO INTL INC	Equity securities	2,110	2,899
	WESTERN ALLIANCE BANCORP	Equity securities	3,632	5,348
	WOLTERS KLUWER NV SPON ADR	Equity securities	18,161	16,377
	WORKDAY INC CL A	Equity securities	1,665	1,767
	XCEL ENERGY INC	Equity securities	3,129	4,065
	ZIONS BANCORPORATION N A	Equity securities	3,839	5,287
	ZOETIS INC CLASS-A	Equity securities	3,793	3,454
			<u>1,265,503</u>	<u>1,511,699</u>
	PREFERRED STOCKS:			
	OFC CREDIT CO 7.875% SER-F	Preferred stocks	12,369	12,575
	SOUND PNT MRDN CAP INC 7.87% B	Preferred stocks	33,525	33,885
			<u>45,894</u>	<u>46,460</u>
	U.S. GOVERNMENT SECURITIES:			
	UNITED STATES TREASURY NOTE	U.S. government securities	35,135	35,196
			<u>35,135</u>	<u>35,196</u>

(Continued)

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
CORPORATE OBLIGATIONS:				
	ALLEGION US HOLDING CO INC	Corporate Obligations, 5.411%, 7/1/2032	7,115	7,310
	ALTRIA GROUP INC	Corporate Obligations, 4.800%, 2/14/2029	2,952	3,049
	ALTRIA GROUP INC	Corporate Obligations, 6.200%, 11/1/2028	6,212	6,338
	ALTRIA GROUP INC	Corporate Obligations, 6.875%, 11/1/2033	3,324	3,392
	AMERICAN TOWER CORP	Corporate Obligations, 3.800%, 8/15/2029	3,695	3,926
	AMERICAN TOWER CORP	Corporate Obligations, 2.900%, 1/15/2030	10,229	10,373
	AT&T INC	Corporate Obligations, 4.100%, 2/15/2028	4,886	4,998
	AT&T INC	Corporate Obligations, 4.350%, 3/1/2029	6,689	7,033
	ATI INC	Corporate Obligations, 5.875%, 12/1/2027	4,990	5,013
	BALL CORP	Corporate Obligations, 6.000%, 6/15/2029	9,107	9,231
	BAT CAPITAL CORP	Corporate Obligations, 4.906%, 4/2/2030	2,832	3,060
	BAT CAPITAL CORP	Corporate Obligations, 6.421%, 8/2/2033	7,308	7,687
	BATH & BODY WORKS INC	Corporate Obligations, 6.875%, 11/1/2035	5,191	5,193
	BATH & BODY WORKS INC	Corporate Obligations, 5.250%, 2/1/2028	9,022	9,061
	BATH & BODY WORKS INC	Corporate Obligations, 7.500%, 6/15/2029	12,915	13,376
	BLOCK FINANCIAL LLC	Corporate Obligations, 3.875%, 8/15/2030	4,644	4,818
	BLOCK FINANCIAL LLC	Corporate Obligations, 2.500%, 7/15/2028	9,130	9,486
	BOYD GAMING CORP	Corporate Obligations, 4.750%, 12/1/2027	8,455	8,948
	BOYD GAMING CORP	Corporate Obligations, 4.750%, 12/1/2027	12,515	12,925
	BROADCOM CORP I BROADCOM CAYMAN F	Corporate Obligations, 3.875%, 1/15/2027	4,849	4,991
	BROADCOM INC	Corporate Obligations, 4.150%, 11/15/2030	7,279	7,970
	BROWN & BROWN INC	Corporate Obligations, 5.250%, 6/23/2032	14,166	14,362
	BUCKEYE PARTNERS LP	Corporate Obligations, 4.125%, 12/1/2027	8,701	8,898
	CARLISLE COS INC	Corporate Obligations, 3.750%, 12/1/2027	5,676	4,962
	CARLISLE COS INC	Corporate Obligations, 2.750%, 3/1/2030	5,032	5,621
	CARPENTER TECHNOLOGY CORP	Corporate Obligations, 6.375%, 7/15/2028	8,988	9,032
	CCO HOLDINGS LLC / CCO HOLDINGS CAPI	Corporate Obligations, 4.500%, 5/1/2032	5,520	5,460
	CDW LLC/CDWFINANCE CORP	Corporate Obligations, 3.569%, 12/1/2031	8,083	8,396
	CDW LLC I CDW FINANCE CORP	Corporate Obligations, 3.250%, 2/15/2029	4,460	4,790
	CENTENE CORP	Corporate Obligations, 4.250%, 12/15/2027	8,309	8,840
	CENTURY COMMUNITIES INC	Corporate Obligations, 6.750%, 6/1/2027	9,022	9,000
	CLEVELAND-CLIFFS INC	Corporate Obligations, 5.875%, 6/1/2027	10,016	10,000
	COMMERCIAL METALS CO	Corporate Obligations, 4.125%, 1/15/2030	9,550	9,609
	CONAGRABRANDS INC	Corporate Obligations, 4.850%, 11/1/2028	10,060	10,111
	CONAGRA BRANDS INC	Corporate Obligations, 5.000%, 8/1/2030	4,012	4,044
	CROWN AMERICAS LLC	Corporate Obligations, 5.250%, 4/1/2030	9,035	9,120
	CROWN CASTLE INC	Corporate Obligations, 5.800%, 3/1/2034	11,574	11,584
	DICK'S SPORTING GOODS INC	Corporate Obligations, 3.150%, 1/15/2032	10,589	11,912
	EAGLE MATERIALS INC	Corporate Obligations, 2.500%, 7/1/2031	13,703	14,436
	ENCOMPASS HEALTH CORP	Corporate Obligations, 4.500%, 2/1/2028	10,555	11,912
	ENCOMPASS HEAL TH CORP	Corporate Obligations, 4.750%, 2/1/2030	8,643	8,905
	ENCOMPASS HEALTH CORP	Corporate Obligations, 4.750%, 2/1/2030	6,788	6,926
	EXPEDIA INC	Corporate Obligations, 3.800%, 2/15/2028	10,304	10,906
	FISERV INC	Corporate Obligations, 5.625%, 8/21/2033	12,460	12,604
	FLEX LTD	Corporate Obligations, 4.875%, 5/12/2030	10,762	11,110
	FLEX LTD	Corporate Obligations, 6.000%, 1/15/2028	3,064	3,100
	FLUOR CORP	Corporate Obligations, 4.250%, 9/15/2028	8,958	8,911
	FORD MOTOR CO	Corporate Obligations, 4.346%, 12/8/2026	9,171	8,963

(Continued)

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
CORPORATE OBLIGATIONS (Continued):				
	FORTUNE BRANDS INNOVATIONS INC	Corporate Obligations, 5.875%, 6/1/2033	13,473	13,792
	GENUINE PARTS CO	Corporate Obligations, 6.875%, 11/1/2033	14,447	14,583
	GLOBAL PAYMENTS INC	Corporate Obligations, 5.400%, 8/15/2032	5,057	5,119
	GLOBAL PAYMENTS INC	Corporate Obligations, 2.900%, 5/15/2030	9,000	9,266
	GLP CAPITAL LP I GLP FINANCING II INC	Corporate Obligations, 4.000%, 1/15/2031	5,773	5,743
	GXO LOGISTICS INC	Corporate Obligations, 6.250%, 5/6/2029	9,171	9,459
	HA SUSTAINABLE INFRASTRUCTURE CAPIT	Corporate Obligations, 6.150%, 1/15/2031	7,046	7,187
	HB FULLER CO	Corporate Obligations, 4.250%, 10/15/2028	8,572	8,759
	HCA INC	Corporate Obligations, 5.625%, 9/1/2028	11,711	10,316
	HCA INC	Corporate Obligations, 3.500%, 9/1/2030	3,650	3,824
	HILTON WORLDWIDE FINANCE LLC I HILTOI	Corporate Obligations, 4.875%, 4/1/2027	8,081	7,997
	HP INC	Corporate Obligations, 4.200%, 4/15/2032	2,682	2,912
	HP INC	Corporate Obligations, 4.000%, 4/15/2029	4,687	4,943
	HP INC	Corporate Obligations, 3.000%, 6/17/2027	4,325	3,926
	ICAHN ENTERPRISES LP / ICAHN ENTERPRI	Corporate Obligations, 6.250%, 5/15/2026	1,981	1,998
	IQVIA INC	Corporate Obligations, 6.250%, 2/1/2029	12,788	12,633
	LAMAR MEDIA CORP	Corporate Obligations, 3.750%, 2/15/2028	8,127	8,754
	LKQ CORP	Corporate Obligations, 6.250%, 6/15/2033	7,223	7,469
	LKQ CORP	Corporate Obligations, 5.750%, 6/15/2028	4,080	4,135
	LOWE'S COS INC	Corporate Obligations, 5.150%, 7/1/2033	11,240	11,372
	MARRIOTT INTERNATIONAL INC/MD	Corporate Obligations, 4.625%, 6/15/2030	13,861	14,145
	MOLSON COORS BEVERAGE CO	Corporate Obligations, 3.000%, 7/15/2026	12,337	11,896
	MOTOROLA SOLUTIONS INC	Corporate Obligations, 4.600%, 5/23/2029	10,654	11,126
	NAVIENT CORP	Corporate Obligations, 6.750%, 6/15/2026	9,136	9,102
	NETAPP INC	Corporate Obligations, 5.700%, 3/17/2035	12,120	12,548
	NMI HOLDINGS INC	Corporate Obligations, 6.000%, 8/15/2029	9,111	9,302
	OLIN CORP	Corporate Obligations, 5.625%, 8/1/2029	10,799	11,033
	ONEMAIN FINANCE CORP	Corporate Obligations, 7.125%, 3/15/2026	2,040	2,018
	ORACLE CORP	Corporate Obligations, 6.250%, 11/9/2032	10,141	10,879
	PARAMOUNT GLOBAL	Corporate Obligations, 4.950%, 1/15/2031	5,865	5,929
	PAYCHEX INC	Corporate Obligations, 5.600%, 1/15/2035	3,047	3,142
	PHILIP MORRIS INTERNATIONAL INC	Corporate Obligations, 5.625%, 11/17/2029	8,433	8,419
	PHILIP MORRIS INTERNATIONAL INC	Corporate Obligations, 5.375%, 2/15/2033	6,014	6,265
	QORVO INC	Corporate Obligations, 4.375%, 10/15/2029	12,539	12,744
	QUANTA SERVICES INC	Corporate Obligations, 2.900%, 10/1/2030	10,492	11,205
	RHP HOTEL PROPERTIES LP I RHP FINANCE	Corporate Obligations, 4.750%, 10/15/2027	8,845	8,961
	SBA COMMUNICATIONS CORP	Corporate Obligations, 3.875%, 2/15/2027	8,862	8,865
	SBA COMMUNICATIONS CORP	Corporate Obligations, 3.875%, 2/15/2027	14,208	13,789
	SBA COMMUNICATIONS CORP	Corporate Obligations, 3.125%, 2/1/2029	4,215	4,694
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 5.125%, 6/1/2029	2,918	3,004
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 4.625%, 12/15/2027	8,453	8,967
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 4.000%, 5/15/2031	2,637	2,831
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 5.750%, 10/15/2032	9,090	9,134
	SILGAN HOLDINGS INC	Corporate Obligations, 4.125%, 2/1/2028	9,050	9,760
	SLM CORP	Corporate Obligations, 3.125%, 11/2/2026	9,307	9,797
	STEEL DYNAMICS INC	Corporate Obligations, 5.000%, 12/15/2026	12,506	11,999
	SUNOCO LP/ SUNOCO FINANCE CORP	Corporate Obligations, 6.000%, 4/15/2027	7,225	6,998
	TEGNA INC	Corporate Obligations, 4.625%, 3/15/2028	8,083	8,865

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

Schedule II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	CORPORATE OBLIGATIONS (Continued):			
	TELEDYNE TECHNOLOGIES INC	Corporate Obligations, 2.750%, 4/1/2031	12,458	12,862
	TELEFLEX INC	Corporate Obligations, 4.625%, 11/15/2027	8,537	8,931
	TENET HEALTHCARE CORP	Corporate Obligations, 4.250%, 6/1/2029	8,358	8,788
	TENET HEALTHCARE CORP	Corporate Obligations, 6.125%, 10/1/2028	11,588	12,010
	TEVA PHARMACEUTICAL FINANCE NETHER	Corporate Obligations, 3.150%, 10/1/2026	3,512	3,937
	TRAVEL+LEISURECO	Corporate Obligations, 6.000%, 4/1/2027	6,741	7,100
	TRIMBLE INC	Corporate Obligations, 4.900%, 6/15/2028	10,932	11,204
	TRIMBLE INC	Corporate Obligations, 6.100%, 3/15/2033	3,170	3,230
	UNDER ARMOUR INC	Corporate Obligations, 3.250%, 6/15/2026	8,881	8,901
	UNITED RENTALS NORTH AMERICA INC	Corporate Obligations, 5.500%, 5/15/2027	8,082	8,010
	VERIZON COMMUNICATIONS INC	Corporate Obligations, 4.329%, 9/21/2028	11,620	12,087
	VICI PROPERTIES LP	Corporate Obligations, 4.750%, 2/15/2028	8,783	9,082
	WESTERN DIGITAL CORP	Corporate Obligations, 4.750%, 2/15/2026	8,899	8,995
	WESTINGHOUSE AIR BRAKE TECHNOLOGIE	Corporate Obligations, 5.611%, 3/11/2034	2,040	2,103
	WESTINGHOUSE AIR BRAKE TECHNOLOGIE	Corporate Obligations, 4.700%, 9/15/2028	11,595	11,150
	WILLIS NORTH AMERICA INC	Corporate Obligations, 5.350%, 5/15/2033	9,012	9,316
	YUM! BRANDS INC	Corporate Obligations, 5.375%, 4/1/2032	18,023	18,110
	ZIMMER BIOMET HOLDINGS INC	Corporate Obligations, 5.500%, 2/19/2035	14,193	14,607
	CRESCENT CAP BDC INC NT CAL 26.5%	Corporate Obligations, 5.000%, 5/25/2026	19,952	21,216
	EAGLE POINT INCOME CO INC NT 7.75% SE	Corporate Obligations, 7.750%, 7/31/2028	20,437	20,625
	GREAT ELM CAP CORP 8.125%	Corporate Obligations, 8.125%, 12/31/2029	11,780	11,994
	OXFORD LANE CAP CORP 6.25% NT 27	Corporate Obligations, 6.250%, 2/28/2027	25,172	26,971
	RUNWAY GROWTH FIN CO	Corporate Obligations, 7.500%, 7/28/2027	19,929	20,152
	SARATOGA INVT CORP CAL NT 27	Corporate Obligations, 6.000%, 4/30/2027	20,089	21,029
	SARATOGA INVT CRP CAL NT 28 8.5%	Corporate Obligations, 8.500%, 4/15/2028	16,088	16,429
			<u>1,075,513</u>	<u>1,102,135</u>
	MANAGED HEDGE FUND:			
	IRONWOOD INSTIT MS LLC	Managed hedge fund	<u>280,853</u>	<u>299,218</u>
	PARTNERSHIP:			
	PROLOAN BOND FUND, LLC	Partnership	<u>605,000</u>	<u>574,330</u>
	TOTAL INVESTMENTS		<u>\$ 6,674,410</u>	<u>\$ 7,389,285</u>

* Party-in-interest

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640

PLAN NUMBER 501

**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2025**

FOR THE YEAR ENDED SEPTEMBER 30, 2025								Schedule III
(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)	
I. Individual 5% Transactions								
Wilmington US Government Money Market	Cash equivalents	\$ 505,344	\$ -	\$ -	\$ 505,344	\$ 505,344	\$ -	
Wilmington US Government Money Market	Cash equivalents	\$ 370,690	\$ -	\$ -	\$ 370,690	\$ 370,690	\$ -	
Wilmington US Government Money Market	Cash equivalents	\$ 425,216	\$ -	\$ -	\$ 425,216	\$ 425,216	\$ -	
II. Series of Transactions, Not Involving Securities, with the Same Person								
None.								
III. Series of Transactions Involving Securities of the Same Issue								
Wilmington US Government Money Market Fund	Cash equivalents	\$ 3,444,781	\$ -	\$ -	\$ 3,444,781	\$ 3,444,781	\$ -	
Wilmington US Government Money Market Fund	Cash equivalents	\$ -	\$ 3,078,916	\$ -	\$ 3,078,916	\$ 3,078,916	\$ -	
IV. Series of Transactions, Involving Securities, with the Same Person								

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
CASH AND CASH EQUIVALENTS:				
	CASH	Cash and cash equivalents	\$ 15,954	\$ 15,954
*	MORGAN STANLEY BANK N.A.	Cash and cash equivalents	14,227	14,227
*	MORGAN STANLEY PRIVATE BANK N.A.	Cash and cash equivalents	47,194	47,194
*	WILMINGTON US GOVT MONEY MKT CL INS	Cash and cash equivalents	768,427	768,427
			<u>845,802</u>	<u>845,802</u>
MUTUAL FUNDS AND EXCHANGE-TRADED AND CLOSED-END FUNDS:				
	ALLIANCEBERNSTEIN NATL MUNI	Exchange-traded and closed-end funds	20,106	20,886
	ANGEL OAK FINL STRATEGIES INCM	Exchange-traded and closed-end funds	32,085	33,431
	BLACKROCK MUNIHLNG CA QUAL FD	Exchange-traded and closed-end funds	25,225	26,311
	BLACKROCK MUNIYLD NY QUAL FD	Exchange-traded and closed-end funds	19,958	20,108
	INVESCO S&P 500 EQUAL WEIGHT E	Exchange-traded and closed-end funds	147,053	164,660
	ISHARES CORE DIVIDEND GROWTH	Exchange-traded and closed-end funds	66,020	86,530
	ISHARES RUSSELL 2000 VALUE ETF	Exchange-traded and closed-end funds	9,002	9,523
	ISHARES 0-3 MONTH TREASURY B	Exchange-traded and closed-end funds	1,740	1,743
	ISHARES 20+ YR TREASU BOND ETF	Exchange-traded and closed-end funds	134,566	121,096
	ISHARES 7-10 YR TREASRY BD ETF	Exchange-traded and closed-end funds	33,903	34,243
	NUV NEW YORK AMT-FREE MUNIC	Exchange-traded and closed-end funds	19,957	19,890
	VANGUARD FTSE EMERGING MARKETS	Exchange-traded and closed-end funds	99,911	122,609
	VANGUARD GROWTH ETF	Exchange-traded and closed-end funds	27,220	37,889
	VANGUARD LONG TERM BND	Exchange-traded and closed-end funds	83,017	85,729
	VANGUARD SMALL CAP ETF	Exchange-traded and closed-end funds	64,774	76,538
	VANGUARD VALUE ETF INDEX	Exchange-traded and closed-end funds	75,073	76,461
	WESTERN ASST INFLT N LKD INM FD	Exchange-traded and closed-end funds	40,937	40,837
	FEDERATED HERMES GOVT OBL PRM	Mutual funds	-	220,865
	AMER BEACON AHL MNGD FUT STR Y	Mutual funds	179,673	177,675
	CLEARBRIDGE SMASH SERIES EM	Mutual funds	59,575	71,191
	DOUBLELINE TOTAL RETURN I	Mutual funds	286,478	288,921
	FS MULTI STRATEGY AL TERN I	Mutual funds	367,500	380,356
	LOCORR MARKET TREND I	Mutual funds	176,337	178,371
	NEUBERGER BERMAN LG SH INST	Mutual funds	458,779	532,994
	TORTOISE ENRGY INFR TOT RET I	Mutual funds	91,821	145,588
			<u>2,520,710</u>	<u>2,974,445</u>
EQUITY SECURITIES:				
	ALBEMARLE CORP COM	Equity securities	12,031	12,000
	ALPHABET INC CL A	Equity securities	8,991	17,746
	AMAZON.COM INC	Equity securities	12,754	18,005
	AMPHENOL CORP NEW CL A	Equity securities	2,491	4,826
	BENTLEY SYS INC CL B	Equity securities	7,844	7,619
	BLACKROCK INC	Equity securities	7,499	10,493
	CADENCE DESIGN SYS INC	Equity securities	9,795	11,943
	CBRE GROUP INC	Equity securities	9,431	11,502
	CLEARWATER ANALYTICS HOLDINGS CL A	Equity securities	11,136	9,010

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
EQUITY SECURITIES (Continued):				
	COCA COLA CO COM	Equity securities	\$ 6,233	\$ 7,494
	HEICO CORPORATION - CLASS	Equity securities	3,544	4,828
	INTERCONTINENTAL EXCHANGE, INC	Equity securities	5,237	6,402
	INTUITIVE SURGICAL INC	Equity securities	4,209	6,261
	JPMORGAN CHASE &	Equity securities	3,900	7,570
	L3 HARRIS TECHNOLOGIES INC	Equity securities	8,159	11,911
	MASTERCARD INC CL	Equity securities	8,719	15,927
	META PLATFORMS, INC	Equity securities	6,379	15,422
	MICROSOFT CORP	Equity securities	13,066	23,308
	MOODYS CORP	Equity securities	4,751	6,671
	MSCI INC - CL A	Equity securities	3,320	3,972
	NASDAQ, INC.	Equity securities	5,814	7,164
	NVIDIA CORP COM	Equity securities	10,624	22,763
	ROLLINS INCORPORATED	Equity securities	8,775	10,280
	S&P GLOBAL INC	Equity securities	5,158	6,327
	SALESFORCE INC	Equity securities	4,021	4,503
	SERVICENOW INC	Equity securities	12,045	15,645
	SHERWIN WILLIAMS CO COM	Equity securities	7,190	7,618
	THERMO FISHER SCIENTIFIC	Equity securities	10,106	9,700
	TJX COMPANIES COM	Equity securities	6,175	7,082
	TRANSUNION	Equity securities	11,690	10,724
	UNITEDHEALTH GROUP	Equity securities	12,886	15,193
	VERTEX PHARMACEUTICALS	Equity securities	9,070	9,791
	VISA INC	Equity securities	6,160	10,241
	WORKDAY INC-A	Equity securities	9,869	10,351
	ZOETIS INC	Equity securities	5,512	4,829
	ABBOTT LABORATORIES	Equity securities	2,540	3,056
	ACCENTURE PLC IRELAND CL A	Equity securities	2,487	1,991
	ADOBE INC	Equity securities	4,594	3,516
	ADOBE INC	Equity securities	2,146	1,968
	AIA GROUP LTD SPON ADR	Equity securities	11,667	11,782
	AIA GROUP LTD SPON ADR	Equity securities	2,173	2,226
	AIR PROD & CHEM INC	Equity securities	3,660	3,298
	AIRBNB INC CL A	Equity securities	1,728	1,598
	ALCON INC	Equity securities	19,478	17,063
	ALCON INC	Equity securities	2,991	2,902
	ALIBABA GROUP HLDG LTD	Equity securities	4,060	8,215
	ALPHABET INC CL C	Equity securities	3,717	5,337
	ALPHABET INC CL C	Equity securities	2,115	3,669
	ALPHAV RED D47K2	Equity securities	-	15,384
	AMADEUS IT GROUP S,A ADR	Equity securities	15,688	17,528
	AMAZON COM INC	Equity securities	5,299	7,680
	AMER INTL GP INC NEW	Equity securities	3,642	3,845
	AMERICAN WATER WORKS CO	Equity securities	3,433	3,690
	AMERIPRISE FINCL INC	Equity securities	3,783	4,619
	AMGEN INC	Equity securities	3,840	3,853

(Continued)

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	EQUITY SECURITIES (Continued):			
	ANDRETTI ACQU CORP II CL A	Equity securities	\$ 14,970	\$ 15,690
	ANTERO RES CORP COM	Equity securities	2,526	2,993
	AON PLC CL A	Equity securities	16,751	16,961
	AON PLC CL A	Equity securities	2,690	2,454
	ARTISAN PARTNERS ASSET MGMT	Equity securities	4,274	4,774
	ASML HOLDING NV NV REG NEW	Equity securities	9,190	16,695
	ATMOS ENERGY CP	Equity securities	3,714	5,152
	BANK RAKYAT INDONESIA ADR	Equity securities	2,156	1,662
	BATH & BODY WORKS INC	Equity securities	2,360	2,075
	BEIERSDORF AG UNSPONS ADR	Equity securities	11,650	9,014
	BLACKSTONE INC	Equity securities	2,408	3,486
	BOSTON SCIENTIFIC CORP	Equity securities	1,792	1,695
	BROADCOM INC	Equity securities	4,210	4,443
	BRUKER CORPORATION	Equity securities	4,359	3,249
	BYD COMPANY LTD UNSPON ADR	Equity securities	1,578	1,841
	CADENCE BANK	Equity securities	3,939	5,293
	CAPITAL ONE FINANCIAL CORP	Equity securities	3,636	5,597
	CAPITEC BANK HOLDINGS LTD ADR	Equity securities	1,004	2,745
	CCC INTELLIGENT SOLUTIONS HLD	Equity securities	2,418	2,396
	CHINA MERCHANTS BK CO LTD UNSP	Equity securities	2,267	3,155
	CIENA CORP NEW	Equity securities	1,359	3,537
	CIRRUS LOGIC INC	Equity securities	1,423	1,424
	CLEAN HARBORS	Equity securities	3,579	3,791
	CLICKS GROUP LTD SPONS ADR	Equity securities	1,243	1,236
	COCA COLA CO	Equity securities	3,477	3,714
	COCA COLA CONSOLIDATED INC	Equity securities	2,921	3,062
	COHERENT CORP	Equity securities	3,047	4,647
	COMERICA INC	Equity securities	3,931	5,271
	COMMERCE BANCSHARES	Equity securities	1,398	1,643
	COMMERCIAL METALS CO	Equity securities	2,568	2,638
	CONSTELLATION BRANDS INC CL A	Equity securities	3,094	1,714
	CORTEVA INC	Equity securities	4,439	5,494
	COSTAR GROUP INC	Equity securities	1,430	1,670
	COTERRA ENERGY INC	Equity securities	3,450	3,193
	CSW INDUSTRIALS INC	Equity securities	2,276	2,020
	CULLEN FROST BANKERS INC	Equity securities	4,732	5,102
	CULLEN FROST BANKERS INC	Equity securities	2,136	2,513
	CUSHMAN & WAKEFIELD PLC	Equity securities	3,134	4,840
	DANAHER CORPORATION	Equity securities	3,428	3,010
	DINO POLSKA S A ADR	Equity securities	1,384	1,147
	DRUGS MADE IN AMERICA ACQ CORP	Equity securities	29,910	30,810
	EAGLE MATLS INC	Equity securities	3,611	3,721
	ECOLAB INC	Equity securities	3,443	4,483
	ELEMENT SOLUTIONS INC	Equity securities	3,821	4,933
	ELI LILLY & CO	Equity securities	3,410	3,887
	EPAM SYSTEMS	Equity securities	1,009	472
	EQUITY LIFESTYLE PROPERTIES	Equity securities	2,783	2,506

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
EQUITY SECURITIES (Continued):				
	ESSILORLUXOTTICA ADR	Equity securities	\$ 16,369	\$ 18,323
	EXPERIAN GP LTD ADR	Equity securities	10,860	13,178
	FIRSTCASH HLDGS INC	Equity securities	3,266	4,541
	FOUR LEAF ACQUISITION CP CL A	Equity securities	8,662	9,488
	GATX CORP	Equity securities	2,799	3,815
	GENL DYNAMICS CORP	Equity securities	2,975	3,886
	GILDAN ACTIVEWEAR INC	Equity securities	1,547	2,527
	GLOBANT S.A	Equity securities	946	311
	GRUPO FINANCIERO BANORTE SAB	Equity securities	1,232	1,864
	GXO LOGISTICS INCORPORATED	Equity securities	1,085	1,503
	HANOVER INSURANCE GROUP INC	Equity securities	3,683	4,020
	HAWKINS INC	Equity securities	1,912	2,947
	HDFC BANK LTD ADR	Equity securities	4,957	5,827
	HERC HLDGS INC	Equity securities	2,894	2,599
	HERMES INTL SCA UNSPON ADR	Equity securities	12,193	18,621
	HEXCEL CORP NEW	Equity securities	3,131	3,451
	HUNTINGTON INGALLS INDUSTRIES	Equity securities	3,260	4,803
	IB ACQ RED E63TB	Equity securities	11,750	12,361
	ICICI BANK LTD	Equity securities	2,410	4,504
	ICON PLC	Equity securities	9,939	11,975
	IDEXX LABS	Equity securities	1,675	2,450
	INSTALLED BLDG PRODS INC	Equity securities	568	1,303
	INTER & CO INC CLASS A COM	Equity securities	803	1,061
	INTERCONTINENTAL HOTLS GRP ADR	Equity securities	8,614	8,887
	INTUIT INC	Equity securities	1,844	1,568
	JBT MAREL CORPORATION	Equity securities	2,641	3,112
	JD COM INC SPON ADR CL A	Equity securities	1,557	1,221
	KEEN VISION ACQUISITION CORP	Equity securities	10,444	11,798
	L OREAL CO ADR	Equity securities	17,479	18,186
	LEGATO MERGER CORP III	Equity securities	23,937	25,239
	LENNAR CORPORATION	Equity securities	5,047	4,535
	LINCOLN ELEC HLDGS INC	Equity securities	2,593	3,221
	LIONHEART HOLDINGS CL A	Equity securities	22,175	23,122
	LONDON STK EXCHANGE GROUP ADR	Equity securities	28,969	22,815
	LONZA GROUP AG ZUERICH ADR	Equity securities	9,304	9,939
	LOWES COMPANIES INC	Equity securities	3,083	3,612
	LUMEN TECHNOLOGIES INC	Equity securities	955	967
	MAKEMVTRIP LIMITED	Equity securities	898	817
	MARTIN MARIETTA MATERIALS	Equity securities	4,176	5,331
	MASTERCARD INC CL A	Equity securities	30,856	30,022
	MASTERCARD INC CL A	Equity securities	3,529	4,717
	MATADOR RES CO	Equity securities	2,674	2,383
	MEDTRONIC PLC SHS	Equity securities	2,381	2,732
	MERCK & CO INC NEW COM	Equity securities	3,254	2,568
	MERITAGE HOME CORPORATION	Equity securities	1,934	1,798
	MICROCHIP TECHNOLOGY INC	Equity securities	3,273	2,902
	MICROSOFT CORP	Equity securities	5,427	7,128

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	EQUITY SECURITIES (Continued):			
	MICROSOFT CORP	Equity securities	\$ 5,822	\$ 8,056
	MITSUBISHI UFJ FINCL GRP ADS	Equity securities	2,467	4,160
	MOLINA HEALTHCARE INC	Equity securities	2,406	2,612
	MSCI INC COM	Equity securities	2,561	2,867
	MUELLER INDUS INC	Equity securities	2,204	2,502
	MURPHY OIL CORP	Equity securities	2,690	2,898
	NETEASE.COM INC ADS	Equity securities	11,157	13,040
	NETFLIX INC	Equity securities	756	1,874
	NEXTRACKER INC CLASS A	Equity securities	695	803
	NINTENDO CO LTD ADR NEW	Equity securities	20,968	21,425
	NOBLE CORP NEW A	Equity securities	1,088	1,055
	NORTHWEST NAT HLDG CO	Equity securities	2,874	3,038
	NOVARTIS AG ADR	Equity securities	8,924	9,624
	NVIDIA CORPORATION	Equity securities	3,650	3,806
	ORACLE CORP	Equity securities	3,904	7,821
	OSHKOSH CORP	Equity securities	2,070	2,603
	PANTAGES CAPITAL ACQ CORP CL A	Equity securities	21,684	22,316
	PARKER HANNIFIN CORP	Equity securities	5,431	8,490
	PAYCOM SOFTWARE INC	Equity securities	1,337	1,559
	PERMIAN RESOURCES CP CL A	Equity securities	2,247	2,330
	PHILIP MORRIS INTL INC	Equity securities	20,767	18,815
	PING AN INSURANCE ADR	Equity securities	1,687	2,073
	PKO BANK POLSKI UNSPON ADR	Equity securities	1,288	1,739
	PNC FINL SVCS GP	Equity securities	2,654	3,410
	PROCTER & GAMBLE	Equity securities	3,226	3,309
	PROSPERITY BANCSHARES	Equity securities	4,226	4,414
	PVH CORPORATION	Equity securities	2,057	2,054
	QUALCOMM INC	Equity securities	3,564	4,218
	R P M INC	Equity securities	3,410	3,711
	REA GROUP LTD	Equity securities	13,161	12,940
	RECKITT BENCKISER PLC SPNS ADR	Equity securities	10,389	11,455
	RED ROCK RESORTS INC CL A	Equity securities	1,303	1,863
	RF ACQUISITION CORP II	Equity securities	21,242	22,554
	RUSH ENTERPRISES INC CL A	Equity securities	2,368	3,083
	SANMINA CORP	Equity securities	3,097	2,983
	SAP AG	Equity securities	30,391	33,668
	SARTORIUS AG ADR	Equity securities	9,807	9,441
	SELECTIVE INSURANCE GROUP	Equity securities	4,312	4,064
	SERVICENOW INC	Equity securities	2,411	3,162
	SHOPIFY INC CL A	Equity securities	1,975	4,737
	SIEMENS HEALTHINEERS AG ADR	Equity securities	8,870	8,949
	SONY GROUP CORPORATION ADR	Equity securities	3,879	5,614
	SPIRE INC	Equity securities	3,258	3,637
	STAG INDL INC COM	Equity securities	2,723	2,866
	STARBUCKS CORP WASHINGTON	Equity securities	2,331	2,288
	SYNOPSVS INC	Equity securities	2,285	1,974
	SYNOPSVS INC	Equity securities	2,030	1,983

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
 PLAN NUMBER 501
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 SEPTEMBER 30, 2025

Schedule II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	EQUITY SECURITIES (Continued):			
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	\$ 10,167	\$ 27,772
	TAIWAN SMCNDCTR MFG CO LTD ADR	Equity securities	3,120	16,095
	TAYLOR MORRISON HOME CORP CL A	Equity securities	1,920	1,832
	TELEDYNE TECH INC	Equity securities	3,032	4,137
	TENCENT HLDGS LTD UNSPON ADR	Equity securities	11,967	14,561
	TENCENT HLDGS LTD UNSPON ADR	Equity securities	6,999	14,305
	TOTALENERGIES SE SPONSORED ADS	Equity securities	3,172	3,078
	TRINH GROUP INC	Equity securities	2,628	2,309
	TRIP COM GROUP LTD ADR	Equity securities	2,097	2,500
	U S BANCORP COM NEW	Equity securities	3,351	3,760
	UBER TECHNOLOGIES INC	Equity securities	3,265	3,941
	UBER TECHNOLOGIES INC	Equity securities	1,452	1,415
	VALMONT INDUSTRIES	Equity securities	2,437	3,659
	VALVOLINE INC COM	Equity securities	4,031	3,950
	VERIZON COMMUNICATIONS	Equity securities	3,559	3,830
	VISA INC CL A	Equity securities	3,403	4,464
	WAL-MART DE MEXICO SA SPON ADR	Equity securities	1,511	1,238
	WARBY PARKER INC CL A	Equity securities	1,838	3,006
	WATTS WTR TECH INC A	Equity securities	1,012	1,426
	WEG S.A. SPONSORED ADR	Equity securities	1,173	1,514
	WELLS FARGO & CO NEW	Equity securities	3,481	3,660
	WESCO INTL INC	Equity securities	2,110	2,899
	WESTERN ALLIANCE BANCORP	Equity securities	3,632	5,348
	WOLTERS KLUWER NV SPON ADR	Equity securities	18,161	16,377
	WORKDAY INC CL A	Equity securities	1,665	1,767
	XCEL ENERGY INC	Equity securities	3,129	4,065
	ZIONS BANCORPORATION N A	Equity securities	3,839	5,287
	ZOETIS INC CLASS-A	Equity securities	3,793	3,454
			<u>1,265,503</u>	<u>1,511,699</u>
	PREFERRED STOCKS:			
	OFC CREDIT CO 7.875% SER-F	Preferred stocks	12,369	12,575
	SOUND PNT MRDN CAP INC 7.87% B	Preferred stocks	33,525	33,885
			<u>45,894</u>	<u>46,460</u>
	U.S. GOVERNMENT SECURITIES:			
	UNITED STATES TREASURY NOTE	U.S. government securities	35,135	35,196
			<u>35,135</u>	<u>35,196</u>

(Continued)

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BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

Schedule II

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
CORPORATE OBLIGATIONS:				
	ALLEGION US HOLDING CO INC	Corporate Obligations, 5.411%, 7/1/2032	7,115	7,310
	ALTRIA GROUP INC	Corporate Obligations, 4.800%, 2/14/2029	2,952	3,049
	ALTRIA GROUP INC	Corporate Obligations, 6.200%, 11/1/2028	6,212	6,338
	ALTRIA GROUP INC	Corporate Obligations, 6.875%, 11/1/2033	3,324	3,392
	AMERICAN TOWER CORP	Corporate Obligations, 3.800%, 8/15/2029	3,695	3,926
	AMERICAN TOWER CORP	Corporate Obligations, 2.900%, 1/15/2030	10,229	10,373
	AT&T INC	Corporate Obligations, 4.100%, 2/15/2028	4,886	4,998
	AT&T INC	Corporate Obligations, 4.350%, 3/1/2029	6,689	7,033
	ATI INC	Corporate Obligations, 5.875%, 12/1/2027	4,990	5,013
	BALL CORP	Corporate Obligations, 6.000%, 6/15/2029	9,107	9,231
	BAT CAPITAL CORP	Corporate Obligations, 4.906%, 4/2/2030	2,832	3,060
	BAT CAPITAL CORP	Corporate Obligations, 6.421%, 8/2/2033	7,308	7,687
	BATH & BODY WORKS INC	Corporate Obligations, 6.875%, 11/1/2035	5,191	5,193
	BATH & BODY WORKS INC	Corporate Obligations, 5.250%, 2/1/2028	9,022	9,061
	BATH & BODY WORKS INC	Corporate Obligations, 7.500%, 6/15/2029	12,915	13,376
	BLOCK FINANCIAL LLC	Corporate Obligations, 3.875%, 8/15/2030	4,644	4,818
	BLOCK FINANCIAL LLC	Corporate Obligations, 2.500%, 7/15/2028	9,130	9,486
	BOYD GAMING CORP	Corporate Obligations, 4.750%, 12/1/2027	8,455	8,948
	BOYD GAMING CORP	Corporate Obligations, 4.750%, 12/1/2027	12,515	12,925
	BROADCOM CORP I BROADCOM CAYMAN F	Corporate Obligations, 3.875%, 1/15/2027	4,849	4,991
	BROADCOM INC	Corporate Obligations, 4.150%, 11/15/2030	7,279	7,970
	BROWN & BROWN INC	Corporate Obligations, 5.250%, 6/23/2032	14,166	14,362
	BUCKEYE PARTNERS LP	Corporate Obligations, 4.125%, 12/1/2027	8,701	8,898
	CARLISLE COS INC	Corporate Obligations, 3.750%, 12/1/2027	5,676	4,962
	CARLISLE COS INC	Corporate Obligations, 2.750%, 3/1/2030	5,032	5,621
	CARPENTER TECHNOLOGY CORP	Corporate Obligations, 6.375%, 7/15/2028	8,988	9,032
	CCO HOLDINGS LLC / CCO HOLDINGS CAPI	Corporate Obligations, 4.500%, 5/1/2032	5,520	5,460
	CDW LLC/CDWFINANCE CORP	Corporate Obligations, 3.569%, 12/1/2031	8,083	8,396
	CDW LLC I CDW FINANCE CORP	Corporate Obligations, 3.250%, 2/15/2029	4,460	4,790
	CENTENE CORP	Corporate Obligations, 4.250%, 12/15/2027	8,309	8,840
	CENTURY COMMUNITIES INC	Corporate Obligations, 6.750%, 6/1/2027	9,022	9,000
	CLEVELAND-CLIFFS INC	Corporate Obligations, 5.875%, 6/1/2027	10,016	10,000
	COMMERCIAL METALS CO	Corporate Obligations, 4.125%, 1/15/2030	9,550	9,609
	CONAGRABRANDS INC	Corporate Obligations, 4.850%, 11/1/2028	10,060	10,111
	CONAGRA BRANDS INC	Corporate Obligations, 5.000%, 8/1/2030	4,012	4,044
	CROWN AMERICAS LLC	Corporate Obligations, 5.250%, 4/1/2030	9,035	9,120
	CROWN CASTLE INC	Corporate Obligations, 5.800%, 3/1/2034	11,574	11,584
	DICK'S SPORTING GOODS INC	Corporate Obligations, 3.150%, 1/15/2032	10,589	11,912
	EAGLE MATERIALS INC	Corporate Obligations, 2.500%, 7/1/2031	13,703	14,436
	ENCOMPASS HEALTH CORP	Corporate Obligations, 4.500%, 2/1/2028	10,555	11,912
	ENCOMPASS HEAL TH CORP	Corporate Obligations, 4.750%, 2/1/2030	8,643	8,905
	ENCOMPASS HEALTH CORP	Corporate Obligations, 4.750%, 2/1/2030	6,788	6,926
	EXPEDIA INC	Corporate Obligations, 3.800%, 2/15/2028	10,304	10,906
	FISERV INC	Corporate Obligations, 5.625%, 8/21/2033	12,460	12,604
	FLEX LTD	Corporate Obligations, 4.875%, 5/12/2030	10,762	11,110
	FLEX LTD	Corporate Obligations, 6.000%, 1/15/2028	3,064	3,100
	FLUOR CORP	Corporate Obligations, 4.250%, 9/15/2028	8,958	8,911
	FORD MOTOR CO	Corporate Obligations, 4.346%, 12/8/2026	9,171	8,963

(Continued)

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, par, or maturity value	(d) Cost	(e) Current Value
CORPORATE OBLIGATIONS (Continued):				
	FORTUNE BRANDS INNOVATIONS INC	Corporate Obligations, 5.875%, 6/1/2033	13,473	13,792
	GENUINE PARTS CO	Corporate Obligations, 6.875%, 11/1/2033	14,447	14,583
	GLOBAL PAYMENTS INC	Corporate Obligations, 5.400%, 8/15/2032	5,057	5,119
	GLOBAL PAYMENTS INC	Corporate Obligations, 2.900%, 5/15/2030	9,000	9,266
	GLP CAPITAL LP I GLP FINANCING II INC	Corporate Obligations, 4.000%, 1/15/2031	5,773	5,743
	GXO LOGISTICS INC	Corporate Obligations, 6.250%, 5/6/2029	9,171	9,459
	HA SUSTAINABLE INFRASTRUCTURE CAPIT	Corporate Obligations, 6.150%, 1/15/2031	7,046	7,187
	HB FULLER CO	Corporate Obligations, 4.250%, 10/15/2028	8,572	8,759
	HCA INC	Corporate Obligations, 5.625%, 9/1/2028	11,711	10,316
	HCA INC	Corporate Obligations, 3.500%, 9/1/2030	3,650	3,824
	HILTON WORLDWIDE FINANCE LLC I HILTOI	Corporate Obligations, 4.875%, 4/1/2027	8,081	7,997
	HP INC	Corporate Obligations, 4.200%, 4/15/2032	2,682	2,912
	HP INC	Corporate Obligations, 4.000%, 4/15/2029	4,687	4,943
	HP INC	Corporate Obligations, 3.000%, 6/17/2027	4,325	3,926
	ICAHN ENTERPRISES LP / ICAHN ENTERPRI	Corporate Obligations, 6.250%, 5/15/2026	1,981	1,998
	IQVIA INC	Corporate Obligations, 6.250%, 2/1/2029	12,788	12,633
	LAMAR MEDIA CORP	Corporate Obligations, 3.750%, 2/15/2028	8,127	8,754
	LKQ CORP	Corporate Obligations, 6.250%, 6/15/2033	7,223	7,469
	LKQ CORP	Corporate Obligations, 5.750%, 6/15/2028	4,080	4,135
	LOWE'S COS INC	Corporate Obligations, 5.150%, 7/1/2033	11,240	11,372
	MARRIOTT INTERNATIONAL INC/MD	Corporate Obligations, 4.625%, 6/15/2030	13,861	14,145
	MOLSON COORS BEVERAGE CO	Corporate Obligations, 3.000%, 7/15/2026	12,337	11,896
	MOTOROLA SOLUTIONS INC	Corporate Obligations, 4.600%, 5/23/2029	10,654	11,126
	NAVIENT CORP	Corporate Obligations, 6.750%, 6/15/2026	9,136	9,102
	NETAPP INC	Corporate Obligations, 5.700%, 3/17/2035	12,120	12,548
	NMI HOLDINGS INC	Corporate Obligations, 6.000%, 8/15/2029	9,111	9,302
	OLIN CORP	Corporate Obligations, 5.625%, 8/1/2029	10,799	11,033
	ONEMAIN FINANCE CORP	Corporate Obligations, 7.125%, 3/15/2026	2,040	2,018
	ORACLE CORP	Corporate Obligations, 6.250%, 11/9/2032	10,141	10,879
	PARAMOUNT GLOBAL	Corporate Obligations, 4.950%, 1/15/2031	5,865	5,929
	PAYCHEX INC	Corporate Obligations, 5.600%, 1/15/2035	3,047	3,142
	PHILIP MORRIS INTERNATIONAL INC	Corporate Obligations, 5.625%, 11/17/2029	8,433	8,419
	PHILIP MORRIS INTERNATIONAL INC	Corporate Obligations, 5.375%, 2/15/2033	6,014	6,265
	QORVO INC	Corporate Obligations, 4.375%, 10/15/2029	12,539	12,744
	QUANTA SERVICES INC	Corporate Obligations, 2.900%, 10/1/2030	10,492	11,205
	RHP HOTEL PROPERTIES LP I RHP FINANCE	Corporate Obligations, 4.750%, 10/15/2027	8,845	8,961
	SBA COMMUNICATIONS CORP	Corporate Obligations, 3.875%, 2/15/2027	8,862	8,865
	SBA COMMUNICATIONS CORP	Corporate Obligations, 3.875%, 2/15/2027	14,208	13,789
	SBA COMMUNICATIONS CORP	Corporate Obligations, 3.125%, 2/1/2029	4,215	4,694
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 5.125%, 6/1/2029	2,918	3,004
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 4.625%, 12/15/2027	8,453	8,967
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 4.000%, 5/15/2031	2,637	2,831
	SERVICE CORP INTERNATIONAL/US	Corporate Obligations, 5.750%, 10/15/2032	9,090	9,134
	SILGAN HOLDINGS INC	Corporate Obligations, 4.125%, 2/1/2028	9,050	9,760
	SLM CORP	Corporate Obligations, 3.125%, 11/2/2026	9,307	9,797
	STEEL DYNAMICS INC	Corporate Obligations, 5.000%, 12/15/2026	12,506	11,999
	SUNOCO LP/ SUNOCO FINANCE CORP	Corporate Obligations, 6.000%, 4/15/2027	7,225	6,998
	TEGNA INC	Corporate Obligations, 4.625%, 3/15/2028	8,083	8,865

(Continued)

The accompanying notes are an integral part of these schedules.

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640
PLAN NUMBER 501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

Schedule II

	(b)	(c)	(d)	(e)
(a)	<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment including maturity date, rate of interest, par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
CORPORATE OBLIGATIONS (Continued):				
	TELEDYNE TECHNOLOGIES INC	Corporate Obligations, 2.750%, 4/1/2031	12,458	12,862
	TELEFLEX INC	Corporate Obligations, 4.625%, 11/15/2027	8,537	8,931
	TENET HEALTHCARE CORP	Corporate Obligations, 4.250%, 6/1/2029	8,358	8,788
	TENET HEALTHCARE CORP	Corporate Obligations, 6.125%, 10/1/2028	11,588	12,010
	TEVA PHARMACEUTICAL FINANCE NETHER	Corporate Obligations, 3.150%, 10/1/2026	3,512	3,937
	TRAVEL+LEISURECO	Corporate Obligations, 6.000%, 4/1/2027	6,741	7,100
	TRIMBLE INC	Corporate Obligations, 4.900%, 6/15/2028	10,932	11,204
	TRIMBLE INC	Corporate Obligations, 6.100%, 3/15/2033	3,170	3,230
	UNDER ARMOUR INC	Corporate Obligations, 3.250%, 6/15/2026	8,881	8,901
	UNITED RENTALS NORTH AMERICA INC	Corporate Obligations, 5.500%, 5/15/2027	8,082	8,010
	VERIZON COMMUNICATIONS INC	Corporate Obligations, 4.329%, 9/21/2028	11,620	12,087
	VICI PROPERTIES LP	Corporate Obligations, 4.750%, 2/15/2028	8,783	9,082
	WESTERN DIGITAL CORP	Corporate Obligations, 4.750%, 2/15/2026	8,899	8,995
	WESTINGHOUSE AIR BRAKE TECHNOLOGIE	Corporate Obligations, 5.611%, 3/11/2034	2,040	2,103
	WESTINGHOUSE AIR BRAKE TECHNOLOGIE	Corporate Obligations, 4.700%, 9/15/2028	11,595	11,150
	WILLIS NORTH AMERICA INC	Corporate Obligations, 5.350%, 5/15/2033	9,012	9,316
	YUM! BRANDS INC	Corporate Obligations, 5.375%, 4/1/2032	18,023	18,110
	ZIMMER BIOMET HOLDINGS INC	Corporate Obligations, 5.500%, 2/19/2035	14,193	14,607
	CRESCENT CAP BDC INC NT CAL 26.5%	Corporate Obligations, 5.000%, 5/25/2026	19,952	21,216
	EAGLE POINT INCOME CO INC NT 7.75% SE	Corporate Obligations, 7.750%, 7/31/2028	20,437	20,625
	GREAT ELM CAP CORP 8.125%	Corporate Obligations, 8.125%, 12/31/2029	11,780	11,994
	OXFORD LANE CAP CORP 6.25% NT 27	Corporate Obligations, 6.250%, 2/28/2027	25,172	26,971
	RUNWAY GROWTH FIN CO	Corporate Obligations, 7.500%, 7/28/2027	19,929	20,152
	SARATOGA INVT CORP CAL NT 27	Corporate Obligations, 6.000%, 4/30/2027	20,089	21,029
	SARATOGA INVT CRP CAL NT 28 8.5%	Corporate Obligations, 8.500%, 4/15/2028	16,088	16,429
			<u>1,075,513</u>	<u>1,102,135</u>
MANAGED HEDGE FUND:				
	IRONWOOD INSTIT MS LLC	Managed hedge fund	<u>280,853</u>	<u>299,218</u>
PARTNERSHIP:				
	PROLOAN BOND FUND, LLC	Partnership	<u>605,000</u>	<u>574,330</u>
TOTAL INVESTMENTS			<u>\$ 6,674,410</u>	<u>\$ 7,389,285</u>

* Party-in-interest

The accompanying notes are an integral part of these schedules.

5500 EFILE AUTHORIZATION

PLAN NAME: Bricklayers & Allied Craftworkers Local 3 NY Rochester Chapter Welfare Fund

PLAN NUMBER: 501

PLAN YEAR: September 30, 2025

PLAN ADMINISTRATOR: Richard Williamson

PLAN SPONSOR: Kim Gaylord

On behalf of the above-named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one through three of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.

<u>Richard Williamson</u>	<u>04/01/2026</u>
SIGNATURE (PLAN ADMINISTRATOR)	DATE
<u>Kimberly J Gaylord</u>	<u>03/31/2026</u>
SIGNATURE (PLAN SPONSOR)	DATE

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
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
1a Name of plan BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 3 NY ROCHESTER CHAPTER WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 10/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES BRICKLAYERS & 33 SAGINAW DRIVE ROCHESTER NY 14623	2b Employer Identification Number (EIN) 16-0983640 2c Plan Sponsor's telephone number 2d Business code (see instructions) 238100

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

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

SIGN HERE	<i>Richard Williamson</i>	04/01/2026	RICHARD WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Kimberly J Gaylord</i>	03/31/2026	KIM GAYLORD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	695
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	695
a(2) Total number of active participants at the end of the plan year	6a(2)	589
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	589
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	84

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 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 3 NEW YORK (ROCHESTER CHAPTER) WELFARE FUND

EMPLOYER IDENTIFICATION NUMBER 16-0983640

PLAN NUMBER 501

**SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2025**

FOR THE YEAR ENDED SEPTEMBER 30, 2025								Schedule III
(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)	
I. Individual 5% Transactions								
Wilmington US Government Money Market	Cash equivalents	\$ 505,344	\$ -	\$ -	\$ 505,344	\$ 505,344	\$ -	
Wilmington US Government Money Market	Cash equivalents	\$ 370,690	\$ -	\$ -	\$ 370,690	\$ 370,690	\$ -	
Wilmington US Government Money Market	Cash equivalents	\$ 425,216	\$ -	\$ -	\$ 425,216	\$ 425,216	\$ -	
II. Series of Transactions, Not Involving Securities, with the Same Person								
None.								
III. Series of Transactions Involving Securities of the Same Issue								
Wilmington US Government Money Market Fund	Cash equivalents	\$ 3,444,781	\$ -	\$ -	\$ 3,444,781	\$ 3,444,781	\$ -	
Wilmington US Government Money Market Fund	Cash equivalents	\$ -	\$ 3,078,916	\$ -	\$ 3,078,916	\$ 3,078,916	\$ -	
IV. Series of Transactions, Involving Securities, with the Same Person								

The accompanying notes are an integral part of these schedules.