

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning **07/01/2022** and ending **06/30/2023**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **BUFFALO LABORERS WELFARE FUND**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**25 Tyrol Drive Suite 200**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Cheektowaga, NY 14227**

**D** Employer identification number  
**16-0806902**

**E** Telephone number  
**716-894-8061**

**F** Name and address of principal officer: **THOMAS L PANEK**  
**25 TYROL DRIVE, SUITE 200, CHEEKTOWAGA, NY 14227**

**G** Gross receipts \$ **10,356,203**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( **9** ) (insert no.)  4947(a)(1) or  527  
 If "No," attach a list. See instructions.

**J** Website: **laborers210benefits.com**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1956**

**M** State of legal domicile: **NY**

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE HEALTH AND WELFARE COVERAGE FOR PARTICIPANTS AND THEIR DEPENDENTS THROUGH HOURLY CONTRIBUTIONS FROM EMPLOYERS THAT HAVE LABORERS WORKING FOR THEM UNDER A COLLECTIVE BARGAINING AGREEMENT</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>478</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>0</b>	<b>0</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>9,247,489</b>	<b>9,406,416</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>707,522</b>	<b>580,485</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>350,339</b>	<b>369,302</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,305,350</b>	<b>10,356,203</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>8,671,838</b>	<b>8,524,702</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>570,348</b>	<b>595,182</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>385,265</b>	<b>395,579</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>9,627,451</b>	<b>9,515,463</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>677,899</b>	<b>840,740</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>20,081,004</b>	<b>21,065,269</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>148,847</b>	<b>153,673</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>19,932,157</b>	<b>20,911,596</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
**Thomas Panek, Fund Administrator**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:  
TO PROVIDE HEALTH AND WELFARE COVERAGE FOR PARTICIPANTS AND THEIR DEPENDENTS THROUGH HOURLY CONTRIBUTIONS FROM EMPLOYERS THAT HAVE LABORERS WORKING FOR THEM UNDER A COLLECTIVE BARGAINING AGREEMENT

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 9,515,463 including grants of \$ 0) (Revenue \$ 9,775,718)  
TO PROVIDE HEALTH AND WELFARE COVERAGE FOR PARTICIPANTS AND THEIR DEPENDENTS THROUGH CONTRIBUTIONS RECEIVED FROM THE PARTICIPANTS EMPLOYERS BASED UPON COLLECTIVE BARGAINING AGREEMENTS WITH LABORERS LOCAL 210 OF NORTH AMERICA. CONTRIBUTIONS COLLECTED ARE ADMINISTERED ON BEHALF OF PARTICIPANTS UTILIZING HEALTH REIMBURSEMENT ACCOUNTS.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses 9,515,463

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		✓
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .		✓
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		✓
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .		✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		✓
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		✓
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		✓
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		✓
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .		✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		✓
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . .

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 478		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No		
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>8</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	<b>0</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>			<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>			<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>			<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>			<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		<input checked="" type="checkbox"/>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>			<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b>	The governing body? . . . . .	<b>8a</b>		<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>		<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .	<b>9</b>		<input checked="" type="checkbox"/>	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No		
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>		<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .				
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>		<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>		<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>		<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>		<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>		<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>		<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>		<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .				
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 THOMAS L PANEK, (716)894-8061

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS L PANEK FUND ADMINISTRATOR	28.00 12.00			✓			133,400	0	53,115	
PETER CAPITANO LABOR TRUSTEE	1.00 1.00	✓					0	0	0	
SAMUEL CAPITANO LABOR TRUSTEE	1.00 1.00	✓					0	0	0	
JAMES LOGAN EMPLOYER TRUSTEE	1.00 1.00	✓					0	0	0	
JOHN MASSARO LABOR TRUSTEE	1.00 1.00	✓					0	0	0	
NICKOLAUS OSINSKI EMPLOYER TRUSTEE	1.00 1.00	✓					0	0	0	
CHARLES PALADINO LABOR TRUSTEE	1.00 1.00	✓					0	0	0	
GREGORY SCHOBER EMPLOYER TRUSTEE	1.00 0.00	✓					0	0	0	
MATT SQUIRES EMPLOYER TRUSTEE	1.00 1.00	✓					0	0	0	





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .					
	<b>1c</b>	Fundraising events . . . . .					
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)					
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above					
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		0			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		EMPLOYER CONTRIBUTIONS	525120	8,980,340	8,980,340	0	
<b>b</b>		LATE FEES AND PENALTIES - EMPLOYER	525100	28,029	28,029	0	
<b>c</b>		PARTICIPANT CONTRIBUTIONS	525120	395,797	395,797	0	
<b>d</b>		COBRA STIMULUS PREMIUM	525120	2,250	2,250	0	
<b>e</b>		All other program service revenue . . . . .		0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		9,406,416			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		580,485	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	
	<b>5</b>	Royalties . . . . .		0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .	0	0			
	<b>d</b>	Net gain or (loss) . . . . .					
<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	SECURITIES LITIGATION PROCEEDS	525100	173	173	0	
	<b>b</b>	SHARED SERVICES REIMBURSEMENT	525120	366,855	366,855	0	
	<b>c</b>	REFUNDS AND REIMBURSEMENTS	525120	2,274	2,274	0	
	<b>d</b>	All other revenue . . . . .		0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		369,302				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		10,356,203	9,775,718	0	580,485	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .	8,524,702			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	186,515			
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	248,538			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	41,523			
<b>9</b> Other employee benefits . . . . .	87,816			
<b>10</b> Payroll taxes . . . . .	30,790			
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	105,360			
<b>c</b> Accounting . . . . .	57,364			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	8,500			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0			
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	67,831			
<b>14</b> Information technology . . . . .	46,023			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	40,314			
<b>17</b> Travel . . . . .	1,832			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	20,559			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	8,496			
<b>23</b> Insurance . . . . .	22,787			
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PCORI FEES . . . . .	3,063			
<b>b</b> BAD DEBTS - EMPLOYER CONTRIBUTIONS . . . . .	11,000			
<b>c</b> ACTUARY FEES . . . . .	2,450			
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	9,515,463	0	0	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	153,080	<b>1</b>	182,010
	<b>2</b> Savings and temporary cash investments . . . . .	927,731	<b>2</b>	465,003
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,662,542	<b>4</b>	1,624,003
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	26,952	<b>9</b>	40,164
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 218,004		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 195,782	30,718	<b>10c</b> 22,222
	<b>11</b> Investments—publicly traded securities . . . . .	17,279,981	<b>11</b>	18,731,867
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	20,081,004	<b>16</b>	21,065,269	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	148,847	<b>17</b>	153,673
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	148,847	<b>26</b>	153,673
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	19,932,157	<b>27</b>	20,911,596
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	19,932,157	<b>32</b>	20,911,596
<b>33</b> Total liabilities and net assets/fund balances . . . . .	20,081,004	<b>33</b>	21,065,269	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,356,203
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,515,463
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	840,740
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	19,932,157
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	138,699
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	20,911,596

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (BUFFALO LABORERS WELFARE FUND) and Employer identification number (16-0806902)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Includes questions 1a, 1b, and 2 regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_ %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . . | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	0		0
<b>b</b> Buildings . . . . .	0	0	0	0
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	218,004	195,782	22,222
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				22,222

**Part VII Investments—Other Securities.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments—Program Related.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X Other Liabilities.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**BUFFALO LABORERS WELFARE FUND**

Employer identification number

16-0806902

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	 ✓ ✓ ✓
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	THOMAS L PANEK, FUND ADMINISTRATOR	(i) 133,400 (ii) 0	0 0	0 0	22,905 0	30,210 0	186,515 0	186,650 0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BUFFALO LABORERS WELFARE FUND**

Employer identification number

**16-0806902**

Form 990, Part VI, Section A, Line 2 - RELATIONSHIP EXISTS BETWEEN THE UNION AND EMPLOYER TRUSTEES (INCLUDING THE EMPLOYERS AFFILIATED COMPANIES OR ASSOCIATIONS). THE BUSINESS RELATIONSHIP IS IN CONJUNCTION WITH THE COLLECTIVE BARGAINING AGREEMENTS.

Form 990, Part VI, Section A, Line 7a - THE BUSINESS MANAGER OF THE UNION IS RESPONSIBLE IN APPOINTING 3 OF THE LABOR TRUSTEES; THE CEO OF THE CONSTRUCTION INDUSTRY EMPLOYERS' ASSOCIATION IS RESPONSIBLE FOR APPOINTING 3 EMPLOYER TRUSTEES.

Form 990, Part VI, Section A, Line 9 - TRUSTEES THAT CANNOT BE REACHED AT THEIR FUND OFFICE ARE AS FOLLOWS: JAMES C. LOGAN, 2660 WILLIAM STREET, CHEEKTOWAGA, NY 14227, TELEPHONE NUMBER 716-875-4744, GREG SCHOBBER AT HUBER CONSTRUCTION, 136 TAYLOR DRIVE, DEPEW, NY 14043, 716-870-3197; NICKOLAUS OSINSKI AT UNION CONCRETE CONSTRUCTION, 435 MEYER ROAD, WEST SENECA, NY 14224, 716-822-5755; MATT SQUIRES AT MANNING SQUIRES HENNING CO INC, 8426 SEVEN SPRINGS ROAD, BATAVIA NY 14020, 585-343-5365; PETER CAPITANO AND JOHN MASSARO CAN BE REACHED AT LABORERS LOCAL 210, 25 TYROL DRIVE, SUITE 100, CHEEKTOWAGA, NY 14227, 716-668-9081; SAMUEL CAPITANO AT UPSTATE NY LABORERS DISTRICT COUNCIL, 200 SALINA MEADOWS PKWY, SUITE 200, SYRACUSE, NY 13212, 716-510-4163 AND CHARLES PALADINO, 811 LEGION DRIVE, GRAND ISLAND, NY 14072, 716-444-6725.

Form 990, Part VI, Section B, Line 11b - A COPY OF FORM 990 IS CIRCULATED VIA EMASIL TO THE ENTIRE BOARD OF TRUSTEES. EACH TRUSTEE IS RESPONSIBLE TO REVIEW THE FORM 990 PRIOR TO SUBMISSION. SUBSEQUENT TO TRUSTEE APPROVAL, FORM 990 IS TRANSMITTED TO THE IRS.

Form 990, Part VI, Section B, Line 12c - MONITORING IS ACCOMPLISHED THROUGH EMAILS TO TRUSTEES. TRUSTEES ARE REQUESTED TO ADVISE THE BUFFALO LABORERS' WELFARE FUND IF THEY HAVE ANY CONFLICT OF INTEREST PURSUANT TO OUR BENEFITS FUNDS' CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Section B, Line 15 - COMPENSATION REVIEW WAS INITIALLY MADE IN A MEETING WITH THE BOARD OF TRUSTEES, COUNSEL, AND A CERTIFIED PUBLIC ACCOUNTANT TO DISCUSS THE ADMINISTRATOR AND OFFICE MANAGER'S INITIAL COMPENSATION, COMPARISON OF SIMILAR JOBS USING SALARY INFORMATION FROM BUFFALO BUSINESS FIRST AS WELL AS ANY OTHER PUBLICATION(S) WERE USED TO ESTABLISH BASELINE SALARIES. FUTURE RAISES ARE BASED ON TRENDS IN INDUSTRY AND REVIEWED AT ONE OF THE QUARTERLY TRUSTEE MEETINGS.

Form 990, Part VI, Section C, Line 19 - THIS ORGANIZATION MAKES AVAILABLE UPON WRITTEN REQUEST ALL DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, FINANCIALS AND IRS FORMS 990 AND 5500.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

BUFFALO LABORERS WELFARE FUND

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number  
16-0806902

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BUFFALO LABORERS PENSION FUND (16-0845094) 25 TYROL DRIVE SUITE 200, CHEEKTOWAGA, NY 14227	ADMINISTER DEFINED BENEFIT PENSION	NY	501(A)	N/A	N/A		✓
(2) BUFFALO LABORERS' TRAINING FUND (16-1019942) 25 TYROL DRIVE SUITE 200, CHEEKTOWAGA, NY 14227	ADMINISTER TRAINING FUND	NY	501(C)(3)	2	N/A		✓
(3) BUFFALO LABORERS' SECURITY FUND (16-1605100) 25 TYROL DRIVE SUITE 200, CHEEKTOWAGA, NY 14227	ADMINISTER DEFINED CONTRIBUTION	NY	501(A)	N/A	N/A		✓
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2022

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) A1 LAND CARE INC (71-0970014) 1527 RIDGE ROAD, LEWISTON, NY 14092	CONTRACTOR	NY							
(2) ACCADIA SITE CONTRACTING INC (95-4893408) 5636 TRANSIT ROAD, DEPEW, NY 14043	CONTRACTOR	NY							
(3) ADOMIS CONSTRUCTION LLC (20-2132027) 518 COLVIN STREET, ROCHESTER, NY 14606	CONTRACTOR	NY							
(4) DULUTH SERVICES INC (52-1937064) 7301 PARKWAY DRIVE, HANOVER, MD 21076	CONTRACTOR	MD							
(5) NORTHLAND CONTRACTING INC (16-1564009) 4735 W LAKE ROAD, DUNKIRK, NY 14048	CONTRACTOR	NY							
(6) AMERICAN ENVIRONMENTAL (20-0045087) 763 CAYUGA ST SUITE 2, NIAGARA FALLS, NY 14050	CONTRACTOR	NY							
(7) (Continued on Schedule R, Part VII, Statement 1)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Table with 5 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No checkboxes. Rows include categories like Receipt of interest, royalties, or rent, and various types of contributions and transfers.

Summary table with 6 rows labeled (1) through (6) and 2 columns: See Schedule R, Part VII, Statement 2 and Schedule R (Form 990) 2022.

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													





Description of Related Organizations Taxable as a Corporation or Trust

		Share of total	Share of end-	Percentage Controlled
		income of year	assets	ownership Org
<b>Name and EIN</b>	AandK SLIP FORMING INC (16-1517098)			
<b>Address</b>	PO BOX 250 COBLESKILL, NY 12043			
<b>Primary activity</b>	CONTRACTOR			
<b>State or foreign country</b>	NY			
<b>Direct controlling entity</b>				
<b>Type of entity</b>				
<b>Name and EIN</b>	AMERICUT CORING and SAWING INC (34-1800396)			
<b>Address</b>	365 HELEN DRIVE VERMILION, OH 44089			
<b>Primary activity</b>	CONTRACTOR			
<b>State or foreign country</b>	OH			
<b>Direct controlling entity</b>				
<b>Type of entity</b>				
<b>Name and EIN</b>	ANASTASI TRUCKING and PAVING (16-0875499)			
<b>Address</b>	4430 WALDEN AVENUE LANCASTER, NY 14086			
<b>Primary activity</b>	CONTRACTOR			
<b>State or foreign country</b>	NY			
<b>Direct controlling entity</b>				
<b>Type of entity</b>				
<b>Name and EIN</b>	MILLAWN CIVIL LA INC (20-4777130)			
<b>Address</b>	PO BOX 407 SANBORN, NY 14132			
<b>Primary activity</b>	CONTRACTOR			
<b>State or foreign country</b>	NY			
<b>Direct controlling entity</b>				
<b>Type of entity</b>				
<b>Name and EIN</b>	BISON CONTRACTING AND (55-0850662)			
<b>Address</b>	885 BAILEY AVE BUFFALO, NY 14206			
<b>Primary activity</b>	CONTRACTOR			
<b>State or foreign country</b>	NY			
<b>Direct controlling entity</b>				
<b>Type of entity</b>				
<b>Name and EIN</b>	BUCKET PRO LLC (47-6601803)			
<b>Address</b>	1898 BUFFALO ST OLEAN, NY 14760			
<b>Primary activity</b>	CONTRACTOR			
<b>State or foreign country</b>	NY			
<b>Direct controlling entity</b>				
<b>Type of entity</b>				
<b>Name and EIN</b>	BUFFALO LABORERS BENEFIT FUND (16-0806902)			
<b>Address</b>	25 TYROL DRIVE STE 200 CHEEKTOWAGA, NY 14227			
<b>Primary activity</b>	CONTRACTOR			
<b>State or foreign country</b>	NY			
<b>Direct controlling entity</b>				
<b>Type of entity</b>				

## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

**Name and EIN** BFLO LABORERS TRAINING FUND (16-1019942)  
**Address** 25 TYROL DRIVE STE 200  
 CHEEKTOWAGA, NY 14227  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** BVR CONSTRUCTION CO INC (16-1229686)  
**Address** 8 KING ROAD  
 CHURCHVILLE, NY 14428  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CAMPOBELLO CONSTRUCTION CO INC (16-1145559)  
**Address** 23 STRATFORD ROAD  
 BUFFALO, NY 14216  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CAPPELLA CONST SERVICES INC (00-0000000)  
**Address** 3685 ROUTE 39  
 COLLINS, NY 14034  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CASE BORING CORP (16-0852532)  
**Address** 8585 BUNKER HILL RD  
 GASPORT, NY 14067  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CASPER CONSTRUCTION INC (00-0000000)  
**Address** 212 SE 10TH ST  
 GRAND RAPIDS, MN 55744  
**Primary activity** CONTRACTOR  
**State or foreign country** MN  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CATCO (16-1481049)  
**Address** 1266 TOWNLINE RD  
 ALDEN, NY 14004  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CERTIFIED SAFETY PRODUCTS (75-3045925)  
**Address** 807 ROUTE 417  
 ANDOVER, NY 14806  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** C M H COMPANY INC (16-0802510)  
**Address** 12750 NORTH RD STE 1  
 ALDEN, NY 14004  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** COMET FLASHER INC (16-1594720)  
**Address** 2855 CLINTON STREET  
 BUFFALO, NY 14224  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CONCRETE CUTTING (38-2267917)  
**Address** 4500 AIRWEST SE  
 GRAND RAPIDS, MI 49512  
**Primary activity** CONTRACTOR  
**State or foreign country** MI  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CP WARD INC (16-0679090)  
**Address** 100 RIVER ROAD PO BOX 900  
 SCOTTSVILLE, NY 14546  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** COVINGTON SERVICES LLC (45-5174449)  
**Address** PO BOX 410  
 WEST SENECA, NY 14224  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CRANE HOGAN STRUCTURAL SYS INC (16-1055336)  
**Address** 3001 BROCKPORT ROAD  
 SPENCERPORT, NY 14559  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** CVF INC (20-1140303)  
**Address** 100 BURKHARDT AVENUE  
 DEPEW, NY 14043  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** LOUIS DEL PRINCE and SONS INC (16-0834389)  
**Address** 580 CAYUGA ROAD  
 CHEEKTOWAGA, NY 14225  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**

## Type of entity

---

**Name and EIN** D AND H EXCAVATING INC (16-1459606)  
**Address** 11939 RTE 98 SOUTH  
 ARCADE, NY 14009  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**

## Type of entity

---

**Name and EIN** DONEGAL CONSTRUCTION CORP (25-1436046)  
**Address** PO BOX 450  
 NEW STANTON, PA 15672  
**Primary activity** CONTRACTOR  
**State or foreign country** PA  
**Direct controlling entity**

## Type of entity

---

**Name and EIN** EASTWOOD INDUSTRIES INC (11-2803780)  
**Address** PO BOX 305  
 NORTH BOSTON, NY 14110  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**

## Type of entity

---

**Name and EIN** EATON ASSOCIATES INC (16-1190266)  
**Address** 242 BLAINE AVENUE  
 BUFFALO, NY 14208  
**Primary activity** CONTRACTOR  
**State or foreign country** NE  
**Direct controlling entity**

## Type of entity

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**Name and EIN** EDBAUER CONSTRUCTION (20-4522832)  
**Address** 2790 CLINTON ST  
 WEST SENECA, NY 14224  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**

## Type of entity

---

**Name and EIN** ELDERLEE INC (16-0709819)  
**Address** 729 CROSS ROADS  
 OAK CORNERS, NY 14518  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**

## Type of entity

---

**Name and EIN** DMYLES INC (46-3133275)  
**Address** 1901 CONNECTICUT AVE  
 NIAGARA FALLS, NY 14305  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**

## Type of entity

---

**Name and EIN** ENCOMPASS PIPELINE INC (46-1206488)  
**Address** 1121 SE 4TH AVE  
 GRAND RAPIDS, MN 55744  
**Primary activity** CONTRACTOR  
**State or foreign country** MN

## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

## Direct controlling entity

## Type of entity

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**Name and EIN** FABCON INCORPORATED (45-5442888)  
**Address** 12520 QUENTIN AVE SOUTH  
 SAVAGE, MN 55378  
**Primary activity** CONTRACTOR  
**State or foreign country** MN  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** FERRARO PILE & SHORING INC (16-1362508)  
**Address** 13590 GENESEE STREET  
 ALDEN, NY 14004  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** FORCE DRILLING LLC (20-2269621)  
**Address** PO BOX 174  
 MT MORRIS, PA 15349  
**Primary activity** CONTRACTOR  
**State or foreign country** PA  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** FOX FENCE INC (16-1126607)  
**Address** 2637 LOCKPORT RD  
 NIAGARA FALLS, NY 14305  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** FRANCIS J PALO INC (25-1243189)  
**Address** 309 S 4TH AVE  
 CLARION, PA 16214  
**Primary activity** CONTRACTOR  
**State or foreign country** PA  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** FRATTO CURBING (84-4032693)  
**Address** 2500 ST RTE 14  
 GENEVA, NY 14456  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** FRONTIER INSULATION (16-0732697)  
**Address** 2101 KENMORE AVENUE  
 BUFFALO, NY 14207  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** FSR CONTRACTING INC (22-3351223)  
**Address** 4140 SOUTH TAYLOR RD  
 ORCHARD PARK, NY 14127  
**Primary activity** CONTRACTOR

## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	34 GROUP INC (47-0969923)
Address	4201 NORTH BUFFALO ROAD ORCHARD PARK, NY 14127
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	4TH GENERATION (82-1902880)
Address	5650 SIMMONS AVENUE NIAGARA FALLS, NY 14304
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	GENEVA CURBING CONCRETE CO (16-1320319)
Address	64 SENECA ST STE 201 GENEVA, NY 14456
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	HANGING H COMPANIES (00-0000000)
Address	1912 S BURLINGTON 100 BURLINGTON, WA 98233
Primary activity	CONTRACTOR
State or foreign country	WA
Direct controlling entity	
Type of entity	
Name and EIN	THE HILLS GROUP LLC (00-0000000)
Address	2100 WOOD AVENUE EASTON, PA 18042
Primary activity	CONTRACTOR
State or foreign country	PA
Direct controlling entity	
Type of entity	
Name and EIN	HENKELS AND MCCOY INC (00-0000000)
Address	985 JOLLY ROAD BLUE BELL, PA 19422
Primary activity	CONTRACTOR
State or foreign country	PA
Direct controlling entity	
Type of entity	
Name and EIN	HIGHWAY REHABILITATION (22-2355196)
Address	2258 RT 22 BREWSTER, NY 10509
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	HUNTING VALLEY CONST INC (45-2071842)
Address	825 REIN ROAD CHEEKTOWAGA, NY 14225

Schedule R, Part VII, Statement 1

BUFFALO LABORERS WELFARE FUND

Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

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Name and EIN HIGHLAND MASONRY (20-4732948)  
 Address 33 RANSIER DR  
 WEST SENECA, NY 14042  
 Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

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Name and EIN HORIZON MASONRY RESTORATION (27-4711163)  
 Address 4142 BROADWAY  
 DEPEW, NY 14043  
 Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

---

Name and EIN HUBER CONSTRUCTION INC (16-0808377)  
 Address 136 TAYLOR DR  
 DEPEW, NY 14043  
 Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

---

Name and EIN IDEAL CONCRETE INC (16-0774955)  
 Address 400 KENNEDY ROAD  
 CHEEKTOWAGA, NY 14227  
 Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

---

Name and EIN INDEPENDENCE EXCAVATING INC (34-0938274)  
 Address 5720 E SCHAAF RD  
 INDEPENDENCE, OH 44131  
 Primary activity CONTRACTOR  
 State or foreign country OH  
 Direct controlling entity  
 Type of entity

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Name and EIN INSULATION COATING (27-1533866)  
 Address 9008 KIDDER ROAD  
 SHERMAN, NY 14781  
 Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

---

Name and EIN ICC COMMONWEALTH CORPORATION (16-0850893)  
 Address 795 WURLITZER DR  
 NORTH TONAWANDA, NY 14120  
 Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

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Name and EIN IROQUOIS BAR CORP (16-1570355)  
 Address 155 COMMERCE DRIVE



## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

	LACKAWANNA, NY 14218
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	NY
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	J AND J DETAILS AND (84-2113854)
<b>Address</b>	24 OWAHN PL BUFFALO, NY 14210
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	NY
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	JDM CONSTRUCTION SERVICES (83-0959989)
<b>Address</b>	4142 BROADWAY DEPEW, NY 14086
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	NY
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	THOMAS JOHNSON INC (16-0868975)
<b>Address</b>	4196 SOUTH TAYLOR ROAD ORCHARD PARK, NY 14127
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	NY
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	K AND E FABRICATING CO INC (16-1118862)
<b>Address</b>	40 STANLEY STREET BUFFALO, NY 14206
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	NY
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	KALEIDA HEALTH (16-1533232)
<b>Address</b>	726 EXCHANGE ST STE 200 BUFFALO, NY 14210
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	NY
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	KELLER NORTH AMERICA INC (00-0000000)
<b>Address</b>	7550 TEAGUE ROAD STE 300 HANOVER, MD 21076
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	MD
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	KOCH KNIGHT LLC (48-1248315)
<b>Address</b>	5385 ORCHARD VIEW DR E CANTON, OH 44730
<b>Primary activity</b>	CONTRACTOR
<b>State or foreign country</b>	OH
<b>Direct controlling entity</b>	
<b>Type of entity</b>	
<b>Name and EIN</b>	L AND D CONSTRUCTION (16-1180979)

## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

**Address** PO BOX 935  
 WEST SENECA, NY 14224  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** LABORERS UNION LOCAL 210 (16-0492850)  
**Address** 25 TYROL DRIVE STE 100  
 CHEEKTOWAGA, NY 14227  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** LAUBACKER ENTERPRISES INC (47-1950545)  
**Address** 528 62ND STREET  
 NIAGARA FALLS, NY 14304  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** EJ MILITELLO CONCRETE INC (16-1499372)  
**Address** 8565 ROLL ROAD  
 CLARENCE CENTER, NY 14032  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** KANDEY COMPANY INC (16-1224079)  
**Address** 19 RANSIER DRIVE  
 WEST SENECA, NY 14224  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** FRANK LILL SON INC (16-0834603)  
**Address** 785 OLD DUTCH ROAD  
 VICTOR, NY 14564  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** MADER CONSTRUCTION CORP (16-1597189)  
**Address** PO BOX 420  
 ELMA, NY 14059  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** MANNING SQUIRES (16-0851503)  
**Address** 8426 SEVEN SPRINGS RD  
 BATAVIA, NY 14020  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

## Schedule R, Part VII, Statement 1

BUFFALO LABORERS WELFARE FUND

**Name and EIN** MARK CERRONE INC (16-1567314)  
**Address** PO BOX 3009  
NIAGARA FALLS, NY 14304-7309  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** MAROUS BROTHERS (34-1327243)  
**Address** 36933 VINE ST  
WILLOUGHBY, OH 44094  
**Primary activity** CONTRACTOR  
**State or foreign country** OH  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** MASTER'S EDGE INC (16-1322656)  
**Address** 3409 BROADWAY STREET  
CHEEKTOWAGA, NY 14227  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** M AND C UTILITIES LLC (47-3045699)  
**Address** 155 COMMERCE DRIVE  
LACKAWANNA, NY 14218  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** METRO CONTRACTING (16-1540853)  
**Address** 2939 LOCKPORT ROAD  
NIAGARA FALLS, NY 14305  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** MID AMERICA (76-0589277)  
**Address** 901 RIDGEWAY AVE  
AURORA, IL 60506  
**Primary activity** CONTRACTOR  
**State or foreign country** IL  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** MICHELS PIPELINE (39-0970311)  
**Address** PO BOX 128  
BROWNSVILLE, WI 53006  
**Primary activity** CONTRACTOR  
**State or foreign country** WI  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** MILLENNIUM CONSTRUCTION (46-5640153)  
**Address** 8320 QUARRY ROAD  
NIAGARA FALLS, NY 14304  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** MILLSPAUGH CONSTRUCTION LLC (20-3171636)  
**Address** 15631 LYNCH ROAD  
 ALBION, NY 14411  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** MONTANOSA RESTORATION INC (81-1930578)  
**Address** 10 CAIRN ST STE A  
 ROCHESTER, NY 14611  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** MORRIS MASONRY RESTORATION LLC (16-1566690)  
**Address** 441 BAILEY AVE  
 BUFFALO, NY 14210  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** MURNAME CONSTRUCTION (14-1827655)  
**Address** PO BOX 2984  
 PLATTSBURGH, NY 12901  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** NATURAL RESTORATIONS (26-3391228)  
**Address** PO BOX 177  
 WILLIAMSVILLE, NY 14231-0177  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** NYS HEALTH AND SAFETY TRUST (00-0000000)  
**Address** 18 CORPORATE WOODS BLVD  
 ALBANY, NY 12211  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** NEW JERSEY BUILDING LABORERS (00-0000000)  
**Address** 485 ROUTE 1 SOUTH BLDB STE401  
 ISELIN, NJ 08830  
**Primary activity** CONTRACTOR  
**State or foreign country** NJ  
**Direct controlling entity**  
**Type of entity**

**Name and EIN** NYS LABORERS ORGANIZING FUND (20-8063145)  
**Address** 42 40 BELL BLVD NO 602  
 BAYSIDE, NY 11361  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**

## Type of entity

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**Name and EIN** NICHOLS LONG AND MOORE CONSTR (16-1300546)  
**Address** 770 RIVERVIEW BLVD  
 TONAWANDA, NY 14150  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** OAKGROVE CONSTRUCTION INC (16-0846585)  
**Address** PO BOX 103  
 ELMA, NY 14059  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** ONEIDA SALES AND SERVICES INC (16-1227935)  
**Address** 155 COMMERCE DRIVE  
 LACKAWANNA, NY 14218  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** OJIBWAY CONSTRUCTION CORP (00-0000000)  
**Address** 1332 TANGLEWOOD DR  
 NORTH TONAWANDA, NY 14120  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** OTIS EASTERN SERVICE INC (16-0725868)  
**Address** S BROOKLYN AVE PO BOX 330  
 WELLSVILLE, NY 14895  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** PAVILION DRAINAGE SUPPLY CO (16-1125876)  
**Address** PO BOX 219  
 PAVILION, NY 14525  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

---

**Name and EIN** PHELPS GUIDE RAIL INC (16-0816100)  
**Address** PO BOX 130 919 CRESS ROAD  
 PHELPS, NY 14532  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** PLIBRICO COMPANY LLC (20-1626973)  
**Address** 949 S BROADWAY AVE  
 SALEM, OH 44460  
**Primary activity** CONTRACTOR  
**State or foreign country** OH

## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

## Direct controlling entity

## Type of entity

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**Name and EIN**                   PRECISION PIPELINE LLC (20-0667117)

**Address**                         3314 56TH STREET  
                                       EAU CLAIRE, WI 54703

**Primary activity**               CONTRACTOR

**State or foreign country**     WI

## Direct controlling entity

## Type of entity

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**Name and EIN**                   PYRAMID MASONRY LLC (00-0000000)

**Address**                         PO BOX 194  
                                       WEST SENECA, NY 14224

**Primary activity**               CONTRACTOR

**State or foreign country**     NY

## Direct controlling entity

## Type of entity

---

**Name and EIN**                   QUALITY STRUCTURES INC (16-1389205)

**Address**                         PO BOX 60648  
                                       ROCHESTER, NY 14606

**Primary activity**               CONTRACTOR

**State or foreign country**     NY

## Direct controlling entity

## Type of entity

---

**Name and EIN**                   PINTO CONSTRUCTION (16-1244875)

**Address**                         132 DINGENS ST  
                                       BUFFALO, NY 14206

**Primary activity**               CONTRACTOR

**State or foreign country**     NY

## Direct controlling entity

## Type of entity

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**Name and EIN**                   RODRIGUEZ CONSTRUCTION (46-3299228)

**Address**                         683 NORTHLAND AVE  
                                       BUFFALO, NY 14211

**Primary activity**               CONTRACTOR

**State or foreign country**     NY

## Direct controlling entity

## Type of entity

---

**Name and EIN**                   SAFESPAN SCAFFOLDING LLC (16-1489811)

**Address**                         252 FILLMORE AVENUE  
                                       TONAWANDA, NY 14150

**Primary activity**               CONTRACTOR

**State or foreign country**     NY

## Direct controlling entity

## Type of entity

---

**Name and EIN**                   SAFWAY SERVICES LLC (34-1761339)

**Address**                         5251 W 130TH STREET  
                                       CLEVELAND, OH 44130

**Primary activity**               CONTRACTOR

**State or foreign country**     OH

## Direct controlling entity

## Type of entity

---

**Name and EIN**                   SCRUFARI CONSTRUCTION CO LLC (16-1386297)

**Address**                         3925 HYDE PARK BLVD  
                                       NIAGARA FALLS, NY 14305

**Primary activity**               CONTRACTOR

## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	SEVENSON ENVIRONMENTAL SER INC (16-0997941)
Address	2749 LOCKPORT ROAD NIAGARA FALLS, NY 14302
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	THE STATE GROUP INDUSTRIAL (00-0000000)
Address	13800 N HWY 57 EVANSVILLE, IN 47725
Primary activity	CONTRACTOR
State or foreign country	IN
Direct controlling entity	
Type of entity	
Name and EIN	STC CONSTRUCTION INC (16-1513964)
Address	PO BOX 459 SPRINGVILLE, NY 14141
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	STIMM ASSOCIATES INC (16-0989185)
Address	10 KATHERINE ST BUFFALO, NY 14210
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	STRUCTURAL SERVICES (16-1439985)
Address	PO BOX 30937 ROCHESTER, NY 14603
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	SURIANELLO GENERAL CONCRETE (16-0921877)
Address	635 WYOMING AVENUE BUFFALO, NY 14215
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	H MILES ENTERPRISES INC (47-2175226)
Address	4256 E LAKE RD WILSON, NY 14172
Primary activity	CONTRACTOR
State or foreign country	NY
Direct controlling entity	
Type of entity	
Name and EIN	TURNER CONSTRUCTION COMPANY (00-0000000)
Address	50 LAKEFRONT BLVD STE 200 BUFFALO, NY 14202

## Schedule R, Part VII, Statement 1

## BUFFALO LABORERS WELFARE FUND

Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

Name and EIN UNIVERSITY AT BUFFALO (16-0869020)  
 Address 120 CROFTS  
 BUFFALO, NY 14260

Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

Name and EIN UNION CONCRETE & CONST CORP (16-1399397)  
 Address P O BOX 410  
 WEST SENECA, NY 14224

Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

Name and EIN UNITED RENTALS INC (00-0000000)  
 Address 12802 TAMPA OAKS BLVD SUITE 350  
 TEMPLE TERRACE, FL 33637

Primary activity CONTRACTOR  
 State or foreign country FL  
 Direct controlling entity  
 Type of entity

Name and EIN UPSTATE NY LABORERS (00-0000000)  
 Address 200 SALINA MEADOWS PKWY STE210  
 SYRACUSE, NY 13212

Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

Name and EIN VALERI CONCRETE (16-1515002)  
 Address 6297 WENDT DRIVE  
 NIAGARA FALLS, NY 14304

Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

Name and EIN CARL WALKER CONSTRUCTION (27-1071378)  
 Address 935 VISTA DRIVE  
 PITTSBURGH, PA 15205

Primary activity CONTRACTOR  
 State or foreign country PA  
 Direct controlling entity  
 Type of entity

Name and EIN WILLIAM WATSON CO INC (16-0903237)  
 Address 8064 NORTH MAIN STREET  
 EDEN, NY 14057

Primary activity CONTRACTOR  
 State or foreign country NY  
 Direct controlling entity  
 Type of entity

Name and EIN WAYSIDE NURSERY INC (54-2164604)  
 Address 8962 PORTER ROAD



Schedule R, Part VII, Statement 1

BUFFALO LABORERS WELFARE FUND

NIAGARA FALLS, NY 14304  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** L C WHITFORD COMPANY INC (16-0789973)  
**Address** BOX 663  
WELLSVILLE, NY 14895  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** WOODSMITH FENCE CORP (20-5783315)  
**Address** 5610 OLD SAUNDERS SETTLEMENT  
LOCKPORT, NY 14094  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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**Name and EIN** WALTER S JOHNSON (16-0499700)  
**Address** 6638 MOORADIAN DR  
NIAGARA FALLS, NY 14304  
**Primary activity** CONTRACTOR  
**State or foreign country** NY  
**Direct controlling entity**  
**Type of entity**

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## Description of Covered Relationships and Transaction Thresholds

		Amt. involved
<b>Name</b>	BUFFALO LABORERS PENSION FUND	40,314
<b>Transaction type</b>	k	
<b>Method of determining amt. involved</b>	LEASED OFFICE SPACE FROM BUFFALO LABORERS PENSION FUND.	
<b>Name</b>	BUFFALO LABORERS PENSION FUND	288,439
<b>Transaction type</b>	q	
<b>Method of determining amt. involved</b>	AMOUNT PAID FOR SHARED SERVICES OF EMPLOYEES AS WELL AS OTHER OFFICE EXPENDITURES.	
<b>Name</b>	BUFFALO LABORERS' SECURITY FUND	35,875
<b>Transaction type</b>	q	
<b>Method of determining amt. involved</b>	AMOUNT PAID FOR SHARED SERVICES OF EMPLOYEES AS WELL AS OTHER OFFICE EXPENDITURES.	
<b>Name</b>	BUFFALO LABORERS' TRAINING FUND	42,541
<b>Transaction type</b>	q	
<b>Method of determining amt. involved</b>	AMOUNT PAID FOR SHARED SERVICES OF EMPLOYEES AS WELL AS OTHER OFFICE EXPENDITURES.	