

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES LEGAL SERVICES FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES LOCAL 1298 LEGAL SERVICES FUND
2b Employer Identification Number (EIN): 11-2501979
2c Plan Sponsor's telephone number: 516-489-3644
2d Business code (see instructions): 237310

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Plan administrator: ANNALISA DEFALCO, 01/03/2025. 2. Employer/plan sponsor: GEORGE F. TRUICKO, JR., 01/30/2025. 3. DFE (empty).

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

Form 5500 (2023) v. 230707

| | | |
|--|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1430 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 1175 |
| | 6a(2) | 1173 |
| | 6b | 252 |
| | 6c | |
| | 6d | 1425 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | 191 |

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4G

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | | |
|--|--|------------|
| A Name of plan LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES LEGAL SERVICES FUND | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 1298 LEGAL SERVICES FUND | D Employer Identification Number (EIN) 11-2501979 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BARNES, IACCARINO & SHEPHERD LLP

3 SURREY LANE
HEMPSTEAD, NY 11550

26-3858697

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | LEGAL BENEFITS | 171000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BARNES, IACCARINO & SHEPHERD LLP

3 SURREY LANE
HEMPSTEAD, NY 11550

26-3858697

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | LEGAL | 68285 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ERNEST M. BONGERMINO

126 CARLETON AVENUE
ISLIP TERRACE, NY 11752

11-2501979

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | LEGAL BENEFITS | 20700 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

AMY BERKOWITZ -ORTIZ, ESQ

1225 FRANKLIN AVENUE STE 325
GARDEN CITY, NY 11530

26-2315702

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | LEGAL BENEFITS | 9250 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GETTRY MARCUS CPA, P.C.

88 FROELICH FARM BLVD
WOODBURY, NY 11797

13-3418879

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | FORMER ACCOUNTANT | 6417 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

JOSEPH T. LEE

265 E BEECH ST
LONG BEACH, NY 11561

20-0377765

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | LEGAL BENEFITS | 6375 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

CITRIN COOPERMAN & COMPANY LLP

100 JERICHO QUADRANGLE, SUITE 342
JERICHO, NY 11753

22-2428965

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | ACCOUNTANT | 5979 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

HESS TECHNOLOGY CONSULTING

3 BEDFORD ROAD
CARMEL, NY 10512

26-1664819

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 50 70 | COMPUTER CONSULTANT | 5061 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | | |
|--|--|------------|
| A Name of plan LABORERS LOCAL 1298 OF NASSAU & SUFFOLK COUNTIES LEGAL SERVICES FUND | B Three-digit plan number (PN) | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 1298 LEGAL SERVICES FUND | D Employer Identification Number (EIN) 11-2501979 | |

Part I Asset and Liability Statement

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 64246 | 124269 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 51730 | 53894 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 55627 | 33808 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 950904 | 1101527 |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | 1447 | 2468 |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 1123954 | 1315966 |
| Liabilities | | | |
| g Benefit claims payable | 1g | 12517 | 8950 |
| h Operating payables | 1h | 1115 | 0 |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 47729 | 56399 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 61361 | 65349 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 1062593 | 1250617 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|-------------------|------------------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 575757 | |
| (B) Participants | 2a(1)(B) | | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 575757 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 51450 | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 51450 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 627207 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits..... | 2e(2) | | |
| (3) Other..... | 2e(3) | 228880 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 228880 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | 76454 | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Recordkeeping fees..... | 2i(3) | 4007 | |
| (4) IQPA audit fees..... | 2i(4) | 13380 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 298 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 68285 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 47879 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 210303 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 439183 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 188024 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CITRIN COOPERMAN & COMPANY LLP

(2) EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 125000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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

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

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

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

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

**LABORERS LOCAL UNION NO. 1298
OF NASSAU AND SUFFOLK COUNTIES**

LEGAL SERVICES FUND

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

JUNE 30, 2024 AND 2023

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties
Legal Services Fund**

Table of Contents

June 30, 2024 and 2023

| | <u>Page</u> |
|--|-------------|
| Independent Auditor's Report | 1-3 |
| Financial Statements | |
| Statements of Net Assets Available for Benefits | 4 |
| Statements of Changes in Net Assets Available for Benefits | 5 |
| Statements of Plan Benefit Obligations | 6 |
| Statements of Changes in Plan Benefit Obligations | 7 |
| Notes to Financial Statements | 8-17 |
| Supplemental Information | |
| Schedule 1, Schedules of Administrative Expenses..... | 18 |
| Schedule 2, Schedule of Assets Held for Investment Purposes at End of Year, Schedule H, Line 4i | 19 |
| Schedule 3, Schedule of Reportable Transactions, Schedule H, Line 4j | 20 |



Citrin Cooperman & Company, LLP
Certified Public Accountants

100 Jericho Quadrangle, Suite 342
Jericho, NY 11753
T 516.931.3100 F 516.931.0034
citrincooperman.com

Independent Auditor's Report

To the Board of Trustees of the
Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
Hempstead, New York

Opinion

We have audited the financial statements of Laborers Local Union No. 1298 of Nassau and Suffolk Counties Legal Services Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

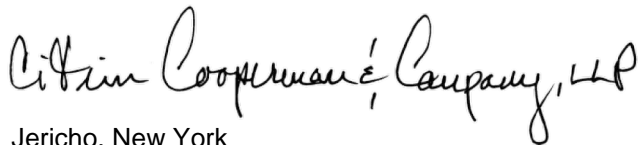
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedules 2 and 3, as of June 30, 2024 and for the year then ended, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by ERISA. The information contained in Schedule 1 for the years ended June 30, 2024 and 2023 is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the June 30, 2024 and 2023, supplemental information, we evaluated whether the supplemental information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Jericho, New York
January 30, 2025

**Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
Statements of Net Assets Available for Benefits
As of June 30, 2024 and 2023**

| | 2024 | 2023 |
|--|---------------------|---------------------|
| Assets | | |
| Investments: | | |
| Money market fund | \$ 1,101,527 | \$ 950,904 |
| Receivables: | | |
| Employer contributions | 53,894 | 51,730 |
| Interest income | 4,575 | 3,748 |
| Total receivables | 58,469 | 55,478 |
| Due from welfare fund | - | 4,150 |
| Property and equipment: | | |
| Furniture and fixtures | 15,658 | 15,658 |
| Office equipment | 28,992 | 27,264 |
| | 44,650 | 42,922 |
| Less: accumulated depreciation | (42,182) | (41,475) |
| | 2,468 | 1,447 |
| Operating lease right-of-use assets | 29,233 | 47,729 |
| Cash and cash equivalents | 124,269 | 64,246 |
| Total assets | 1,315,966 | 1,123,954 |
| Liabilities | | |
| Liabilities | | |
| Accrued expenses payable | - | 1,115 |
| Due to welfare fund | 27,166 | - |
| Operating lease obligations | 29,233 | 47,729 |
| Total liabilities | 56,399 | 48,844 |
| Net assets available for benefits | \$ 1,259,567 | \$ 1,075,110 |

**Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2024 and 2023**

| | <u>2024</u> | <u>2023</u> |
|---|----------------------------|----------------------------|
| Additions to net assets attributed to: | | |
| Investment income | \$ 51,450 | \$ 22,094 |
| Employer contributions | <u>575,757</u> | <u>575,131</u> |
| Total additions | <u>627,207</u> | <u>597,225</u> |
| Deductions from net assets attributed to: | | |
| Legal benefits paid and related expenses | 232,447 | 251,946 |
| Administrative expenses | <u>210,303</u> | <u>202,421</u> |
| Total deductions | <u>442,750</u> | <u>454,367</u> |
| Net increase | 184,457 | 142,858 |
| Net assets available for benefits - beginning of year | <u>1,075,110</u> | <u>932,252</u> |
| Net assets available for benefits - end of year | <u><u>\$ 1,259,567</u></u> | <u><u>\$ 1,075,110</u></u> |

**Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
Statements of Plan Benefit Obligations
As of June 30, 2024 and 2023**

| | <u>2024</u> | <u>2023</u> |
|--|-------------------|-------------------|
| Amounts currently payable: | | |
| Legal benefits payable | \$ 8,950 | \$ 12,517 |
| Postemployment benefit obligations: | | |
| Accumulated eligibility credits | <u>148,000</u> | <u>156,500</u> |
| Total plan benefit obligations | <u>\$ 156,950</u> | <u>\$ 169,017</u> |

**Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
Statements of Changes in Plan Benefit Obligations
For the Years Ended June 30, 2024 and 2023**

| | 2024 | 2023 |
|--|-------------------|-------------------|
| Amounts currently payable: | | |
| Balance at the beginning of year | \$ 12,517 | \$ 13,658 |
| Legal benefits incurred | 228,880 | 250,805 |
| Legal benefits paid | (232,447) | (251,946) |
| Balance at the end of year | 8,950 | 12,517 |
| Postemployment benefit obligations: | | |
| Balance at the beginning of year | 156,500 | 160,000 |
| Change in accumulated eligibility credits | (8,500) | (3,500) |
| Balance at the end of year | 148,000 | 156,500 |
| Total plan benefit obligations | \$ 156,950 | \$ 169,017 |

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 1 - Description of Plan

The following brief description of the Laborers Local Union No. 1298 of Nassau and Suffolk Counties Legal Services Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer defined benefit plan covering substantially all members of Laborers International Union of North America Local 1298 (the "Union"). The Plan was established on July 1, 1978, as a result of collective bargaining agreements between the Union and contributing employers as well as various employer associations in the construction industry in Nassau and Suffolk Counties of New York (collectively, the "CBA"). The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 as amended ("ERISA").

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the Union. The CBA's current term is effective through May 31, 2026.

Employer Contributions

The Plan is funded by contributions from employers pursuant to the CBAs. The CBAs cover work performed by contractors utilizing Union labor in Nassau and Suffolk Counties of New York. In accordance with the CBAs, participating employers pay \$0.30 per hour worked (up to 40 hours per week) by covered members of the Union.

Benefits

The Plan provides legal representation to eligible employees, their spouses and their dependent children up to age 26. Covered services include but are not limited to legal advice, consultation, negotiations, letter writing, document drafting and review, wills and small estate administration, legal defense, personal bankruptcy and insurance protection. Participants are obligated to assume a \$50 deductible for certain benefits.

Eligibility

To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee-approved participation agreement. Additionally, pursuant to a participation agreement, office employees of the Plan are eligible to participate in the Plan.

Benefits are provided to individuals employed by an employer subject to a collective bargaining agreement with the Union and retired pensioners with 25 years of service. A participant becomes eligible for benefits on the first day of the month following the month in which they accumulated 1,000 hours in employment with a contributing employer providing that the 1,000 hours were accumulated over a period of not more than two insurance halves. For the purpose of determining eligibility, the insurance year is from July 1 through June 30 and the insurance halves will refer to the periods from July 1 through December 31 and from January 1 through June 30. After initial eligibility, participants who worked with a contributing employer would: a) remain eligible for benefits from July 1 to December 31 if they worked at least 260 hours from January 1 to June 30 or worked 780 hours during the two immediately preceding halves (from July 1 to June 30); b) remain eligible for benefits from January 1 to June 30 if they worked at least 520 hours from July 1 to December 31 or worked 780 hours during the two immediately preceding halves (from January 1 to December 31).

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 1 - Description of Plan (continued)

Eligibility (continued)

Retired participants of the Laborers Local Union No.1298 of Nassau and Suffolk Counties Pension Fund with 25 years of service, who were eligible for legal service benefits at the date of retirement, will continue to remain eligible for benefits during retirement.

Other

The Plan's Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active and retired members. The Plan may be terminated only by joint agreement between the employers and the Union, subject to the provisions set forth in ERISA.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amount of assets, liabilities and benefit obligations at the date of the financial statements and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees, with the advice of its Investment Consultant, determines the Plan's valuation policies by using information provided by its professional investment advisers, custodians, and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's realized gains and losses on investments sold during the year and on unrealized gains and losses on investments held at the end of the year. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employers' Contributions Receivable

Employer contributions receivable are amounts due as of the dates of the financial statements to the Plan from employers covered under a collective bargaining agreement (CBA).

The nature of the covered employers is such that contributions can vary significantly from work period to work period and that contributions may not be owed for some work periods. The Plan primarily determines contributions receivable upon receipt of remittance reports, which is typically submitted with the related payment within 60 days of month end. It also evaluates remittances for missing periods or for large changes in amounts to determine whether additional receivables should be recorded.

Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

The Plan assesses collectability by reviewing uncollected employer contributions receivable on a collective basis where similar risk characteristics exist. In determining the amount of the allowance for credit losses, the Plan considers historical collectability and makes judgments about the creditworthiness of the pool of contributing employers based on collectability evaluations. Current market conditions and reasonable and supportable forecasts of future economic conditions adjust the historical losses to determine the appropriate allowance for doubtful accounts. Uncollectible accounts are written off when all collection efforts have been exhausted.

Under the prior accounting rules, the Plan evaluated the following factors when determining collectability of specific employer receivables: creditworthiness, past transaction history with the employer, and current economic industry trends.

The employer contributions receivable reflected on these financial statements include amounts owed from delinquent employers, to the extent such amounts are known, can be reasonably determined and are collectible. Delinquent employers are defined as any employer who has failed to remit contributions when due either in total or in incorrect amounts when such amounts were due pursuant to the CBAs. Delinquent employer contributions, if any, are determined based upon examination of employer payroll records, which the Plan causes to have done regularly. Typically, employers will negotiate delinquencies and many times, the amounts determined to be delinquent are settled or collected at different amounts than determined by such examinations. As a result of uncertainties in timing and amount of receipts from delinquent employers, the Plan records an allowance against any delinquent employer contributions receivable unless they have been collected subsequent to year-end through the date of management's review.

Employer contribution receivable balances are substantially satisfied within a year. The Plan has determined that the necessary allowance for credit losses was \$0 at June 30, 2024 and 2023.

Accounting Standards Update

In June 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2016-13, *Financial Instruments—Credit Losses* (Topic 326) ("ASC 326"), along with subsequently issued related ASUs, which requires financial assets (or groups of financial assets) measured at amortized cost basis to be presented at the net amount expected to be collected, among other provisions. ASC 326 eliminates the probable initial threshold for recognition of credit losses for financial assets recorded at amortized cost, which could result in earlier recognition of credit losses. It utilizes a lifetime expected credit loss measurement model for the recognition of credit losses at the time the financial asset is originated or acquired. The Plan reviewed its balance sheet to determine which assets fall under the scope of CECL and concluded that investment income receivable and employer contributions receivable are in-scope, but are typically paid within a year. There are no expected credit losses to be adjusted for each period. The Plan adopted ASC 326 using the modified retrospective method on July 1, 2023, and it did not have a material impact on the financial statements.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related plans (Note 4). In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans.

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 2 - Summary of Significant Accounting Policies (continued)

Plan Benefit Obligations

Plan obligations at June 30, 2024 and 2023, for legal benefit expenses incurred by active members and for accumulated eligibility of credits are estimated by the Plan's administrator. Such estimated amounts are reported in the accompanying statements of plan benefit obligations at present value.

Financial Instruments

The Plan's financial instruments, other than investments, include receivables from employers, amounts due from vendors, other unions and affiliates and investment income receivable. Receivables are recorded at net realizable value, which approximates their fair value based on the short-term nature of the receivables and the low collectability risk. Payables are recorded at the total amount the Plan expects to pay to settle such liabilities, which approximates their fair value due to their short-term nature.

Cash Equivalents

The Plan classifies all highly liquid financial instruments with original maturities of three months or less when purchased as cash equivalents.

Property and Equipment

Property and equipment are recorded at cost and are depreciated on a straight line basis over the estimated useful lives of the assets, which range from three to ten years. Expenditures for significant improvements and betterments are capitalized, while expenditures for routine repairs and maintenance are expensed. When property and equipment are sold or otherwise disposed, the cost and related accumulated depreciation and amortization are removed from the accounts, and the gain or loss, if any, is reflected in administrative expenses. Depreciation expense charged against operations for the years ended June 30, 2024 and 2023 was \$707 and \$339, respectively.

Tax Status

The Trust established under the Plan to hold Plan's assets is intended to qualify pursuant to Section 501(C)(9) of the IRC, and, accordingly, the Trust's net investment income is exempt from income tax. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service on May 2, 1996, and the Plan sponsor believes that the Trust, as amended since, continues to qualify and to operate in accordance with applicable provisions of the IRC.

Uncertain Tax Positions

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process.

Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Operating Leases

Under ASC 842, the Plan determines whether an arrangement is or contains a lease at contract inception. Short-term leases are expensed as incurred. For leases with a lease term greater than one year, the Plan recognizes a lease asset for its right-to-use the underlying leased asset ("ROU") and a lease liability (current and long-term) for the corresponding lease obligations, calculated at present value. In determining the present value of lease payments, the Plan uses a risk-free rate for a period comparable with that of the lease terms. Operating lease ROU assets and liabilities are adjusted to result in a single straight-line lease expense over the life of the lease. The Plan considers the lease term to be the noncancelable period that it has the right-to-use the underlying asset, including all periods covered by an option to (1) extend the lease if the Plan is reasonably certain to exercise the option, (2) terminate the lease if the Plan is reasonably certain not to exercise that option, and (3) extend, or not to terminate, the lease in which exercise of the option is controlled by the lessor. Variable lease costs are recorded when incurred.

Subsequent Events

The Plan has evaluated events and transactions that occurred through January 30, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 3 - Fair Value Measurements (continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes to this methodology used at June 30, 2024 and June 30, 2023.

- *Money Market Fund:* The money market funds are open-end mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish its daily net asset value and to transact at that price. Quoted prices can be found for identical or similar assets in markets that are not active.

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

As of June 30, 2024 and 2023, the Money Market Fund is included within Level 2 of the fair value hierarchy. Fair value amounts as of June 30, 2024 and 2023, were \$1,101,527 and \$950,904, respectively.

Note 4 - Related-Party Transactions

The Plan, along with four other benefit Plans sponsored by the Laborers Local 1298 Union of Nassau and Suffolk Counties (Welfare, Pension, Annuity, and Apprenticeship and Training Funds), are all parties to the CBA and are otherwise related parties due to common governance, management and oversight. Employer contributions for all five plans are deposited into the Welfare Fund's bank account and are then distributed to each plan based on employer remittance reports.

The Plan also shares office space (see Note 5), personnel, and most administrative expenses with the other Union-sponsored plans. A majority of these costs are paid out of the Welfare Fund and are allocated to the other funds using the ratios on the following page, which are based on an expense allocation study presented below:

| | <u>Allocation Rates</u> <u>Effective July 1, 2023</u> | <u>Allocation Rates</u> <u>Effective July 1, 2021</u> |
|-----------------------------|--|--|
| Welfare | 48.25% | 48.07% |
| Pension | 26.25% | 25.05% |
| Annuity | 15.50% | 15.75% |
| Apprenticeship and training | 4.25% | 5.70% |
| Legal | 5.75% | 5.43% |
| Total | 100.00% | 100.00% |

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 4 - Related-Party Transactions (continued)

Office space, personnel, and administrative costs allocated to the Plan were \$102,188 and \$97,053 for the years ended June 30, 2024 and 2023, respectively. The Plan reimbursed the Welfare Fund \$70,872 and \$95,959 during the years ended June 30, 2024 and 2023, respectively. As a result of the activities described above, the amounts due (to) from the Welfare Fund as of June 30, 2024 and 2023, were \$(27,166) and \$4,150, respectively.

Note 5 - Leases With Related Party

The Plan is obligated under a lease to R. & H. L. Building Corporation "R. & H. L." (a subsidiary of the Union) for office space at 681 Fulton Avenue, Hempstead, New York. The lease was effective from January 1, 2020 through December 31, 2022, and was subsequently renewed through December 31, 2025. R. & H. L. was established to act as a nominee for the Union to hold title to real estate at the above location. The Union is a related party to the Plan, because of common trustees, management, officers and oversight.

The Plan also shares office space with the Welfare and Vacation, Pension, Annuity, and Apprenticeship and Training Funds (the "Benefit Funds"). The Benefit Funds are joint parties to a lease with R. & H. L. that was effective from January 1, 2020 through December 31, 2022, and was subsequently renewed through December 31, 2025. The obligation for this lease, however, is carried by the Welfare and Vacation Fund (and is therefore not included in the Plan's right-of-use asset or lease obligation). Pursuant to a cost allocation study (Note 4), the Plan reimburses the Welfare and Vacation Fund for its share of rent pursuant to the shared lease.

The following is a summary of the lease-related assets and liabilities recorded as of June 30, 2024 and 2023, respectively:

| Assets | <u>2024</u> | <u>2023</u> |
|-------------------------------------|-------------|-------------|
| Operating lease right-of-use assets | \$ 29,233 | \$ 47,729 |
| Liabilities | | |
| Operating lease obligations | \$ 29,233 | \$ 47,729 |

The following is a summary of certain information related to the lease costs for operating leases for the years ended June 30, 2024 and 2023, respectively:

| Lease cost: | <u>2024</u> | <u>2023</u> |
|--|------------------|------------------|
| Shared rent expense | \$ 8,345 | \$ 8,708 |
| Operating lease expense | <u>20,000</u> | <u>20,000</u> |
| Total lease cost per schedule of administrative expenses | <u>\$ 28,345</u> | <u>\$ 28,708</u> |
| Other information: | | |
| Cash paid for amounts included in the measurement of lease liabilities | | |
| Cash flows: Operating leases | <u>\$ 20,000</u> | <u>\$ 20,000</u> |
| Total operating cash flows | <u>\$ 20,000</u> | <u>\$ 20,000</u> |
| Weighted-average remaining lease term (years) | 1.42 | 2.42 |
| Weighted-average discount rate (%) | 4.18 | 4.18 |

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 5 - Leases With Related Party (continued)

The future undiscounted minimum lease payments, as reconciled to the discounted minimum lease obligations indicated on the Plan's net assets available for benefits, under operating lease obligations as of June 30, 2024 are shown as follows:

| <u>Years Ending June 30,</u> | |
|--|-------------------------|
| 2025 | \$ 20,000 |
| 2026 | 10,000 |
| Total future minimum lease payments | <u>30,000</u> |
| Less: amount representing interest | (767) |
| Present value of future lease payments | <u><u>\$ 29,233</u></u> |

Note 6 - Employee Benefits

Due to the personnel sharing described in Note 4, the Plan pays a portion of those shared individual's contributions to the Union's Pension, Welfare and Annuity benefit plans. The Plan's portion of these contributions were as follows for the years ended June 30:

| | <u>2024</u> | <u>2023</u> |
|----------------------------------|------------------|------------------|
| Laborers Local 1298 Pension Plan | \$ 8,085 | \$ 7,816 |
| Laborers Local 1298 Welfare Plan | 7,578 | 7,047 |
| Laborers Local 1298 Annuity Plan | 4,506 | 4,246 |
| | <u>\$ 20,169</u> | <u>\$ 19,109</u> |

Note 7 - Participation In Multiemployer Plans

Due to the personnel sharing described in Note 4, the Plan pays a portion of those shared individual's contributions to the multiemployer defined benefit pension plan that covers its employees. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

1. Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
2. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
3. If the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay an amount based on the underfunded status of the plan, referred to as a withdrawal liability. The Plan has no intention of ending its participation in the multiemployer plan.

The Plan's participation in the multiemployer plan for the years ended June 30, 2024 and 2023, is outlined in the table on the following page. The "Entity Tax Identification Number" column provides the Employer Identification Number ("EIN"). The zone status is based on information that the Plan received from the defined benefit plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded.

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 7 - Participation In Multiemployer Plans (continued)

The “Multiemployer Plans, Funding Improvement Plan and Rehabilitation Plan” indicates plans for which a financial improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending or has been implemented. Contributions reported in the table below represent the Plan’s proportionate share of the contributions made to this multiemployer plan.

| Multiemployer Plan | Entity Tax Identification Number | Certified Zone Status | | FIP / RP | Contributions | | Surcharge Imposed | Current CBA Expiration Date |
|-----------------------------------|----------------------------------|-----------------------|--------------|----------|---------------|---------------|-------------------|-----------------------------|
| | | July 1, 2023 | July 1, 2022 | | June 30, 2024 | June 30, 2023 | | |
| Laborers' Local 1298 Pension Plan | 11-1970385 | Green | Green | N/A | \$8,085 | \$7,816 | N/A | May 31, 2026 |

The Plan was not listed in the previous Plan's Form 5500 as providing more than 5% of the total contributions for the Plan years ended June 30, 2024 and 2023.

The Plan also contributes, on behalf of its employees, to the Laborers Local 1298 Welfare Fund. The Plan provides health, unemployment and other benefits to participants and retirees. The Plan’s contribution to the Welfare Fund on behalf of its employees was \$7,578 and \$7,047 for the years ended June 30, 2024 and 2023, respectively.

Note 8 - Plan Termination

Although there is no intention to do so, in the event of termination, the Plan’s assets shall be used for the exclusive benefit of the eligible employees and their dependents or for the payment of administration expenses of the Plan.

Note 9 - Risks And Uncertainties

The Plan maintains cash balances at a banks in the New York metropolitan area. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation (“FDIC”), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of June 30, 2024 and 2023, the Plan had no amounts in excess of the FDIC limits. The Plan has not experienced any losses on their accounts.

There are various direct and indirect risks that could impact the Plan, such as potential future global economic slowdown, increase in interest rates, inflationary pressures, future geopolitical situations, supply chain disruptions and more. It is also impossible to predict the effect these will have on longer-term industrial output, potential changes in supply demand, and its impacts on the Plan’s liquidity, credit, members, employers, vendors, and counterparties. To help minimize the uncertainty of these items, management will continue to monitor the various risks and adjust accordingly as deemed necessary.

Note 10 - Reconciliation of Form 5500 to Financial Statements

The following is a reconciliation of the net assets available for benefits per the financial statements to the amounts reported on Form 5500 at June 30:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 1,259,567 | \$ 1,075,110 |
| Claims payable and claims incurred but not reported | <u>(8,950)</u> | <u>(12,517)</u> |
| Net assets available for benefits per the Form 5500 | <u>\$ 1,250,617</u> | <u>\$ 1,062,593</u> |

**Laborers Local Union No. 1298
of Nassau and Suffolk Counties Legal Services Fund
Notes to Financial Statements
June 30, 2024 and 2023**

Note 10 - Reconciliation of Form 5500 to Financial Statements (continued)

The following is a reconciliation of benefits paid to participants per the financial statements to the amounts reported on Form 5500:

| | <u>2024</u> | <u>2023</u> |
|--|-------------------|-------------------|
| Legal benefits paid to participants per the financial statements | \$ 232,447 | \$ 251,946 |
| Add: Legal benefits payable to participants at end of year | 8,950 | 12,517 |
| Less: Legal benefits payable to participants at beginning of year. | <u>(12,517)</u> | <u>(13,658)</u> |
| Legal benefits paid to participants per the Form 5500 | <u>\$ 228,880</u> | <u>\$ 250,805</u> |

Amounts currently payable on behalf of participants and dependents are recorded on the Form 5500 for benefits that have been processed and approved for payment prior to June 30, but not yet paid as of that date.

Note 11 - Party in Interest Transactions

The Plan has a number of service providers. Such providers are parties in interest under ERISA. However, all transactions with such providers are exempt party in interest transactions under ERISA.

Supplemental Information

**Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
Schedules of Administrative Expenses
Years Ended June 30, 2024 and 2023**

| | <u>2024</u> | <u>2023</u> |
|--------------------------------------|-------------------|-------------------|
| Administrative expenses | | |
| Salaries | \$ 56,285 | \$ 52,912 |
| Payroll taxes | 3,271 | 3,012 |
| Employee benefits | 20,169 | 19,109 |
| Office expense | 5,046 | 3,478 |
| Printing and postage | 4,765 | 5,803 |
| Insurance | 90 | 637 |
| Payroll service charge | 173 | 163 |
| Payroll compliance fees | 4,007 | 3,595 |
| Computer expense | 5,613 | 3,992 |
| Collection fees | 1,535 | 3,033 |
| Accounting fees | 13,380 | 13,580 |
| Legal fees | 66,750 | 63,750 |
| Auto expenses | 167 | 310 |
| Lease cost | 28,345 | 28,708 |
| Depreciation | 707 | 339 |
| Total administrative expenses | <u>\$ 210,303</u> | <u>\$ 202,421</u> |

**Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
EIN: 11-2501979
Plan Number: 501
Schedule H, Line 4i – Schedule of Assets Held (At End of Year)
As of June 30, 2024**

| (a) Party in interest to the Plan | (b) Shares, Identity of issue, borrower, lessor or similar party | (c) Description | (d) Cost | (e) Current value |
|--|--|--------------------|---------------------|----------------------|
| * | 1,101,527 Shares, WILMINGTON US TREASURY MMKT CL SLCT CUSIP: 97181C514 | MONEY MARKET FUNDS | \$ 1,101,527 | \$ 1,101,527 |
| | Total investments | | \$ 1,101,527 | \$ 1,101,527 |

* Denotes party in interest

**Laborers Local Union No. 1298 of
Nassau and Suffolk Counties Legal Services Fund
EIN: 11-2501979
Plan Number: 501
Schedule H, Line 4j – Reportable Transactions
For the Year Ended June 30, 2024**

Category 1 - Single Transaction Exceeds 5% of Value

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|-------------------------------|--------------------------|----------------|---------------|---------------|---------------------------|-----------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset | Net Gain or (Loss) |
| * Wilmington Trust | US Treasury MMkt CL SLCT | \$ 100,000 | \$ - | \$ 100,000 | \$ 100,000 | \$ - |

Category 3 - Series of Transactions in Same Security Exceeds 5% of Value

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset | Net Gain or (Loss) |
|-------------------------------|--------------------------|----------------|---------------|---------------|---------------------------|-----------------------|
| (A) * Wilmington Trust | US Treasury MMkt CL SLCT | \$ 150,624 | - | \$ 150,624 | \$ 150,624 | \$ - |

The above that represent more than a single transaction consist of the following:

| Number of Transactions | Range of Transactions |
|---------------------------|-----------------------|
| (A) 13 | \$3,746 - \$100,000 |

* Indicates an identified party known to be a party in interest to the Plan.