

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 LEGAL SERVICES FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES LOCAL 60 LEGAL SERVICES FUND</u></p> <p><u>140 BROADWAY</u> <u>HAWTHORNE, NY 10532</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1990</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>13-6940760</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>914-769-2440</u></p> <p><b>2d</b> Business code (see instructions) <u>237310</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/07/2025	CHRISTINE COSTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/07/2025	ANTHONY ASCENCAO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	829
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	829
	<b>6a(2)</b>	813
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	813
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	142

**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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 LEGAL SERVICES FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES LOCAL 60 LEGAL SERVICES FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6940760</b>	

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

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

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

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

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

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

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

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**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	133850	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	20838	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)

CITRIN COOPERMAN ADVISORS LLC

7900 WESTPARK DR. SUITE A220  
MCLEAN, VA 22102

87-2525370

(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	10983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 LEGAL SERVICES FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES LOCAL 60 LEGAL SERVICES FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>13-6940760</b>	

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 249054	222100
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	1917	3350
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	250971	225450
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	20688	10163
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	80	4149
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	20768	14312
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	230203	211138

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	161852	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		161852
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)	
<b>c</b> Other income .....	2c	641
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	162493

**Expenses**

<b>e</b> 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)	123325
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	123325
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	18221
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	583
(4) IQPA audit fees .....	2i(4)	10400
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	20838
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	8191
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	58233
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	181558

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-19065
<b>l</b> 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		125000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.)

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

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

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

**WESTCHESTER HEAVY CONSTRUCTION  
LABORERS LOCAL 60 LEGAL SERVICES FUND**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund**

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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 Trustees of the  
Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Hawthorne, New York

### Opinion

We have audited the financial statements of the Westchester Heavy Construction Laborers Local 60 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 – modified cash basis, including the statements of plan benefit obligations – modified cash basis, as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis and of changes in plan benefit obligations – modified cash basis for the years then ended, and the related notes to the financial statements – modified cash basis.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 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 the modified cash basis of accounting as described in Note 2.

### Basis for Opinion

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

### Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

## **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

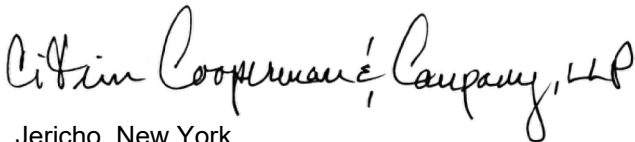
In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtaining 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.

### Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The information contained in the schedules appearing on page 14 is presented for purposes 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Jericho, New York  
July 15, 2025

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Statements of Net Assets Available for Benefits - Modified Cash Basis  
December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Cash in bank	\$ 222,100	\$ 249,054
Property and equipment, net of accumulated depreciation of \$16,013 and \$14,996	3,350	1,917
<b>Total assets</b>	<b>225,450</b>	<b>250,971</b>
<b>Liabilities</b>		
Due to administrative account	4,149	80
<b>Total liabilities</b>	<b>4,149</b>	<b>80</b>
 <b>Net assets available for benefits</b>	 <b>\$ 221,301</b>	 <b>\$ 250,891</b>

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis  
For the Years Ended December 31, 2024 and 2023**

---

	<b>2024</b>	<b>2023</b>
<b>Additions to net assets attributed to:</b>		
Employer contributions	\$ 161,852	\$ 151,731
Other income	641	144
<b>Total additions</b>	<b>162,493</b>	<b>151,875</b>
 <b>Deductions from net assets attributed to:</b>		
Benefits paid	133,850	115,138
Administrative expenses	58,233	54,486
<b>Total deductions</b>	<b>192,083</b>	<b>169,624</b>
 <b>Net decrease</b>	<b>(29,590)</b>	<b>(17,749)</b>
 <b>Net assets available for benefits - beginning of year</b>	<b>250,891</b>	<b>268,640</b>
 <b>Net assets available for benefits - end of year</b>	<b>\$ 221,301</b>	<b>\$ 250,891</b>

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Statements of Plan Benefit Obligations - Modified Cash Basis  
December 31, 2024 and 2023**

---

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Legal benefits payable	\$ 10,163	\$ 20,688
<b>Postemployment benefit obligations</b>		
Accumulated eligibility credits	<u>61,500</u>	<u>62,500</u>
<b>Plan's total benefit obligations</b>	<u>\$ 71,663</u>	<u>\$ 83,188</u>

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Statements of Changes in Plan Benefit Obligations - Modified Cash Basis  
For the Years Ended December 31, 2024 and 2023**

---

	<b>2024</b>	<b>2023</b>
<b>Amounts currently payable</b>		
Balance - beginning of year	\$ 20,688	\$ 10,438
Legal benefits expenses incurred	123,325	125,388
Legal benefits paid	(133,850)	(115,138)
<b>Balance - end of year</b>	<b>10,163</b>	<b>20,688</b>
 <b>Postemployment benefit obligations</b>		
Balance - beginning of year	62,500	62,500
Net change during year:		
Accumulated eligibility credits	(1,000)	-
<b>Balance - end of year</b>	<b>61,500</b>	<b>62,500</b>
 <b>Plan's total benefit obligations at year end</b>	 <b>\$ 71,663</b>	 <b>\$ 83,188</b>

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023**

---

**Note 1 – Description of Plan**

The following brief description of the Westchester Heavy Construction Laborers Local 60 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 multiemployer defined benefit plan covering substantially all members of the Westchester Heavy Construction Laborers Local 60 Union (the Union). The Plan was established on January 1, 1990 as a result of a collective bargaining agreement between the Union and contributing employers as well as various employer associations in the construction industry in Westchester County of New York (collectively, the CBA). The Plan is subject to the provisions 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 four-year term expired on March 29, 2025, at which point, a new, four-year CBA was negotiated and completed. The new CBA was signed and is effective through March 31, 2029.

*Employer Contributions*

The Plan is funded by contributions from employers pursuant to the CBAs and subject to the minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). The CBAs cover work performed by contractors utilizing union labor in Westchester County of New York. In accordance with the CBAs, participating employers pay \$0.10 per hour worked (up to 40 hours per week) by covered members of the Union.

*Eligibility*

All employees who are eligible for benefits based upon the eligibility rules of the Westchester Heavy Construction Laborers Local 60 Health and Welfare Plan are also eligible for benefits under the Plan. Eligibility under the Westchester Heavy Construction Laborers Local 60 Health and Welfare Plan provides that a covered employee becomes eligible for six months of coverage on the first day of the following month after completion of 800 hours worked in covered employment. After initial eligibility, covered employees continue to be eligible so long as the employee works at least 400 hours during each six month eligibility period after becoming eligible.

*Benefits*

The Plan provides legal representation to eligible employees, their spouses and their dependent children up to age 26. Covered services include adoption benefits, consumer defense, correction of public records, domestic relations, foreclosure, immigration, landlord-tenant, personal bankruptcy, personal injury, real estate and wills. Covered services are provided by a law firm via a contract requiring the Plan to pay a fixed price per member per month. Non-covered services will not be provided by the attorney and are not paid by the Plan, and as such, there are no additional charges or commitments of the Plan pursuant to the contract. The benefits provided by the Plan are at no charge to eligible employees and their dependents. These benefits are outlined in detail in the Plan's Summary Plan Description.

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023**

---

**Note 1 – Description of Plan (continued)**

*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 have been prepared on the modified cash basis of accounting. That basis differs from accounting principles generally accepted in the United States of America primarily because employer contributions are recognized when received rather than when earned. Accordingly, the Plan has not recognized accounts receivable from employers and its related effects on earnings in the accompanying financial statements. Expenses other than benefit payments; however, are recorded as incurred.

*Use of Estimates*

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

*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 (See Note 4). In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and the volume of transactions relating to the Plan in relation to the other plans.

*Plan Benefit Obligations*

Plan obligations at December 31, 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.

*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 was five 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 was \$ 1,017 and \$101 for the years ended December 31, 2024 and 2023, 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. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service on April 14, 1997, 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.

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023**

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**Note 2 – Summary of Significant Accounting Policies (continued)**

*Uncertain Tax Positions*

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 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.

*Operating Leases*

Pursuant to the modified cash basis of accounting, the Plan accounts for expenses associated with operating leases as they are incurred pursuant to the associated leases. This differs from accounting principles generally accepted in the United States of America, which requires the capitalization and subsequent amortization of a right-of-use asset and a related lease liability representing the present value of the remaining minimum lease payments.

*Subsequent Events*

The Plan has evaluated events and transactions that occurred through July 15, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

**Note 3 – Lease With Related Party**

The Plan is obligated under a lease to 140 Broadway Realty Corp., an affiliate of the Westchester Heavy Construction Laborers Local 60 Pension Fund (a related party as described in Note 4), for its share of office space at 140 Broadway, Hawthorne, New York. The lease is effective from January 1, 2019 through December 31, 2028. The annual rent expense pursuant to the lease was \$1,458 for each of the years ended December 31, 2024 and 2023.

The future minimum lease payments under the lease agreement are as follows:

<u>Year ending December 31:</u>	
2025	\$ 1,458
2026	1,458
2027	1,458
2028	<u>1,458</u>
Total	<u>\$ 5,832</u>

**Note 4 – Related-Party Transactions**

The Plan, along with five other benefits Plans sponsored by the Westchester Heavy Construction Laborers Local 60 Union (Welfare, Annuity, Pension, Training and Joint Labor Management 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 a common administrative checking account, called the Local 60 Administrative Account and are then distributed to each plan based on employer remittance reports.

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023**

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**Note 4 – Related-Party Transactions (continued)**

The Plan shares personnel and most administrative expenses with the other Union-sponsored plans. A majority of these costs are paid out of the Administrative Account and are allocated among the funds using the following ratios, which are based on an expense allocation study:

	Rates effective January 1, 2022
Health and Welfare Fund	52.00%
Pension Fund	15.00%
Annuity Fund	18.00%
Training Fund	6.50%
Legal Fund	3.50%
LM Fund	5.00%
Total	100.00%

Personnel, and administrative costs allocated to the Plan were \$29,763 and \$28,583 for the years ended December 31, 2024 and 2023, respectively. The Plan reimbursed the Administrative Account \$25,800 and \$31,867 for the years ended December 31, 2024 and 2023, respectively. As a result of the activities described above, the amount due to the Administrative Account was \$4,149 and \$80 as of December 31, 2024 and 2023, respectively.

The above transactions are considered exempt party-in-interest transactions under ERISA. The next allocation study is in review by the Board of Trustees and once approved will be effective as of January 1, 2025.

**Note 5 – 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 6 – Risks and Uncertainties**

The Plan maintains cash balances 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. The Plan has not experienced any losses on their accounts.

There are various direct and indirect risks that could impact the Plan, such as a 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 their impacts on the Plan’s liquidity, credit, customers, 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 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.

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023**

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**Note 7 – Participation in Multiemployer Plans (continued)**

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 December 31, 2024 and 2023 is outlined in the table below. 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 pension 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 from 65 to 80 percent funded, and plans in the green zone are at least 80 percent funded.

The Multiemployer Plan, 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.

Multi-employer Plan	Entity Tax Identification Number	Certified Zone Status		FIP/ RP	Contributions		Surcharge Imposed	Current CBA Expiration Date
		December 31, 2024	December 31, 2023		December 31, 2024	December 31, 2023		
Laborers' Local 60 Pension Fund	13-1962287	Green	Green	N/A	\$ 3,205	\$ 3,094	N/A	March 31, 2029

The Plan also contributes, on behalf of its employees, to the Laborers Local 60 Health and Welfare Fund. The Plan provides health, unemployment and other benefits to participants and retirees. The Plan's contribution to the Health & Welfare Fund on behalf of its employees was \$2,024 and \$1,816 for the years ended December 31, 2024 and 2023, respectively.

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023**

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**Note 8 – Reconciliation of Form 5500 to the Financial Statements**

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 221,301	\$ 250,891
Claims payable and claims incurred but not reported	(10,163)	(20,688)
Net assets available for benefits per the Form 5500	\$ 211,138	\$ 230,203

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

	2024	2023
Legal benefits paid to participants per the financial statements	\$ 133,850	\$ 115,138
Add: legal benefits payable to participants at end of year	10,163	20,688
Less: legal benefits payable to participants at beginning of year	(20,688)	(10,438)
Legal benefits paid to participants per the Form 5500	\$ 123,325	\$ 125,388

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

**Note 9 – 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**

**Westchester Heavy Construction  
Laborers Local 60 Legal Services Fund  
Schedules of Administrative Expenses – Modified Cash Basis  
For the Years Ended December 31, 2024 and 2023**

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	<b>2024</b>	<b>2023</b>
<b>Administrative expenses</b>		
Salaries	\$ 11,362	\$ 11,235
Payroll taxes	940	928
Employee benefits	6,859	6,623
Rent	1,458	1,458
Telephone	327	399
Office expenses	839	679
Computer expenses	2,987	2,121
Postage	607	506
Seminars and conferences	-	800
Payroll compliance fees	583	530
Accounting fees	10,400	9,600
Legal fees	17,280	16,860
Legal fees - collections	3,453	2,551
Insurance	121	95
Depreciation	1,017	101
 <b>Total administrative expenses</b>	 <b>\$ 58,233</b>	 <b>\$ 54,486</b>