

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>1a Name of plan <u>WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 HEALTH & WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES LOCAL 60 HEALTH & WELFARE FUND</u></p> <p><u>140 BROADWAY</u> <u>HAWTHORNE, NY 10532</u></p>	<p>1c Effective date of plan <u>07/01/1950</u></p> <p>2b Employer Identification Number (EIN) <u>13-1737041</u></p> <p>2c Plan Sponsor's telephone number <u>914-769-2440</u></p> <p>2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	CHRISTINE COSTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	ANTHONY ASCENCAO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	940
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)	860
	6a(2)	848
	6b	67
	6c	
	6d	915
	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	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:
4A 4D 4E 4F 4L 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(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 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 60 HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 13-1737041</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10294	810	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	531272
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 HEALTH & WELFARE 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 60 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 13-1737041	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERITAIN HEALTH

300 CORPORATE PARKWAY
AMHERST, NY 14226

16-1264154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	CLAIMS PROCESSOR	432971	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)

TOCQUEVILLE ASSET MANAGEMENT LP

40 WEST 57TH STREET, 19TH FLOOR
NEW YORK, NY 10019

13-3547557

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	100464	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, SUITE 200
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	97038	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)

CHRISTINE COSTA

140 BROADWAY
HAWTHORNE, NY 10532

13-1737041

(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?
14 50	PLAN ADMINISTRATOR	88575	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)

LUCAS ASCENCAO

140 BROADWAY
HAWTHORNE, NY 10532

13-1737041

(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?
30 50	EMPLOYEE	61154	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)

MICHAEL CRUZ

140 BROADWAY
HAWTHORNE, NY 10532

13-1737041

(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?
30 50	EMPLOYEE	60224	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)

MILLIMAN, INC.

150 CLOVE ROAD, 8TH FLOOR
LITTLE FALLS, NJ 07424

91-0675641

(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?
11 50	ACTUARY	57504	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)

TPA CORPORATION

P.O. BOX 433
CARMEL, NY 10512

13-3329882

(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	32760	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)

MILCIA FERMIN

140 BROADWAY
HAWTHORNE, NY 10532

13-1737041

(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?
30 50	EMPLOYEE	30818	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)

JINDRISKA GONZALEZ

140 BROADWAY
HAWTHORNE, NY 10532

13-1737041

(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?
30 50	EMPLOYEE	29766	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 & COMPANY, LLP

100 JERICHO QUADRANGLE
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	23445	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)

THEODOR H. BROWN, DDS

36 ST. THOMAS DRIVE
PALM BEACH GARDENS, FL 33418

13-3043628

(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	DENTAL CONSULTANT	21300	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 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	14788	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, INC.

1024 MCKINLEY STREET
PEEKSKILL, NY 10566

85-1115144

(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	10550	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)

MERRILL LYNCH

26 CENTURY HILL DRIVE
LATHAM, NY 12110

13-5674085

(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?
27 51 70	INVESTMENT CONSULTANT	10000	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)

M&T BANK INST'L RETIREMENT SERVICES

285 DELAWARE AVENUE, 3RD FLOOR
BUFFALO, NY 14202

16-0538020

(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?
19 51	INVESTMENT CUSTODIAN	9979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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"/>

(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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WESTCHESTER HEAVY CONSTRUCTION LABORERS LOCAL 60 HEALTH & WELFARE 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 60 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 13-1737041

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	2249062	2987696
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	469966	357124
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	289176	1958921
(2) U.S. Government securities	1c(2)	17898237	18660267
(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)	12696009	14565715
(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)	125760	128490
(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	39908	51889
f Total assets (add all amounts in lines 1a through 1e).....	1f	33768118	38710102
Liabilities			
g Benefit claims payable.....	1g	3222811	3888287
h Operating payables.....	1h	174496	31062
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		181735
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3397307	4101084
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	30370811	34609018

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)	18520829	
(B) Participants.....	2a(1)(B)	54292	
(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)		18575121
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	891913	
(C) Corporate debt instruments.....	2b(1)(C)	26775	
(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)		918688
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	139352	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	39574	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		178926
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7379544	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7363593	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		15951
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1751673	
(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)		2730
c Other income	2c		9530
d Total income. Add all income amounts in column (b) and enter total	2d		21452619

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1167280	
(2) To insurance carriers for the provision of benefits	2e(2)	14687130	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15854410
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)	270704	
(2) Contract administrator fees	2i(2)	612160	
(3) Recordkeeping fees	2i(3)	8658	
(4) IQPA audit fees	2i(4)	29575	
(5) Investment advisory and investment management fees	2i(5)	110464	
(6) Bank or trust company trustee/custodial fees	2i(6)	9979	
(7) Actuarial fees	2i(7)	57504	
(8) Legal fees	2i(8)	97038	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	163920	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1360002
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17214412

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4238207
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		3000000
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 _____.

**WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2024 AND 2023

**Westchester Heavy Construction
Laborers Local 60 Health and Welfare 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 Health and Welfare Fund
Hawthorne, New York

Opinion

We have audited the accompanying financial statements of the Westchester Heavy Construction Laborers Local 60 Health and Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits - modified cash basis and plan benefit obligations - modified cash basis as of December 31, 2024 and 2023, 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.

In our opinion, the 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 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 ("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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 of 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 generally accepted auditing standards, we:

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

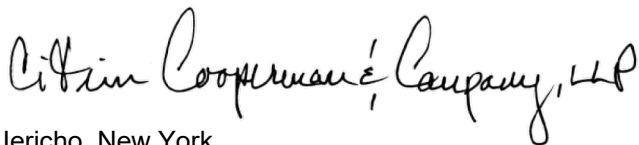
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule 2, as of December 31, 2024, and Schedule 3 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 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the 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
October 6, 2025

**Westchester Heavy Construction
Laborers Local 60 Health and Welfare Fund
Statements of Net Assets Available for Benefits – Modified Cash Basis
As of December 31, 2024 and 2023**

	2024	2023
Assets		
Investments		
Investments measured at fair value		
Money market funds	\$ 1,958,921	\$ 289,176
Common stocks	14,565,715	12,696,009
Mutual funds	128,490	125,760
Asset backed securities	1,536,393	2,638,847
Mortgage backed securities	9,273,893	9,078,649
Collateralized mortgage obligations	7,849,981	6,180,741
Total investments	35,313,393	31,009,182
Receivables		
Due from administrative account	-	43,847
Investment income	167,539	148,501
Prescription rebates receivable	145,218	233,251
Total receivables	312,757	425,599
Cash	2,987,696	2,249,062
Other assets		
Prepaid expenses	44,367	44,367
Property and equipment - net of accumulated depreciation	51,889	39,908
Total other assets	96,256	84,275
Total assets	38,710,102	33,768,118
Liabilities		
Accounts payable and accrued expenses	31,062	174,496
Due to administrative account	75,305	-
Due to investment custodian	106,430	-
Total liabilities	212,797	174,496
Net assets available for benefits	\$38,497,305	\$33,593,622

See accompanying notes to financial statements.

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

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to		
Interest and dividend income	\$ 1,097,614	\$ 956,212
Net appreciation in fair value of investments	<u>1,770,354</u>	<u>2,451,283</u>
Total investment income	2,867,968	3,407,495
Less: investment expenses	<u>120,443</u>	<u>110,981</u>
Net investment income	2,747,525	3,296,514
Other income	9,530	2,145
Employer and COBRA contributions	17,118,643	15,354,411
Paid sick leave contributions	<u>1,456,478</u>	<u>1,499,507</u>
Total additions	<u>21,332,176</u>	<u>20,152,577</u>
Deductions from net assets attributed to		
Health and welfare benefits	14,678,218	17,072,970
Premiums paid to insurance carriers for excess loss coverage	510,716	567,332
Claims processing fees	612,160	572,693
Administrative expenses	<u>627,399</u>	<u>597,132</u>
Total deductions	<u>16,428,493</u>	<u>18,810,127</u>
Net increase	4,903,683	1,342,450
Net assets available for benefits - beginning of year	<u>33,593,622</u>	<u>32,251,172</u>
Net assets available for benefits - end of year	<u>\$ 38,497,305</u>	<u>\$ 33,593,622</u>

**Westchester Heavy Construction
Laborers Local 60 Health and Welfare Fund
Statements of Plan Benefit Obligations – Modified Cash Basis
As of December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Health claims payable	\$ 1,953,257	\$ 1,957,952
Paid sick leave payable	1,354,287	1,007,811
Other obligations for current benefit coverage, at present value of estimated amounts		
Claims incurred but not reported	580,743	257,048
Accumulated eligibility credits	<u>357,845</u>	<u>366,117</u>
Total obligations other than post-retirement benefit obligations	<u>4,246,132</u>	<u>3,588,928</u>
Post-retirement benefit obligations		
Current retirees	1,857,977	2,368,778
Other participants fully eligible for benefits	656,728	726,738
Other participants not yet fully eligible for benefits	<u>1,040,722</u>	<u>1,431,186</u>
Total post-retirement benefit obligations	<u>3,555,427</u>	<u>4,526,702</u>
Plan's total benefit obligations	<u>\$ 7,801,559</u>	<u>\$ 8,115,630</u>

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

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	\$ 2,965,763	\$ 4,605,434
Claims reported and approved for payment	15,019,999	15,433,299
Claims paid	<u>(14,678,218)</u>	<u>(17,072,970)</u>
Balance at end of year	<u>3,307,544</u>	<u>2,965,763</u>
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	623,165	1,032,213
Net change during year: other	<u>315,423</u>	<u>(409,048)</u>
Balance at end of year	<u>938,588</u>	<u>623,165</u>
Total obligations for current benefit coverage	<u>4,246,132</u>	<u>3,588,928</u>
Post-retirement benefit obligation		
Balance at beginning of year	4,526,702	4,168,622
Increase during the year		
Attributable to		
Benefits earned net of benefits paid	(249,993)	(202,338)
Actuarial experience gain (loss)	(686,608)	296,264
Changes in actuarial assumptions	(240,781)	65,696
Increase in discount period	<u>206,107</u>	<u>198,458</u>
Balance at end of year	<u>3,555,427</u>	<u>4,526,702</u>
Plan's total benefit obligations at end of year	<u>\$ 7,801,559</u>	<u>\$ 8,115,630</u>

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

Note 1 – Description of Plan

The following description of the Westchester Heavy Construction (the Plan) is provided for general information purposes only. Participants should refer to the plan agreements for a more complete description of the plan provisions.

General

The Plan is a multiemployer health and welfare plan covering substantially all members of the Westchester Heavy Construction Laborers Local 60 Union (the Union). The Plan was established on July 1, 1950, 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 (“ERISA”), as amended.

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 CBA. The CBA covers work performed by contractors utilizing union labor in Westchester County of New York. The CBA requires participating employers to pay the Plan at the following rates per hour worked by covered members of the Union, up to a maximum of 40 (forty) hours per week:

	<u>Rate (Per Hour):</u>	
	<u>Welfare</u>	<u>Sick Pay</u>
March 27, 2022 - March 25, 2023	\$ 8.65	\$ 0.85
March 26, 2023 - March 30, 2024	\$ 8.88	\$ 0.85
March 31, 2024 - March 29, 2025	\$ 9.88	\$ 0.85

The Plan also has various other agreements with other jurisdictions, with Welfare contribution rates ranging from \$6.45 per hour to \$13.35 per hour, for the years ended December 31, 2024 and 2023.

Rates for future periods covered by the CBA will be based on an allocation of total package increases included in the CBA, as recommended by the Trustees with the mutual consent of the Union and participating employers and employer associations.

Benefits

The Plan provides medical and death benefits on a self-insured basis for eligible members, dependents and retirees. Medical benefits include, but are not limited to, hospital, surgical, x-ray and lab, prescription drug, major medical, disability, optical, vision and dental. The Plan also collects contributions from employers and provides related sick pay benefits to eligible members.

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

Note 1 – Description of Plan (continued)

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. The Plan provides benefits to eligible members and specified dependents. A member becomes eligible for benefits on the first day of the month following the date such member accumulates 1,000 straight-time hours in a 12-month consecutive period of employment. Coverage will then begin on the first day of the subsequent month. Once a member meets the initial eligibility requirements, the member must continue to meet certain minimum hour requirements, measured by “insurance halves” to continue to be eligible under the Plan. The insurance halves are defined as the period from January 1st through June 30th and July 1st through December 31st.

Other

The Plan’s Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active members. Although there is no intention to do so, the Plan may be terminated only by joint agreement between the participating 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 have been 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 (“U.S. GAAP”). That basis differs from U.S. GAAP principally because employer contributions are recognized when received rather than when earned. Accordingly, receivables from employer contributions and their related effects on earnings have not been recognized in these financial statements. However, investment income is recognized when earned and expenses are recognized when incurred. Pursuant to the modified cash basis of accounting, the Plan accounts for expenses associated with its operating lease as they are incurred pursuant to the associated lease. 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.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of income and expenses during the reporting period. Actual results may differ from those estimates.

Payment of Benefits

Claims are recorded when paid and are reflected as benefits paid in the accompanying statements of changes in net assets available for benefits.

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.

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

Note 2 – Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

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.

Stop-Loss Insurance

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits. The stop-loss insurance covers most individual participant claims over a specific dollar amount (without aggregate limitations) on claims incurred basis with a six month trailing payment term.

Premiums for stop-loss insurance are included in premiums paid to insurance carriers for excess loss coverage in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds are netted with health and welfare benefits in the accompanying statements of changes in net assets available for benefits. There were no recoveries earned and due to the Plan for the years ended December 31, 2024 and 2023.

Prescription Rebate

The Plan has entered into an agreement with Express Scripts to manage prescription benefits and receives prescription rebates as part of the agreement. Prescription rebates are netted with health and welfare benefits in the accompanying statements of changes in net assets available for benefits. The total amount of recoveries was \$377,226 and \$454,134, for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, amounts due to the Plan under the rebate agreement were \$145,218 and \$233,251, respectively.

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 6). 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.

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 seven years for office and computer equipment. Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life of the asset. 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 on the statements of changes in net assets available for benefits.

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

Note 2 – Summary of Significant Accounting Policies (continued)

Tax Status

The trust established under the Plan to hold Plan's assets (the "Trust") is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code ("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 IRC on October 21, 1998, 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 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.

Subsequent Events

The Plan has evaluated events and transactions that occurred through October 6, 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.

**Westchester Heavy Construction
Laborers Local 60 Health and Welfare Fund
Notes to Financial Statements – Modified Cash Basis
December 31, 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 methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

- *Common stocks and mutual funds:* Valued at the closing price reported in the active market in which the individual securities are traded.
- *Money market funds:* 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.
- *Asset-Backed Securities, Mortgage-Backed Securities and Collateralized Mortgage Obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, the Plan believes its valuation methods are 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.

The tables presented below sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 1,958,921	\$ -	\$ 1,958,921
Common stocks	14,565,715	-	-	14,565,715
Mutual funds	128,490	-	-	128,490
Asset backed securities	-	1,536,393	-	1,536,393
Mortgage backed securities	-	9,273,893	-	9,273,893
Collateralized mortgage obligations	-	7,849,981	-	7,849,981
Total assets at fair value	\$ 14,694,205	\$ 20,619,188	\$ -	\$ 35,313,393

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 289,176	\$ -	\$ 289,176
Common stocks	12,696,009	-	-	12,696,009
Mutual funds	125,760	-	-	125,760
Asset backed securities	-	2,638,847	-	2,638,847
Mortgage backed securities	-	9,078,649	-	9,078,649
Collateralized mortgage obligations	-	6,180,741	-	6,180,741
Total assets at fair value	\$ 12,821,769	\$ 18,187,413	\$ -	\$ 31,009,182

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

Note 4 – Property and Equipment

A summary of property and equipment and related accumulated depreciation is as follows of December 31:

	2024	2023
Furniture and fixtures	\$ 6,889	\$ 6,889
Leasehold improvements	21,496	21,496
Auto	23,880	23,880
Software	154,189	154,189
Computer equipment	183,519	147,119
	389,973	353,573
Less: accumulated depreciation	(338,084)	(313,665)
	\$ 51,889	\$ 39,908

Depreciation expense charged against operations was \$24,419 and \$11,155 for the years ended December 31, 2024 and 2023, respectively.

Note 5 – Lease with Related-Party

The Plan and other related Union benefit funds (see Note 6) are obligated under a separate lease with 140 Broadway Realty Corp., an affiliate of the Plan, as the Plan holds an ownership interest in the entity, 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 \$40,800 for each of the years ended December 31, 2024 and 2023.

The future minimum lease payments, pursuant to this lease, are as follows for the:

Years Ending December 31:	
2025	\$ 40,800
2026	40,800
2027	40,800
2028	40,800
Total	\$ 163,200

Note 6 – Related-Party Transactions

The Plan, along with five other benefits Plans sponsored by the Union (Pension, Annuity, Legal Services, 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 Health and Welfare Fund
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023**

Note 6 – Related-Party Transactions (continued)

The Plan 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 Local 60 Administrative Account and are allocated amongst the funds using the ratios below, which are based on an expense allocation study:

	<u>Rates through December 31, 2024</u>	<u>Rates effective January 1, 2025</u>
Health & Welfare Fund	52.00%	51.55%
Pension Fund	15.00%	18.35%
Annuity Fund	18.00%	16.95%
Training Fund	6.50%	5.50%
Legal Fund	3.50%	3.10%
Labor Management and Target Fund	5.00%	4.55%
Total	<u>100.00%</u>	<u>100.00%</u>

Office space, personnel, and administrative costs allocated to the Plan were \$575,152 and \$505,895 for the years ended December 31, 2024 and 2023, respectively. The Plan reimbursed the Local 60 Administrative Account \$456,000 and \$551,113 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 \$75,305 at December 31, 2024 and the amount due from the Administrative Account was \$43,847 at December 31, 2023.

The Local 60 Administrative Account is also used to deposit contributions from employers for all related benefit funds. The amount that represents the Plan’s portion of the employer contributions is transferred to the Plan when the employer checks clears or when a remittance report is received for previous unapplied funds. There were no amounts owed by the Local 60 Administrative Account to the Plan for employer contributions as of December 31, 2024 and 2023.

The above transactions are considered exempt party-in-interest transactions under ERISA.

Note 7 – Post-retirement Benefit Obligations

The post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered through December 31, 2024, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the Company and from existing assets of the Plan. Post-retirement benefits include future benefits expected to be paid for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers.

Prior to an active employee’s full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee’s service in the industry rendered through the valuation date.

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

Note 7 – Post-retirement Benefit Obligations (continued)

The actuarial present value of the expected post-retirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were the significant assumptions used in the valuations as of December 31:

	<u>2024</u>	<u>2023</u>
Weighted-Average Discount Rate	5.41%	4.72%
Post Retirement Mortality Rates:		
Healthy:	Pri-2012 Blue Collar Employee/Annuitant Mortality Table using generational projection from 2012 under scale MP-2021.	Pri-2012 Blue Collar Employee/Annuitant Mortality Table using generational projection from 2012 under scale MP-2021.
Disabled:	Pri-2012 Disabled Mortality Table using generational projection from 2012 under scale MP-2021.	Pri-2012 Disabled Mortality Table using generational projection from 2012 under scale MP-2021.
Retirement Rates:	15% at age 55, increasing to 100% at age 70 and older	15% at age 55, increasing to 100% at age 70 and older
Disability Rates:		0.08% at age 20, increasing to 2.03% at age 60
Health Trend Rates:		
Pre-Medicare Hospital and Medical	5.40%	5.60%
Pre-Medicare Prescription Drugs	8.70%	3.00%
Medicare Hospital and Medical	5.00%	4.90%
Vision and Dental	4.00%	4.00%
Administrative Expense Increase Rate	3.00%	3.00%

* 100% of employees eligible to retire and receive subsidized post-retirement welfare coverage were assumed to participate in the Plan.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the financial statements. If the assumed rates increased by one percentage point each year, that would increase the obligation as of December 31, 2024 by \$130,537.

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

Note 7 – Post-retirement Benefit Obligations (continued)

The foregoing assumptions are based on the presumptions that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

Claims Incurred but not Reported

Plan obligations at December 31, 2024 and 2023, for claims incurred but not reported, are estimated by the Plan's independent actuary in accordance with accepted actuarial principles based on claims data. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Amounts Currently Payable

Plan obligations at December 31, 2024 and 2023, for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants at December 31, 2024 and 2023, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement's plan benefit obligations at present value. Health claims incurred by retired participants, but not reported at year end, are included in the post-retirement benefit obligation.

Plan obligations at December 31, 2024 for paid sick leave are estimated by plan management based on actual paid sick leave benefits received from employers less amounts paid.

Note 8 – Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net Assets Available For Benefits - Per Financial Statements	\$ 38,497,305	\$ 33,593,622
Health Claims Payable	(1,953,257)	(1,957,952)
Paid Sick Leave Payable	(1,354,287)	(1,007,811)
Claims Incurred but Not Reported	<u>(580,743)</u>	<u>(257,048)</u>
Net Assets Available for Benefits - Per Form 5500	<u>\$ 34,609,018</u>	<u>\$ 30,370,811</u>

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

Note 8 – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Benefits Paid to Participants		
- Per Financial Statements	\$14,678,218	\$ 17,072,970
Add – Amounts Currently Payable and Claims		
Incurred but Not Reported – End of Year	3,888,287	3,222,811
Add - Premiums on Stop Loss Insurance		
Not Recorded in Benefits Paid	510,716	567,332
Less – Amounts Currently Payable and Claims		
Incurred but Not Reported - Beginning of Year	<u>(3,222,811)</u>	<u>(5,248,173)</u>
Benefits Paid to Participants – Per Form 5500	<u>\$15,854,410</u>	<u>\$ 15,614,940</u>

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on Form 5500 for benefits claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date. Amounts incurred but not reported (“IBNR”) is estimated by the Plan’s actuary and represents pending and unrevealed claims as of December 31, 2024.

Note 9 – Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved to the Trustees. The Agreement and Declaration of Trust, as amended, provides that in the event the Trust is terminated, such termination would follow the applicable sections of the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code, as amended, for the exclusive benefit of the Plan participants and beneficiaries under the Trust.

Note 10 – Risks and Uncertainties

The Plan invests in various securities and other investment vehicles. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that the changes in these estimates and assumptions in the near term would be material to the financial statements.

The Plan maintains cash balances at 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 December 31, 2024 and 2023, the Plan had approximately \$2,941,131 and \$2,176,126, respectively, in excess of FDIC limits. The Plan has not experienced any losses on their accounts.

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

Note 10 – Risks and Uncertainties (continued)

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, 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, 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 11 – Participation in Multiemployer Plans

Due to the personnel sharing described in Note 6, 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 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 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.

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	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	\$47,612	\$45,974	N/A	3/31/2029

The Plan provides health, unemployment and other benefits to participants and retirees and the Plan’s contribution on behalf of its employees was \$30,064 and \$28,913 for the years ended December 31, 2024 and 2023, respectively.

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 Health and Welfare Fund
Supplemental Information
Administrative Expenses – Modified Cash Basis
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Administrative expenses		
Salaries	\$ 168,800	\$ 166,925
Payroll taxes	13,959	13,784
Employee benefits	101,904	98,399
Rent	40,800	40,800
Telephone	4,851	5,934
Office expense	22,705	28,450
Seminars and conferences	-	11,884
Computer expenses	44,379	31,509
Postage	9,021	7,525
Audit fees	8,658	7,873
Accounting fees	29,575	27,300
Legal fees	47,490	46,320
Legal fees - collections	49,548	37,905
Actuarial fees	57,504	57,504
Insurance	3,786	3,865
Depreciation	24,419	11,155
	<u>24,419</u>	<u>11,155</u>
Total administrative expenses	<u>\$ 627,399</u>	<u>\$ 597,132</u>

WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value	
*	Money Market Funds	WILMINGTON US TREASURY MONEY MARKET FUND CLASS SELECT Ticker: WTEXX; CUSIP: 97181C514	1,958,921 \$	1,958,921 \$	1,958,921
	Total Money Market Funds		1,958,921	1,958,921	
	Common Stock	3M CO Ticker: MMM; CUSIP: 88579Y101	390,000	55,245	50,345
	Common Stock	COSTCO WHOLESALE CORP COM Ticker: COST; CUSIP: 22160K105	185,000	135,702	169,510
	Common Stock	ELI LILLY & CO Ticker: LLY; CUSIP: 532457108	350	271,791	270,200
	Common Stock	SOLVENTUM CORP Ticker: SOLV; CUSIP: 83444M101	97,000	10,341	6,408
	Common Stock	BROADCOM INC Ticker: AVGO; CUSIP: 11135F101	1,250	167,595	289,800
	Common Stock	NVIDIA CORP COM Ticker: NVDA; CUSIP: 67066G104	1,786	250,577	239,842
	Common Stock	ABBVIE INC Ticker: ABBV; CUSIP: 00287Y109	1,930	117,999	342,961
	Common Stock	ADOBE INC Ticker: ADBE; CUSIP: 00724F101	1,160	198,365	515,829
	Common Stock	AIR PRODUCTS & CHEMICALS INC Ticker: APD; CUSIP: 009158106	850,000	107,234	246,534
	Common Stock	ALPHABET INC CL A Ticker: GOOGL; CUSIP: 02079K305	3,400	51,580	643,620
	Common Stock	ALPHABET INC CL C Ticker: GOOG; CUSIP: 02079K107	3,400	51,371	647,496
	Common Stock	AMAZON.COM INC Ticker: AMZN; CUSIP: 023135106	4,340	60,601	952,153
	Common Stock	AMGEN INC COM Ticker: AMGN; CUSIP: 031162100	415,000	88,076	108,166
	Common Stock	APPLE INC Ticker: AAPL; CUSIP: 037833100	7,740	121,202	1,938,251
	Common Stock	AUTOMATIC DATA PROCESSING INC Ticker: ADP; CUSIP: 053015103	1,010	124,965	295,657
	Common Stock	BIOGEN INC Ticker: BIIB; CUSIP: 09062X103	300,000	90,547	45,876
	Common Stock	CARRIER GLOBAL CORP Ticker: CARR; CUSIP: 14448C104	1,200	16,032	81,912
	Common Stock	COGNIZANT TECHNOLOGY SOLUTIONS CORP Ticker: CTSH; CUSIP: 192446102	3,130	119,753	240,697
	Common Stock	DANAHER CORP COM Ticker: DHR; CUSIP: 235851102	1,500	128,020	344,325
	Common Stock	EDWARDS LIFESCIENCES CORP COM Ticker: EW; CUSIP: 28176E108	3,855	78,015	285,386
	Common Stock	GOLDMAN SACHS GROUP INC COM Ticker: GS; CUSIP: 38141G104	10,000	1,659	5,726
	Common Stock	HOME DEPOT INC COM Ticker: HD; CUSIP: 437076102	930,000	195,857	361,761
	Common Stock	HONEYWELL INTL INC COM Ticker: HON; CUSIP: 438516106	480,000	83,121	108,427
	Common Stock	INTERCONTINENTAL EXCHANGE, INC Ticker: ICE; CUSIP: 45866F104	1,640	90,040	244,376
	Common Stock	IONIS PHARMACEUTICALS INC Ticker: IONS; CUSIP: 462222100	2,430	31,749	84,953
	Common Stock	MASTERCARD INC CLASS A Ticker: MA; CUSIP: 57636Q104	1,250	161,615	658,213
	Common Stock	MCDONALD'S CORPORATION Ticker: MCD; CUSIP: 580135101	1,350	143,836	391,352

**WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value
Common Stock	META PLATFORMS, INC-A Ticker: META; CUSIP: 30303M102	1,290	181,466	755,308
Common Stock	MICRON TECHNOLOGY INC COM Ticker: MU; CUSIP: 595112103	1,110	58,435	93,418
Common Stock	MICROSOFT CORP Ticker: MSFT; CUSIP: 594918104	3,830	250,064	1,614,345
Common Stock	NETFLIX INC. Ticker: NFLX; CUSIP: 64110L106	150,000	54,112	133,698
Common Stock	OTIS WORLDWIDE CORP Ticker: OTIS; CUSIP: 68902V107	605,000	24,239	56,029
Common Stock	PEPSICO INC COM Ticker: PEP; CUSIP: 713448108	1,730	120,377	263,064
Common Stock	PHILIP MORRIS INTERNATIONAL INC Ticker: PM; CUSIP: 718172109	1,020	66,636	122,753
Common Stock	PRUDENTIAL FINANCIAL INC Ticker: PRU; CUSIP: 744320102	1,380	84,474	163,571
Common Stock	RTX CORPORATION Ticker: RTX; CUSIP: 75513E101	1,777	102,052	205,634
Common Stock	STARBUCKS CORP COM Ticker: SBUX; CUSIP: 855244109	1,370	81,567	125,013
Common Stock	STRYKER CORP COM Ticker: SYK; CUSIP: 863667101	10,000	557	3,601
Common Stock	THERMO FISHER SCIENTIFIC INC Ticker: TMO; CUSIP: 883556102	1,260	303,563	655,490
Common Stock	VERIZON COMMUNICATIONS COM Ticker: VZ; CUSIP: 92343V104	2,820	127,189	112,772
Common Stock	VISA INCORPORATED Ticker: V; CUSIP: 92826C839	1,930	94,273	609,957
Common Stock	WALT DISNEY CO Ticker: DIS; CUSIP: 254687106	730,000	80,886	81,286
Total Common Stock			4,582,778	14,565,715
Mutual Funds	ENERGY SELECT SECTOR SPDR ETF Ticker: XLE; CUSIP: 81369Y506	1,500	96,065	128,490
Total Mutual Funds			96,065	128,490
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20A ABS 4.380% 1/01/30 CUSIP: 83162CTA1	70,506	73,128	69,482
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20C ABS 5.230% 3/01/27 CUSIP: 83162CQX4	26,087	27,847	26,146
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20B ABS 5.160% 2/01/28 CUSIP: 83162CRP0	14,434	15,697	14,445
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20C ABS 5.490% 3/01/28 CUSIP: 83162CRR6	19,357	22,042	19,335
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20I ABS 5.600% 9/01/28 CUSIP: 83162CSA2	21,464	23,476	21,617
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20B ABS 4.220% 2/01/31 CUSIP: 83162CTV5	126,262	133,720	122,993
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20H ABS 3.160% 8/01/33 CUSIP: 83162CVS9	194,734	202,037	183,142

**WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value	
	Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 10A ABS 5.035% 3/01/34 CUSIP: 831641FX8	847,503	846,179	840,994
	Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20J ABS 2.740% 10/01/34 CUSIP: 83162CWP4	259,794	278,629	238,239
	Total Asset Backed Securities		1,622,755	1,536,393	
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #522125 8.940% 10/25/26 CUSIP: 83165ASN5	17,381	17,555	17,277
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #510676 V-M 7.575% 7/25/45 CUSIP: 83164M2H1	257,349	273,112	271,835
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #510808 V-Q 7.325% 6/25/46 CUSIP: 83164NAH0	403,784	424,982	419,491
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530123 V-Q 8.075% 1/25/32 CUSIP: 8316A0D56	1,074,370	1,130,774	1,126,348
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530242 V-Q 5.625% 4/25/32 CUSIP: 8316A0HU7	576,672	578,474	573,523
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530591 V-M 6.250% 3/25/50 CUSIP: 8316A0UR9	1,043,438	1,084,198	1,075,065
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530592 V-M 7.000% 8/25/34 CUSIP: 8316A0US7	629,155	660,613	654,579
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #540045 V-Q 8.290% 3/25/32 CUSIP: 8316A8BP7	668,937	706,564	700,537
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #522416 V- 8.842% 7/25/28 CUSIP: 83165A3Z5	135,531	147,390	137,880
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530052 V-Q 8.125% 1/25/32 CUSIP: 8316A0BW9	458,963	500,270	479,442
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530025 V- 8.875% 2/25/32 CUSIP: 8316A0A34	295,459	333,222	316,871
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #540033 V- 9.602% 2/25/32 CUSIP: 8316A8BB8	464,117	532,575	499,116
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #540063 V- 9.331% 5/25/32 CUSIP: 8316A8B93	430,216	481,305	455,272
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530417 V- 7.000% 12/25/33 CUSIP: 8316A0PB0	249,511	259,492	255,387
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #100118 2.90199% 2/25/41 CUSIP: 831628DX7	71,911	73,170	66,389
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530024 V- 8.125% 12/25/41 CUSIP: 8316A0A26	393,906	446,098	414,519
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #510820 V-Q 7.000% 7/25/46 CUSIP: 83164NAV9	403,200	441,000	428,473
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530381 V-Q 6.350% 9/25/48 CUSIP: 8316A0M72	522,197	539,168	532,186
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530432 V-Q 6.375% 1/25/49 CUSIP: 8316A0PS3	821,391	843,978	849,703
	Total Mortgage Backed Securities		9,473,940	9,273,893	

See independent auditor's report

**WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value	
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN SER M25 CMO V-M 2.330% 11/25/29 CUSIP: 3136B7FC0	631,582	634,641	569,636
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #387928 3.480% 9/01/25 CUSIP: 31377U4M2	311,839	330,452	308,979
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #387928 3.480% 9/01/25 CUSIP: 31377U4M2	659,678	671,428	635,553
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #BL1451 3.760% 2/01/29 CUSIP: 3140HSTH4	296,389	311,208	285,390
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #MA3543 4.500% 11/01/33 CUSIP: 31418C5D2	157,277	164,576	155,347
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #745226 V-A 6.721% 2/01/35 CUSIP: 31403C4K4	21,208	22,255	21,881
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #768222 V-A 6.454% 4/01/34 CUSIP: 31404GPF2	6,265	6,194	6,317
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 98 CMO V-2.452% 6/20/36 CUSIP: 38382TL36	238,815	249,711	216,400
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 51 CMO 5.250% 6/20/38 CUSIP: 38375QX95	9,569	10,071	9,661
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 110 CMO 4.000% 4/16/39 CUSIP: 38376EVJ1	1,724	1,801	1,716
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN SER W8 CMO 4.79811% 11/25/42 CUSIP: 31393CX81	28,966	30,559	28,020
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN SER 74 CMO 2.000% 6/25/50 CUSIP: 3136BJK61	358,889	365,674	291,242
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 69 CMO 3.000% 10/20/50 CUSIP: 38382RVY1	378,416	398,815	330,702
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 56 CMO 1.750% 3/20/51 CUSIP: 38382J4J2	437,392	444,705	347,779
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 64 CMO 1.750% 4/20/51 CUSIP: 38382QGE4	331,875	338,253	264,939
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 67 CMO 1.750% 4/20/51 CUSIP: 38382R2R8	748,068	759,990	570,671
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 83 CMO 1.750% 5/20/51 CUSIP: 38382QQS2	494,864	504,298	399,113
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 103 CMO 3.000% 6/20/51 CUSIP: 38382TT95	242,986	257,869	210,251
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 103 CMO 3.000% 6/20/51 CUSIP: 38382TU44	389,257	412,978	331,635
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 121 CMO 3.000% 7/20/51 CUSIP: 38382VNG0	580,329	612,247	497,036
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 121 CMO 3.000% 7/20/51 CUSIP: 38382VNF2	566,174	598,729	484,911
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 156 CMO 2.500% 9/20/51 CUSIP: 38383APA6	580,929	602,850	473,103

WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
 EIN: 13-1737041
 PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value
	Collateralized Mortgage Obligations	1,033,189	1,024,472	964,689
	Collateralized Mortgage Obligations	485,808	464,023	445,010
	Total Collateralized Mortgage Obligations		<u>9,217,799</u>	<u>7,849,981</u>
	Total Investments		<u>\$ 26,952,258</u>	<u>\$ 35,313,393</u>

Westchester Heavy Construction
Laborers Local 60 Health and Welfare Fund
EIN: 13-1737041
Plan Number 501
Schedule H, Part IV, Line 4j - Reportable Transactions
For the Year Ended December 31, 2024

Category 2 - Series of Transactions with Same Broker 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)
(A) * Wilmington Trust	Brean Capital LLC	\$ 7,094,332	\$ -	\$ 7,094,332	\$ 7,094,332	\$ -

Category 3 - Series of Transactions in Same Security 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)
(B) * Wilmington Trust	US Treasury MMKT CL SLCT	\$ 8,316,143	\$ -	\$ 8,316,143	\$ 8,316,143	\$ -
(C) * Wilmington Trust	US Treasury MMKT CL SLCT		\$ 6,646,390	\$ 6,646,390	\$ 6,640,390	\$ -

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

Number of Transactions	Range of Transactions
(A) 11	\$298,151 - \$1,130,774
(B) 152	\$8 - \$1,000,000
(C) 14	\$11 - \$1,136,686

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

WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value	
*	Money Market Funds	WILMINGTON US TREASURY MONEY MARKET FUND CLASS SELECT Ticker: WTEXX; CUSIP: 97181C514	1,958,921 \$	1,958,921 \$	1,958,921
	Total Money Market Funds		1,958,921	1,958,921	
	Common Stock	3M CO Ticker: MMM; CUSIP: 88579Y101	390,000	55,245	50,345
	Common Stock	COSTCO WHOLESALE CORP COM Ticker: COST; CUSIP: 22160K105	185,000	135,702	169,510
	Common Stock	ELI LILLY & CO Ticker: LLY; CUSIP: 532457108	350	271,791	270,200
	Common Stock	SOLVENTUM CORP Ticker: SOLV; CUSIP: 83444M101	97,000	10,341	6,408
	Common Stock	BROADCOM INC Ticker: AVGO; CUSIP: 11135F101	1,250	167,595	289,800
	Common Stock	NVIDIA CORP COM Ticker: NVDA; CUSIP: 67066G104	1,786	250,577	239,842
	Common Stock	ABBVIE INC Ticker: ABBV; CUSIP: 00287Y109	1,930	117,999	342,961
	Common Stock	ADOBE INC Ticker: ADBE; CUSIP: 00724F101	1,160	198,365	515,829
	Common Stock	AIR PRODUCTS & CHEMICALS INC Ticker: APD; CUSIP: 009158106	850,000	107,234	246,534
	Common Stock	ALPHABET INC CL A Ticker: GOOGL; CUSIP: 02079K305	3,400	51,580	643,620
	Common Stock	ALPHABET INC CL C Ticker: GOOG; CUSIP: 02079K107	3,400	51,371	647,496
	Common Stock	AMAZON.COM INC Ticker: AMZN; CUSIP: 023135106	4,340	60,601	952,153
	Common Stock	AMGEN INC COM Ticker: AMGN; CUSIP: 031162100	415,000	88,076	108,166
	Common Stock	APPLE INC Ticker: AAPL; CUSIP: 037833100	7,740	121,202	1,938,251
	Common Stock	AUTOMATIC DATA PROCESSING INC Ticker: ADP; CUSIP: 053015103	1,010	124,965	295,657
	Common Stock	BIOGEN INC Ticker: BIIB; CUSIP: 09062X103	300,000	90,547	45,876
	Common Stock	CARRIER GLOBAL CORP Ticker: CARR; CUSIP: 14448C104	1,200	16,032	81,912
	Common Stock	COGNIZANT TECHNOLOGY SOLUTIONS CORP Ticker: CTSH; CUSIP: 192446102	3,130	119,753	240,697
	Common Stock	DANAHER CORP COM Ticker: DHR; CUSIP: 235851102	1,500	128,020	344,325
	Common Stock	EDWARDS LIFESCIENCES CORP COM Ticker: EW; CUSIP: 28176E108	3,855	78,015	285,386
	Common Stock	GOLDMAN SACHS GROUP INC COM Ticker: GS; CUSIP: 38141G104	10,000	1,659	5,726
	Common Stock	HOME DEPOT INC COM Ticker: HD; CUSIP: 437076102	930,000	195,857	361,761
	Common Stock	HONEYWELL INTL INC COM Ticker: HON; CUSIP: 438516106	480,000	83,121	108,427
	Common Stock	INTERCONTINENTAL EXCHANGE, INC Ticker: ICE; CUSIP: 45866F104	1,640	90,040	244,376
	Common Stock	IONIS PHARMACEUTICALS INC Ticker: IONS; CUSIP: 462222100	2,430	31,749	84,953
	Common Stock	MASTERCARD INC CLASS A Ticker: MA; CUSIP: 57636Q104	1,250	161,615	658,213
	Common Stock	MCDONALD'S CORPORATION Ticker: MCD; CUSIP: 580135101	1,350	143,836	391,352

**WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value
Common Stock	META PLATFORMS, INC-A Ticker: META; CUSIP: 30303M102	1,290	181,466	755,308
Common Stock	MICRON TECHNOLOGY INC COM Ticker: MU; CUSIP: 595112103	1,110	58,435	93,418
Common Stock	MICROSOFT CORP Ticker: MSFT; CUSIP: 594918104	3,830	250,064	1,614,345
Common Stock	NETFLIX INC. Ticker: NFLX; CUSIP: 64110L106	150,000	54,112	133,698
Common Stock	OTIS WORLDWIDE CORP Ticker: OTIS; CUSIP: 68902V107	605,000	24,239	56,029
Common Stock	PEPSICO INC COM Ticker: PEP; CUSIP: 713448108	1,730	120,377	263,064
Common Stock	PHILIP MORRIS INTERNATIONAL INC Ticker: PM; CUSIP: 718172109	1,020	66,636	122,753
Common Stock	PRUDENTIAL FINANCIAL INC Ticker: PRU; CUSIP: 744320102	1,380	84,474	163,571
Common Stock	RTX CORPORATION Ticker: RTX; CUSIP: 75513E101	1,777	102,052	205,634
Common Stock	STARBUCKS CORP COM Ticker: SBUX; CUSIP: 855244109	1,370	81,567	125,013
Common Stock	STRYKER CORP COM Ticker: SYK; CUSIP: 863667101	10,000	557	3,601
Common Stock	THERMO FISHER SCIENTIFIC INC Ticker: TMO; CUSIP: 883556102	1,260	303,563	655,490
Common Stock	VERIZON COMMUNICATIONS COM Ticker: VZ; CUSIP: 92343V104	2,820	127,189	112,772
Common Stock	VISA INCORPORATED Ticker: V; CUSIP: 92826C839	1,930	94,273	609,957
Common Stock	WALT DISNEY CO Ticker: DIS; CUSIP: 254687106	730,000	80,886	81,286
Total Common Stock			4,582,778	14,565,715
Mutual Funds	ENERGY SELECT SECTOR SPDR ETF Ticker: XLE; CUSIP: 81369Y506	1,500	96,065	128,490
Total Mutual Funds			96,065	128,490
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20A ABS 4.380% 1/01/30 CUSIP: 83162CTA1	70,506	73,128	69,482
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20C ABS 5.230% 3/01/27 CUSIP: 83162CQX4	26,087	27,847	26,146
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20B ABS 5.160% 2/01/28 CUSIP: 83162CRP0	14,434	15,697	14,445
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20C ABS 5.490% 3/01/28 CUSIP: 83162CRR6	19,357	22,042	19,335
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20I ABS 5.600% 9/01/28 CUSIP: 83162CSA2	21,464	23,476	21,617
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20B ABS 4.220% 2/01/31 CUSIP: 83162CTV5	126,262	133,720	122,993
Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20H ABS 3.160% 8/01/33 CUSIP: 83162CVS9	194,734	202,037	183,142

**WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value	
	Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 10A ABS 5.035% 3/01/34 CUSIP: 831641FX8	847,503	846,179	840,994
	Asset Backed Securities	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER 20J ABS 2.740% 10/01/34 CUSIP: 83162CWP4	259,794	278,629	238,239
	Total Asset Backed Securities		1,622,755	1,536,393	
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #522125 8.940% 10/25/26 CUSIP: 83165ASN5	17,381	17,555	17,277
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #510676 V-M 7.575% 7/25/45 CUSIP: 83164M2H1	257,349	273,112	271,835
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #510808 V-Q 7.325% 6/25/46 CUSIP: 83164NAH0	403,784	424,982	419,491
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530123 V-Q 8.075% 1/25/32 CUSIP: 8316A0D56	1,074,370	1,130,774	1,126,348
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530242 V-Q 5.625% 4/25/32 CUSIP: 8316A0HU7	576,672	578,474	573,523
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530591 V-M 6.250% 3/25/50 CUSIP: 8316A0UR9	1,043,438	1,084,198	1,075,065
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530592 V-M 7.000% 8/25/34 CUSIP: 8316A0US7	629,155	660,613	654,579
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #540045 V-Q 8.290% 3/25/32 CUSIP: 8316A8BP7	668,937	706,564	700,537
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #522416 V- 8.842% 7/25/28 CUSIP: 83165A3Z5	135,531	147,390	137,880
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530052 V-Q 8.125% 1/25/32 CUSIP: 8316A0BW9	458,963	500,270	479,442
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530025 V- 8.875% 2/25/32 CUSIP: 8316A0A34	295,459	333,222	316,871
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #540033 V- 9.602% 2/25/32 CUSIP: 8316A8BB8	464,117	532,575	499,116
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #540063 V- 9.331% 5/25/32 CUSIP: 8316A8B93	430,216	481,305	455,272
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530417 V- 7.000% 12/25/33 CUSIP: 8316A0PB0	249,511	259,492	255,387
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #100118 2.90199% 2/25/41 CUSIP: 831628DX7	71,911	73,170	66,389
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530024 V- 8.125% 12/25/41 CUSIP: 8316A0A26	393,906	446,098	414,519
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #510820 V-Q 7.000% 7/25/46 CUSIP: 83164NAV9	403,200	441,000	428,473
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530381 V-Q 6.350% 9/25/48 CUSIP: 8316A0M72	522,197	539,168	532,186
	Mortgage Backed Securities	SMALL BUSINESS ADMIN POOL #530432 V-Q 6.375% 1/25/49 CUSIP: 8316A0PS3	821,391	843,978	849,703
	Total Mortgage Backed Securities		9,473,940	9,273,893	

See independent auditor's report

**WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
EIN: 13-1737041
PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value	
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN SER M25 CMO V-M 2.330% 11/25/29 CUSIP: 3136B7FC0	631,582	634,641	569,636
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #387928 3.480% 9/01/25 CUSIP: 31377U4M2	311,839	330,452	308,979
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #387928 3.480% 9/01/25 CUSIP: 31377U4M2	659,678	671,428	635,553
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #BL1451 3.760% 2/01/29 CUSIP: 3140HSTH4	296,389	311,208	285,390
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #MA3543 4.500% 11/01/33 CUSIP: 31418C5D2	157,277	164,576	155,347
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #745226 V-A 6.721% 2/01/35 CUSIP: 31403C4K4	21,208	22,255	21,881
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN PL #768222 V-A 6.454% 4/01/34 CUSIP: 31404GPF2	6,265	6,194	6,317
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 98 CMO V-2.452% 6/20/36 CUSIP: 38382TL36	238,815	249,711	216,400
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 51 CMO 5.250% 6/20/38 CUSIP: 38375QX95	9,569	10,071	9,661
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 110 CMO 4.000% 4/16/39 CUSIP: 38376EVJ1	1,724	1,801	1,716
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN SER W8 CMO 4.79811% 11/25/42 CUSIP: 31393CX81	28,966	30,559	28,020
	Collateralized Mortgage Obligations	FEDERAL NATIONAL MORTGAGE ASSN SER 74 CMO 2.000% 6/25/50 CUSIP: 3136BJK61	358,889	365,674	291,242
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 69 CMO 3.000% 10/20/50 CUSIP: 38382RVY1	378,416	398,815	330,702
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 56 CMO 1.750% 3/20/51 CUSIP: 38382J4J2	437,392	444,705	347,779
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 64 CMO 1.750% 4/20/51 CUSIP: 38382QGE4	331,875	338,253	264,939
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 67 CMO 1.750% 4/20/51 CUSIP: 38382R2R8	748,068	759,990	570,671
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 83 CMO 1.750% 5/20/51 CUSIP: 38382QQS2	494,864	504,298	399,113
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 103 CMO 3.000% 6/20/51 CUSIP: 38382TT95	242,986	257,869	210,251
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 103 CMO 3.000% 6/20/51 CUSIP: 38382TU44	389,257	412,978	331,635
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 121 CMO 3.000% 7/20/51 CUSIP: 38382VNG0	580,329	612,247	497,036
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 121 CMO 3.000% 7/20/51 CUSIP: 38382VNF2	566,174	598,729	484,911
	Collateralized Mortgage Obligations	GOVERNMENT NATIONAL MORTGAGE ASSN SER 156 CMO 2.500% 9/20/51 CUSIP: 38383APA6	580,929	602,850	473,103

WESTCHESTER HEAVY CONSTRUCTION
LABORERS LOCAL 60 HEALTH AND WELFARE FUND
 EIN: 13-1737041
 PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) Party-in-interest to the plan	(b) (c) Identity of issuer, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, par or maturity value	Units	(d) Cost	(e) Current value
	Collateralized Mortgage Obligations	1,033,189	1,024,472	964,689
	Collateralized Mortgage Obligations	485,808	464,023	445,010
	Total Collateralized Mortgage Obligations		<u>9,217,799</u>	<u>7,849,981</u>
	Total Investments		<u>\$ 26,952,258</u>	<u>\$ 35,313,393</u>

Westchester Heavy Construction
Laborers Local 60 Health and Welfare Fund
EIN: 13-1737041
Plan Number 501
Schedule H, Part IV, Line 4j - Reportable Transactions
For the Year Ended December 31, 2024

Category 2 - Series of Transactions with Same Broker 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)
(A) * Wilmington Trust	Brean Capital LLC	\$ 7,094,332	\$ -	\$ 7,094,332	\$ 7,094,332	\$ -

Category 3 - Series of Transactions in Same Security 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)
(B) * Wilmington Trust	US Treasury MMKT CL SLCT	\$ 8,316,143	\$ -	\$ 8,316,143	\$ 8,316,143	\$ -
(C) * Wilmington Trust	US Treasury MMKT CL SLCT		\$ 6,646,390	\$ 6,646,390	\$ 6,640,390	\$ -

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

Number of Transactions	Range of Transactions
(A) 11	\$298,151 - \$1,130,774
(B) 152	\$8 - \$1,000,000
(C) 14	\$11 - \$1,136,686

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