

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****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)

25 TYROL DRIVE

Room/suite

200

City or town, state or province, country, and ZIP or foreign postal code

CHEEKTOWAGA, NY 14227**F** Name and address of principal officer: **TRACY L. BAUGHER****25 TYROL DRIVE, SUITE 200, CHEEKTOWAGA, NY****D** Employer identification number**16-0806902****E** Telephone number**716-894-8061****G** Gross receipts \$**11,334,544.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (**9**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.LABORERS210BENEFITS.COM****K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other**L** Year of formation: **1956****M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH AND WELFARE COVERAGE FOR PARTICIPANTS AND THEIR DEPENDENTS THROUGH HOURLY
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 8
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 0
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 489
	6	Total number of volunteers (estimate if necessary) 6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 8 0.
	9	Program service revenue (Part VIII, line 2g) 9 9,406,416.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 580,485.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 369,302.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,356,203.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 14 8,524,702.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 595,182.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 16a 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) b 0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 395,579.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 9,515,463.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 19 840,740.
	20	Total assets (Part X, line 16) 20 21,065,269.
	21	Total liabilities (Part X, line 26) 21 153,673.
	22	Net assets or fund balances. Subtract line 21 from line 20 22 20,911,596.

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			
	TRACY L. BAUGHER, FUND ADMINISTRATOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DOUGLAS C. MUTH	DOUGLAS C. MUTH	05/12/25		P02473503
Preparer Use Only	Firm's name	Firm's EIN	Phone no. (716) 856-3300		
	LUMSDEN & MCCORMICK, LLP	16-0765486			
	Firm's address	369 FRANKLIN STREET BUFFALO, NY 14202			

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 10,124,276. including grants of \$) (Revenue \$ 10,724,375.)

**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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,124,276.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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>	22	X
23 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>	23	X
24a 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	
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>	25b	
26 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>	26	X
27 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>	27	X
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	32	X
33 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>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a 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		
2a 489		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a 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)?	4a	X
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).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a 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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 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.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. 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.	17	

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**

	1a	1b	Yes	No
1a 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.	8			
b Enter the number of voting members included on line 1a, above, who are independent		0		
2 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?			X	
3 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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a 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?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 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			X	

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

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
TRACY L. BAUGHER - 716-894-8061
25 TYROL DRIVE, SUITE 200, CHEEKTOWAGA, NY 14227

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	EMPLOYER CONTRIBUTIONS	Business Code	525120	9,905,217.	9,905,217.	
	b	PARTICIPANT CONTRIBUTIONS	525120	374,705.	374,705.		
	c	LATE FEES AND PENALTIES - EMPLOYE	525100	19,768.	19,768.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		10,299,690.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		610,169.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses ...					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SHARED SERVICES REIMBURSEMENT	Business Code	525120	419,503.	419,503.	
	b						
	c						
	d	All other revenue	525120	5,182.	5,182.		
	e	Total. Add lines 11a-11d		424,685.			
	12	Total revenue. See instructions		11,334,544.	10724375.	0.	610,169.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	8,974,471.			
5 Compensation of current officers, directors, trustees, and key employees	196,464.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	295,065.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,512.			
9 Other employee benefits	98,518.			
10 Payroll taxes	33,619.			
11 Fees for services (nonemployees):				
a Management				
b Legal	89,403.			
c Accounting	63,045.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,500.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,155.			
12 Advertising and promotion				
13 Office expenses	74,928.			
14 Information technology	68,531.			
15 Royalties				
16 Occupancy	40,284.			
17 Travel	3,451.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	42,474.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,290.			
23 Insurance	21,539.			
24 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.)				
a CREDIT LOSS EXPENSE	52,000.			
b				
c				
d				
e All other expenses	3,027.			
25 Total functional expenses. Add lines 1 through 24e	10,124,276.			
26 Joint costs. 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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	182,010.	1	77,957.
	2 Savings and temporary cash investments	465,003.	2	932,550.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,624,003.	4	1,630,586.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,164.	9	41,354.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 222,145.		
	b Less: accumulated depreciation	10b 204,072.	10c	18,073.
	11 Investments - publicly traded securities	18,731,867.	11	20,408,570.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,065,269.	16	23,109,090.	
Liabilities	17 Accounts payable and accrued expenses	153,673.	17	174,128.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	153,673.	26	174,128.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,911,596.	27	22,934,962.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,911,596.	32	22,934,962.
	33 Total liabilities and net assets/fund balances	21,065,269.	33	23,109,090.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,334,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,124,276.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,210,268.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,911,596.
5	Net unrealized gains (losses) on investments	5	813,098.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,934,962.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 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.		
2a 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	2a	X
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	2b	X
c 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.	2c	X
3a 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? _____	3a	X
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 _____	3b	

Form 990 (2023)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BUFFALO LABORERS' WELFARE FUND

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 in 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		222,145.	204,072.	18,073.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,073.

Schedule D (Form 990) 2023

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 D (Form 990) 2023

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,719,639.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	813,098.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	813,098.
3	Subtract line 2e from line 1	3	10,906,541.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,500.
b	Other (Describe in Part XIII.)	4b	419,503.
c	Add lines 4a and 4b	4c	428,003.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,334,544.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,696,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,696,273.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,500.
b	Other (Describe in Part XIII.)	4b	419,503.
c	Add lines 4a and 4b	4c	428,003.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,124,276.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART XI, LINE 4B:

AMOUNTS RECEIVED FROM RELATED ORGANIZATIONS AS THEIR SHARE OF

ADMINISTRATIVE EXPENSES WAS A REDUCTION OF EXPENSES ON THE AUDITED

FINANCIAL STATEMENTS.

SCHEDULE D, PART XII, LINE 4B:

SHARED REIMBURSEMENT OF EXPENSES FROM OTHER RELATED BENEFIT FUNDS

ADMINISTERED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BUFFALO LABORERS' WELFARE FUND

Employer identification number

16-0806902

Part I Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 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?

3 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 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:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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.

[illegible]

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BUFFALO LABORERS' WELFARE FUND

Employer identification number

16-0806902

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTRIBUTIONS FROM EMPLOYERS THAT HAVE LABORERS WORKING FOR THEM UNDER A
COLLECTIVE BARGAINING AGREEMENT.

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 B, LINE 11B:

A COPY OF FORM 990 IS CIRCULATED VIA EMAIL 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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

BUFFALO LABORERS' WELFARE FUND

Employer identification number

16-0806902

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.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

BUFFALO LABORERS' WELFARE FUND

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

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
BUFFALO LABORERS' PENSION FUND - 16-0845094 25 TYROL DRIVE, SUITE 200 CHEEKTOWAGA, NY 14227	ADMINISTER DEFINED BENEFIT PENSION	NEW YORK	501(A)	N/A	N/A		X
BUFFALO LABORERS' TRAINING FUND - 16-1019942 25 TYROL DRIVE, SUITE 200 CHEEKTOWAGA, NY 14227	ADMINISTER TRAINING FUND	NEW YORK	501(C)(3)	2	N/A		X
BUFFALO LABORERS' SECURITY FUND - 16-1605100 25 TYROL DRIVE, SUITE 200 CHEEKTOWAGA, NY 14227	ADMINISTER DEFINED CONTRIBUTION	NEW YORK	501(A)	N/A	N/A		X

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

Schedule R (Form 990) 2023

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	

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
AANDK SLIP FORMING INC - 16-1517098	CONTRACTOR								X
PO BOX 250									
COBLESKILL, NY 12043									
ANASTASI TRUCKING AND PAVING - 16-0875499	CONTRACTOR								X
4430 WALDEN AVENUE									
LANCASTER, NY 14086									
MILLAWN CIVIL LA INC - 20-4777130	CONTRACTOR								X
PO BOX 407									
SANBORN, NY 14132									
BISON CONTRACTING AND - 55-0850662	CONTRACTOR								X
885 BAILEY AVE									
BUFFALO, NY 14206									
BUFFALO LABORERS BENEFIT FUND - 16-0806902	CONTRACTOR								X
25 TYROL DRIVE STE 200									
CHEEKTOWAGA, NY 14227									

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
BFLO LABORERS TRAINING FUND - 16-1019942	CONTRACTOR								X
25 TYROL DRIVE STE 200									
CHEEKTOWAGA, NY 14227									
CAMPOBELLO CONSTRUCTION CO INC - 16-1145559	CONTRACTOR								X
23 STRATFORD ROAD									
BUFFALO, NY 14216									
CAPPELLA CONST SERVICES INC - 00-0000000	CONTRACTOR								X
3685 ROUTE 39									
COLLINS, NY 14034									
CATCO - 16-1481049	CONTRACTOR								X
1266 TOWNLINE RD									
ALDEN, NY 14004									
CERTIFIED SAFETY PRODUCTS - 75-3045925	CONTRACTOR								X
807 ROUTE 417									
ANDOVER, NY 14806									
C M H COMPANY INC - 16-0802510	CONTRACTOR								X
12750 NORTH RD STE 1									
ALDEN, NY 14004									
CONCRETE CUTTING - 38-2267917	CONTRACTOR								X
4500 AIRWEST SE									
GRAND RAPIDS, MI 49512									
CP WARD INC - 16-0679090	CONTRACTOR								X
100 RIVER ROAD PO BOX 900									
SCOTTSVILLE, NY 14546									
COVINGTON SERVICES LLC - 45-5174449	CONTRACTOR								X
PO BOX 410									
WEST SENECA, NY 14224									
CRANE HOGAN STRUCTURAL SYS INC - 16-1055336	CONTRACTOR								X
3001 BROCKPORT ROAD									
SPENCERPORT, NY 14559									
CVF INC - 20-1140303	CONTRACTOR								X
100 BURKHARDT AVENUE									
DEPEW, NY 14043									
LOUIS DEL PRINCE AND SONS INC - 16-0834389	CONTRACTOR								X
580 CAYUGA ROAD									
CHEEKTOWAGA, NY 14225									

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
D AND H EXCAVATING INC - 16-1459606 11939 RTE 98 SOUTH ARCADE, NY 14009	CONTRACTOR								X
DONEGAL CONSTRUCTION CORP - 25-1436046 PO BOX 450 NEW STANTON, PA 15672	CONTRACTOR								X
EASTWOOD INDUSTRIES INC - 11-2803780 PO BOX 305 NORTH BOSTON, NY 14110	CONTRACTOR								X
EATON ASSOCIATES INC - 16-1190266 242 BLAINE AVENUE BUFFALO, NY 14208	CONTRACTOR								X
EDBAUER CONSTRUCTION - 20-4522832 2790 CLINTON ST WEST SENECA, NY 14224	CONTRACTOR								X
ELDERLEE INC - 16-0709819 729 CROSS ROADS OAK CORNERS, NY 14518	CONTRACTOR								X
DMYLES INC - 46-3133275 1901 CONNECTICUT AVE NIAGARA FALLS, NY 14305	CONTRACTOR								X
ENCOMPASS PIPELINE INC - 46-1206488 1121 SE 4TH AVE GRAND RAPIDS, MN 55744	CONTRACTOR								X
FABCON INCORPORATED - 45-5442888 12520 QUENTIN AVE SOUTH SAVAGE, MN 55378	CONTRACTOR								X
FOX FENCE INC - 16-1126607 2637 LOCKPORT RD NIAGARA FALLS, NY 14305	CONTRACTOR								X
FRATTO CURBING - 84-4032693 2500 ST RTE 14 GENEVA, NY 14456	CONTRACTOR								X
FSR CONTRACTING INC - 22-3351223 4140 SOUTH TAYLOR RD ORCHARD PARK, NY 14127	CONTRACTOR								X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
34 GROUP INC - 47-0969923	CONTRACTOR								X
4201 NORTH BUFFALO ROAD									
ORCHARD PARK, NY 14127									
4TH GENERATION - 82-1902880	CONTRACTOR								X
5650 SIMMONS AVENUE									
NIAGARA FALLS, NY 14304									
HIGHWAY REHABILITATION - 22-2355196	CONTRACTOR								X
2258 RT 22									
BREWSTER, NY 10509									
HUNTING VALLEY CONST INC - 45-2071842	CONTRACTOR								X
825 REIN ROAD									
CHEEKTOWAGA, NY 14225									
HIGHLAND MASONRY - 20-4732948	CONTRACTOR								X
33 RANSIER DR									
WEST SENECA, NY 14042									
HORIZON MASONRY RESTORATION - 27-4711163	CONTRACTOR								X
4142 BROADWAY									
DEPEW, NY 14043									
HUBER CONSTRUCTION INC - 16-0808377	CONTRACTOR								X
136 TAYLOR DR									
DEPEW, NY 14043									
IDEAL CONCRETE INC - 16-0774955	CONTRACTOR								X
400 KENNEDY ROAD									
CHEEKTOWAGA, NY 14227									
ICC COMMONWEALTH CORPORATION - 16-0850893	CONTRACTOR								X
795 WURLITZER DR									
NORTH TONAWANDA, NY 14120									
IROQUOIS BAR CORP - 16-1570355	CONTRACTOR								X
155 COMMERCE DRIVE									
LACKAWANNA, NY 14218									
JDM CONSTRUCTION SERVICES - 83-0959989	CONTRACTOR								X
4142 BROADWAY									
DEPEW, NY 14086									
THOMAS JOHNSON INC - 16-0868975	CONTRACTOR								X
4196 SOUTH TAYLOR ROAD									
ORCHARD PARK, NY 14127									

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
KALEIDA HEALTH - 16-1533232 726 EXCHANGE ST STE 200 BUFFALO, NY 14210	CONTRACTOR								X
KELLER NORTH AMERICA INC - 00-0000000 7550 TEAGUE ROAD STE 300 HANOVER, MD 21076	CONTRACTOR								X
L AND D CONSTRUCTION - 16-1180979 PO BOX 935 WEST SENECA, NY 14224	CONTRACTOR								X
LABORERS UNION LOCAL 210 - 16-0492850 25 TYROL DRIVE STE 100 CHEEKTOWAGA, NY 14227	CONTRACTOR								X
LAUBACKER ENTERPRISES INC - 47-1950545 528 62ND STREET NIAGARA FALLS, NY 14304	CONTRACTOR								X
EJ MILITELLO CONCRETE INC - 16-1499372 8565 ROLL ROAD CLARENCE CENTER, NY 14032	CONTRACTOR								X
KANDEY COMPANY INC - 16-1224079 19 RANSIER DRIVE WEST SENECA, NY 14224	CONTRACTOR								X
MADER CONSTRUCTION CORP - 16-1597189 PO BOX 420 ELMA, NY 14059	CONTRACTOR								X
MANNING SQUIRES - 16-0851503 8426 SEVEN SPRINGS RD BATAVIA, NY 14020	CONTRACTOR								X
MARK CERRONE INC - 16-1567314 PO BOX 3009 NIAGARA FALLS, NY 14304	CONTRACTOR								X
MASTER'S EDGE INC - 16-1322656 3409 BROADWAY STREET CHEEKTOWAGA, NY 14227	CONTRACTOR								X
M AND C UTILITIES LLC - 47-3045699 155 COMMERCE DRIVE LACKAWANNA, NY 14218	CONTRACTOR								X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
METRO CONTRACTING - 16-1540853 2939 LOCKPORT ROAD NIAGARA FALLS, NY 14305	CONTRACTOR								X
MICHELS PIPELINE - 39-0970311 PO BOX 128 BROWNSVILLE, WI 53006	CONTRACTOR								X
MILLSPAUGH CONSTRUCTION LLC - 20-3171636 15631 LYNCH ROAD ALBION, NY 14411	CONTRACTOR								X
MONTANOSA RESTORATION INC - 81-1930578 10 CAIRN ST STE A ROCHESTER, NY 14611	CONTRACTOR								X
MORRIS MASONRY RESTORATION LLC - 16-1566690 441 BAILEY AVE BUFFALO, NY 14210	CONTRACTOR								X
NATURAL RESTORATIONS - 26-3391228 PO BOX 177 WILLIAMSVILLE, NY 14231	CONTRACTOR								X
NYS HEALTH AND SAFETY TRUST - 00-0000000 18 CORPORATE WOODS BLVD ALBANY, NY 12211	CONTRACTOR								X
NYS LABORERS ORGANIZING FUND - 20-8063145 42 40 BELL BLVD NO 602 BAYSIDE, NY 11361	CONTRACTOR								X
NICHOLS LONG AND MOORE CONSTR - 16-1300546 770 RIVERVIEW BLVD TONAWANDA, NY 14150	CONTRACTOR								X
OAKGROVE CONSTRUCTION INC - 16-0846585 PO BOX 103 ELMA, NY 14059	CONTRACTOR								X
ONEIDA SALES AND SERVICES INC - 16-1227935 155 COMMERCE DRIVE LACKAWANNA, NY 14218	CONTRACTOR								X
OJIBWAY CONSTRUCTION CORP - 47-1497304 1332 TANGLEWOOD DR NORTH TONAWANDA, NY 14120	CONTRACTOR								X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
PAVILION DRAINAGE SUPPLY CO - 16-1125876	CONTRACTOR								X
PO BOX 219									
PAVILION, NY 14525									
PHELPS GUIDE RAIL INC - 16-0816100	CONTRACTOR								X
PO BOX 130 919 CRESS ROAD									
PHELPS, NY 14532									
PLIBRICO COMPANY LLC - 20-1626973	CONTRACTOR								X
949 S BROADWAY AVE									
SALEM, OH 44460									
PRECISION PIPELINE LLC - 20-0667117	CONTRACTOR								X
3314 56TH STREET									
EAU CLAIRE, WI 54703									
QUALITY STRUCTURES INC - 16-1389205	CONTRACTOR								X
PO BOX 60648									
ROCHESTER, NY 14606									
PINTO CONSTRUCTION - 16-1244875	CONTRACTOR								X
132 DINGENS ST									
BUFFALO, NY 14206									
RODRIGUEZ CONSTRUCTION - 46-3299228	CONTRACTOR								X
683 NORTHLAND AVE									
BUFFALO, NY 14211									
SAFESPAN SCAFFOLDING LLC - 16-1489811	CONTRACTOR								X
252 FILLMORE AVENUE									
TONAWANDA, NY 14150									
SCRUFARI CONSTRUCTION CO LLC - 16-1386297	CONTRACTOR								X
3925 HYDE PARK BLVD									
NIAGARA FALLS, NY 14305									
SEVENSON ENVIRONMENTAL SER INC - 16-0997941	CONTRACTOR								X
2749 LOCKPORT ROAD									
NIAGARA FALLS, NY 14302									
THE STATE GROUP INDUSTRIAL - 00-0000000	CONTRACTOR								X
13800 N HWY 57									
EVANSVILLE, IN 47725									
STC CONSTRUCTION INC - 16-1513964	CONTRACTOR								X
PO BOX 459									
SPRINGVILLE, NY 14141									

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
STIMM ASSOCIATES INC - 16-0989185 10 KATHERINE ST BUFFALO, NY 14210	CONTRACTOR								X
STRUCTURAL SERVICES - 16-1439985 PO BOX 30937 ROCHESTER, NY 14603	CONTRACTOR								X
SURIANELLO GENERAL CONCRETE - 16-0921877 635 WYOMING AVENUE BUFFALO, NY 14215	CONTRACTOR								X
H MILES ENTERPRISES INC - 47-2175226 4256 E LAKE RD WILSON, NY 14172	CONTRACTOR								X
TURNER CONSTRUCTION COMPAN - 00-0000000 50 LAKEFRONT BLVD STE 200 BUFFALO, NY 14202	CONTRACTOR								X
UNIVERSITY AT BUFFALO - 16-0869020 120 CROFTS BUFFALO, NY 14260	CONTRACTOR								X
UNION CONCRETE & CONST CORP - 16-1399397 PO BOX 410 WEST SENECA, NY 14224	CONTRACTOR								X
UPSTATE NY LABORERS - 00-0000000 200 SALINA MEADOWS PKWY STE210 SYRACUSE, NY 13212	CONTRACTOR								X
VALERI CONCRETE - 16-1515002 6297 WENDT DRIVE NIAGARA FALLS, NY 14304	CONTRACTOR								X
CARL WALKER CONSTRUCTION - 27-1071378 935 VISTA DRIVE PITTSBURGH, PA 15205	CONTRACTOR								X
WILLIAM WATSON CO INC - 16-0903237 8064 NORTH MAIN STREET EDEN, NY 14057	CONTRACTOR								X
L C WHITFORD COMPANY INC - 16-0789973 BOX 663 WELLSVILLE, NY 14895	CONTRACTOR								X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
WOODSMITH FENCE CORP - 20-5783315 5610 OLD SAUNDERS SETTLEMENT LOCKPORT, NY 14094	CONTRACTOR								X
WALTER S JOHNSON - 16-0499700 6638 MOORADIAN DR NIAGARA FALLS, NY 14304									
A-1 LAND CARE INC - 71-0970014 1527 RIDGE ROAD LEWISTON, NY 14092									
ACCESS LIMITED - 46-2724404 1102 PIKE LANE OCEANO, CA 93445	CONTRACTOR								X
AMERICAN ENVIRONMENTAL & REMEDIATION CORP - 20-0045087, 763 CAYUGA ST, SUITE 2, NIAGARA FALLS, NY 14092									
BAKER CONCRETE CONSTRUCTION - 00-0000000 900 N GARVER DRIVE MONROE, OH 45050									
BELLA CONCRETE SOLUTIONS, LLC - 92-0567110 2234 BEDELL ROAD GRAND ISLAND, NY 14072	CONTRACTOR								X
BLACKLINE SITE DEVELOPMENT - 92-2061760 6274 MAIN RD LOCKPORT, NY 14094									
BRANDSAFWAY SERVICES LLC - 00-0000000 155 WILL DRIVE CANTON, MA 02032									
CAHILL RESOURCES, LLC - 00-0000000 PO BOX 350 WEST SENECA, NY 14224	CONTRACTOR								X
CAMDEN GROUP, INC - 45-2229945 9008 STATE RTE 13 CAMDEN, NY 13316									
CPS CONSTRUCTION GROUP, INC - 41-2031530 20421 RT 19, SUITE 300 CRANBERRY TOWNSHIP, PA 16066									

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
DECCA PAVING, INC - 00-0000000 1007 CHILI AVE ROCHESTER, NY 14611	CONTRACTOR								X
DYNO GROUP, INC - 30-0539354 61 JOHNSON PARK, STE A BUFFALO, NY 14201	CONTRACTOR								X
GORICK CONSTRUCTION CO ., INC - 16-0916992 27 TRACK DRIVE BINGHAMTON, NY 13904	CONTRACTOR								X
LEE MACHINERY MOVERS, INC - 00-0000000 675 CESAR E CHAVEZ AVE PONTIAC, MI 48340	CONTRACTOR								X
LM SESSLER EXCAVATING & WRECKING INC - 16-1056968, 1257 STATE ROUTE 96 N, WATERLOO, NY 13165	CONTRACTOR								X
LOUIS DEL PRINCE & SONS INC - 16-0834389 580 CAYUGA ROAD CHEEKTOWAGA, NY 14225	CONTRACTOR								X
NICHOLS LONG & MOORE CONSTRUCTION CORP - 16-1300546, 770 RIVERVIEW BLVD, TONAWANDA, NY 14150	CONTRACTOR								X
NORTHLAND CONTRACTING, INC - 16-1564009 4735 W LAKE ROAD DUNKIRK, NY 14048	CONTRACTOR								X
NOVA SITE COMPANY, LLC - 27-3173536 6 LENA COURT WEST SENECA, NY 14224	CONTRACTOR								X
OTIS MINNESOTA SERVICES, LLC - 00-0000000 2971 ANDOVER ROAD WELLSVILLE, NY 14895	CONTRACTOR								X
ROCHESTER DAVIS-FETCH CORP - 16-0792111 175 DODGE STREET ROCHESTER, NY 14606	CONTRACTOR								X
ROGER & SONS CONCRETE, INC - 00-0000000 1474 ROUTE 55 LAGRANGEVILLE, NY 12540	CONTRACTOR								X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
SCOTT LAWN YARD - 00-0000000	CONTRACTOR								X
3305 HASELEY DRIVE									
NIAGARA FALLS, NY 14304									
SYRSTONE INC - 16-1010858	CONTRACTOR								X
7395 TAFT PARK DR									
EAST SYRACUSE, NY 13057									
TITAN DEVELOPMENT, INC - 16-1520162	CONTRACTOR								X
8534 SEAMAN ROAD									
GASPORT, NY 14067									
VRH CONSTRUCTION GROUP - 13-5672403	CONTRACTOR								X
320 GRAND AVENUE									
ENGLEWOOD, NJ 07631									
WESTERN WATERPROOFING CO.INC DBA WESTERN SPECIALTY - 00-0000000, 5160 WEST 164TH STREET, BROOK PARK, OH 44142	CONTRACTOR								X
WILLIAM T SPAEDER CO ., INC - 25-1306733									
1602 EAST 18TH STREET									
ERIE, PA 16506	CONTRACTOR								X
WILLIAM H LANE INC - 16-0925555									
113 COURT ST									
BINGHAMTON, NY 13901	CONTRACTOR								X

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BUFFALO LABORERS' PENSION FUND	K	40,284.	FAIR MARKET VALUE
(2) BUFFALO LABORERS' PENSION FUND	Q	328,846.	FAIR MARKET VALUE
(3) BUFFALO LABORERS' TRAINING FUND	Q	41,421.	FAIR MARKET VALUE
(4) BUFFALO LABORERS' SECURITY FUND	Q	49,235.	FAIR MARKET VALUE
(5)			
(6)			

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.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

[illegible]