

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I
2b Employer Identification Number (EIN): 13-1975659
2c Plan Sponsor's telephone number: 718-937-7150
2d Business code (see instructions): 562000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Daniel Wright (plan administrator) and Nicholas Orlando (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

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	3333
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)	519
	6a(2)	490
	6b	1280
	6c	1190
	6d	2960
	6e	348
	6f	3308
	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	30

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

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

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<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

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I</u>	D Employer Identification Number (EIN) <u>13-1975659</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>168265036</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>179435806</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>315558502</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>315558502</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>485435261</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>4512790</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
(3) Expected plan disbursements for the plan year	1d(3) <u>17252759</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE <u>VINCENT REGALBUTO</u> Type or print name of actuary <u>O'SULLIVAN ASSOCIATES, INC.</u> Firm name <u>1236 BRACE ROAD, UNIT E</u> <u>CHERRY HILL, NJ 08034</u> Address of the firm	<u>10/09/2025</u> Date <u>23-08116</u> Most recent enrollment number <u>856-795-7777</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	168265036
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1605	227600655
(2) For terminated vested participants	1215	150728381
(3) For active participants:		
(a) Non-vested benefits		5811990
(b) Vested benefits		101294235
(c) Total active	518	107106225
(4) Total	3338	485435261
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.66 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/01/2024	5999996					
07/01/2024	1340081					
			Totals ▶	3(b)	7340077	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	1340081

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	56.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2052

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.4 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1178943
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	8016073	800499
1	-1924004	-192134

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	92250491
b Employer's normal cost for plan year as of valuation date.....	9b	3385012

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	79671839	15591523
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		7229757
e Total charges. Add lines 9a through 9d.....	9e		118456783
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		
g Employer contributions. Total from column (b) of line 3.....	9g		7340077
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	35799634	6129703
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		614618
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	160472578	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	265611621	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		14084398
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		104372385
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		104372385
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I	D Employer Identification Number (EIN) 13-1975659	

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

GREAT GRAY TRUST COMPANY

04-2755549

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

SKYBRIDGE CAPITAL

26-0403497

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

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

WELLINGTON TRUST COMPANY, NA

04-2755549

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

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

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)

PROSKAUER ROSE LLP

13-1840454

(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	NONE	697922	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)

O'SULLIVAN ASSOCIATES

(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	NONE	62163	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)

ANDREW ANDERSON

13-1975659

(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	61431	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)

SHANAE JOHNSON

13-1975659

(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	61121	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)

QUAN-VEST CONSULTANTS, INC.

11-2559669

(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 50	NONE	51181	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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?
62 72 99 50	NONE	50235	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"/>

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)

CALIBRE CPA GROUP PLLC

47-0900880

(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	AUDITOR	47872	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)

DOMINICK GIGLIO

13-1975659

(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	41991	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

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 68	NONE	39292	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)

C AND S CONSULTING

87-2270288

(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?
20 50	TRUSTEE	38400	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)

COUNSEL ADVISORS, INC.

93-2423182

(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?
20 50	TRUSTEE	38400	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)

LSV ASSET MANAGEMENT

23-2772200

(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	NONE	37967	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)

CAROL A. FRANKLIN

13-1975659

(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	31772	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)

ELZBIETA PRIOLA

13-1975659

(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	28582	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)

HSSH CONSULTING, INC.

93-3875450

(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	NONE	27072	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)

ALLSPRING GLOBAL INVESTMENTS

95-3692822

(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	NONE	25267	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7974	Yes <input type="checkbox"/> No <input checked="" 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
SEGAL SELECT INSURANCE SERVICES INC	53	1009
(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.	
TRAVELERS 300 ARBORETUM PLACE RICHMOND, VA 23236 06-0566090	COMMISSION FOR PLACEMENT OF ERRORS AND OMISSIONS INS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	280
(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.	
CHUBB 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036 13-1963496	COMMISSION FOR PLACEMENT OF CYBER INSURANCE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	168
(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.	
AMWINS BROKERAGE 88 PINE ST 6TH FLOOR NEW YORK, NY 10005 13-4279678	COMMISSION FOR PLACEMENT OF CYBER INSURANCE	

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
SEGAL SELECT INSURANCE SERVICES INC	53	6517
(d) Enter name and EIN (address) of source of indirect compensation ULLICO / MARKEL 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSION FOR THE PLACEMENT OF FIDUCIARY INS.	
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <u>PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I</u>	D Employer Identification Number (EIN) <u>13-1975659</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II CORE BOND PLUS</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-145</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9612265</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST COMPANY</u>		
c EIN-PN <u>20-3802168-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>74537040</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSSELL 1000 GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST COMPANY</u>		
c EIN-PN <u>81-1025041-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7632900</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACROCK MSCI ACWI EX-US INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST COMPANY</u>		
c EIN-PN <u>81-1950980-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5882135</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I	D Employer Identification Number (EIN) 13-1975659

Part I	Asset and Liability Statement
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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	3932378	8398102
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	408811	195386
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	595134	1440098
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5401706	8638090
(2) U.S. Government securities	1c(2)		94733910
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1928286	1816564
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9237472	10080351
(5) Partnership/joint venture interests	1c(5)	13627643	13221599
(6) Real estate (other than employer real property)	1c(6)	40312562	36920734
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	88571376	97664340
(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)		349925
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4520430	5117616

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	142815	110763
f Total assets (add all amounts in lines 1a through 1e).....	1f	168678613	278687478
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	169293	102715
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		5650
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	169293	108365
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	168509320	278579113

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)	7276328	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7276328
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	250423	
(B) U.S. Government securities.....	2b(1)(B)	588662	
(C) Corporate debt instruments.....	2b(1)(C)	96693	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	384676	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1320454
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	311554	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	60151	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		371705
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3528245	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2840901	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		687344
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-5173402	
(B) Other.....	2b(5)(B)	1441434	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3731968

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	17796497
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	105919208
d Total income. Add all income amounts in column (b) and enter total	2d	129639568

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17751279
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	17751279
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)	437035
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	47872
(5) Investment advisory and investment management fees	2i(5)	313212
(6) Bank or trust company trustee/custodial fees	2i(6)	15377
(7) Actuarial fees	2i(7)	58850
(8) Legal fees	2i(8)	413235
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	82139
(11) Other expenses	2i(11)	450776
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1818496
j Total expenses. Add all expense amounts in column (b) and enter total	2j	19569775

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	110069793
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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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		5000000
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		5117616
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 557563.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 <u>PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I</u>	D Employer Identification Number (EIN) <u>13-1975659</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		<u>0</u>
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		<u>0</u>
----------	--	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a	Name of contributing employer STERICYCLE, INC.		
b	EIN 36-3640402	c	Dollar amount contributed by employer 693871
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 152.71		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer IESI CORP. WASTE CONNECTIONS		
b	EIN 13-3960687	c	Dollar amount contributed by employer 509644
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 30 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 271.95		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer CARDELLA TRUCKING CO.		
b	EIN 13-2622209	c	Dollar amount contributed by employer 649686
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 314.02		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer SANI-PRO DISPOSAL SERVICE		
b	EIN 20-5187398	c	Dollar amount contributed by employer 497315
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 31 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 232.95		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer LOCAL 813/1034/27 TRUST FUNDS		
b	EIN 13-1975659	c	Dollar amount contributed by employer 255061
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 271.95		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		
a	Name of contributing employer CASTLE SANITATION		
b	EIN 11-3092882	c	Dollar amount contributed by employer 197257
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 158.61		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer JAMAICA ASH AND RUBBISH

b EIN 11-1596642

c Dollar amount contributed by employer 218891

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 270.65

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer LIBERTY CONTRACTING

b EIN 22-2981137

c Dollar amount contributed by employer 358846

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 01 Year 2029

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 314.02

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer CITY WIDE CONTAINER

b EIN 11-3207838

c Dollar amount contributed by employer 250596

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2029

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 314.02

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer RC ENVIRONMENTAL, LLC

b EIN 92-0568864

c Dollar amount contributed by employer 804754

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2029

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 271.95

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a	963
	14b	919
	14c	989
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a	1.01
	15b	0.93
	16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	
16a	2	
16b	15817591	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment <input type="checkbox"/>		

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment <input type="checkbox"/>		
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: <u>36.0</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>44.0</u> % High-Yield Debt: <u>0.0</u> % Real Assets: <u>16.0</u> % Cash or Cash Equivalents: <u>0.0</u> % Other: <u>4.0</u> % b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input checked="" type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more		
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: <input type="checkbox"/> Yes. <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. <input type="checkbox"/> No. Other. Provide explanation: _____		

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A		
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.		



**PENSION PLAN
PRIVATE SANITATION UNION LOCAL 813 I.B. OF T.**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





**PENSION PLAN
PRIVATE SANITATION UNION LOCAL 813 I.B. OF T.**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Pension Plan Private Sanitation Union Local 813 I. B. of T.

Opinion

We have audited the accompanying financial statements of Pension Plan Private Sanitation Union Local 813 I. B. of T. (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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 2024 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules 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.

Calibre CPA Group, PLLC

New York, NY
September 30, 2025



PENSION PLAN
PRIVATE SANITATION UNION LOCAL 813 I.B. OF T.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Cash equivalents	\$ 8,638,090	\$ 5,401,706
U.S. Government securities	94,733,910	257,028
Corporate bonds	1,816,564	1,671,258
Common stock	10,080,351	8,891,356
Mutual funds	349,925	346,116
Collective trust funds	97,664,340	88,571,376
Limited partnerships	13,221,599	13,627,643
Hedge funds of funds	5,117,616	4,520,430
Real estate LLCs	36,920,734	40,312,562
Total investments	268,543,129	163,599,475
Receivables		
Due from affiliated funds for shared expenses	694,846	543,065
Withdrawal liability	156,780	244,284
Employer contributions	38,606	164,527
Interest and dividends	745,252	52,069
Total receivables	1,635,484	1,003,945
Cash	8,398,102	3,932,378
Prepaid expenses and other assets	110,763	142,815
Total assets	278,687,478	168,678,613
Liabilities		
Accounts payable and accrued expenses	102,715	169,293
Due to broker for securities purchased	5,650	-
Total liabilities	108,365	169,293
Net assets available for benefits	\$ 278,579,113	\$ 168,509,320

See accompanying notes to financial statements.



PENSION PLAN
PRIVATE SANITATION UNION LOCAL 813 I.B. OF T.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 14,311,884	\$ 13,778,775
Interest and dividends	2,132,148	1,385,019
	16,444,032	15,163,794
Less: investment expenses	328,589	299,954
Net investment income	16,115,443	14,863,840
Employer contributions	6,023,751	6,209,928
Withdrawal liability income	1,252,577	2,406,122
PBGC Special Financial Assistance	105,919,208	-
Total additions	129,310,979	23,479,890
Deductions		
Benefits paid to participants	17,751,279	17,252,759
Administrative expenses	1,489,907	1,666,505
Total deductions	19,241,186	18,919,264
Net change	110,069,793	4,560,626
Net assets available for benefits		
Beginning of year	168,509,320	163,948,694
End of year	\$ 278,579,113	\$ 168,509,320

See accompanying notes to financial statements.



PENSION PLAN
PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of Pension Plan Private Sanitation Union Local 813 I. B. of T. (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension plan established under the provisions of an Agreement and Declaration of Trust effective January 1, 1954, as amended, between Private Sanitation Union Local 813 (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, and various employers, primarily in the private sanitation industry operating in the New York metropolitan area, who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a Trust Fund for the purpose of providing retirement benefits to employees of contributing employers who are members of the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of Union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits as well as survivor benefits to eligible participants and beneficiaries as defined in the Plan Document. These include regular pensions, service pensions, early retirement pensions, disability pensions, and deferred vested pensions for those who meet specific eligibility requirements. These benefits are payable in the form of life annuities and joint and survivor annuities. The Plan requires (unless waived) participant and spousal benefits providing for actuarial reduced pensions to participants during their lifetime after which the surviving spouse receives 50% or 75% of the calculated benefit for life.

Funding Policy - Funding to provide the benefits is made through monthly contributions by participating employers on behalf of each covered employee as provided for in the applicable prevailing collective bargaining agreements with the Union. Funding is also provided through the collection of withdrawal liability obligations from former contributing employers. Contributions are also made by the Plan's sponsoring Union and other related benefit funds in their capacity as employers. Contributions by participants are not permitted under the Plan. The Plan's contributions for the years ended December 31, 2024 and 2023 did not meet the minimum funding requirements of ERISA. Consequently, the Plan had a funding deficiency. The Plan is currently operating under the requirements of a Rehabilitation Plan in accordance with the Pension Protection Act of 2006 (PPA), as amended.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recorded when earned and expenses are recorded when incurred, regardless of when cash is exchanged.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, if any, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported 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 determines its valuation policies utilizing information provided by its investment managers and custodian. Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Withdrawal Liability Receivable - Withdrawal liability amounts due from former contributing employers are accrued at year end based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Operating Leases - The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and lease liabilities for leases obligations that are not material to the financial statements and therefore related disclosures under accounting standards for these leases are not included in the financial statements. The Plan recognizes lease expenses associated with immaterial leases as incurred over the lease term.

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 benefit funds and the Union that are allocated based on various factors including the time spent, space used, and costs incurred.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 3. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries; (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries; and (c) active participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary O'Sullivan Associates Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the present value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2023 are as follows:

Mortality Rates:	Pre-Decrement:	PRI-2012 Blue Collar Employee
	Post-Decrement:	PRI-2012 Blue Collar Retiree
	Post-Disablement:	PRI-2012 Disabled Annuitant
	Beneficiaries:	PRI-2012 Blue Collar Contingent Annuitant

All tables use Scale MP-2021 generational mortality improvement.

Withdrawal Rates:	<u>Age</u>	<u>Rates</u>	<u>Age</u>	<u>Rates</u>
	20	17.46%	45	6.21%
	25	18.51%	50	5.63%
	30	12.19%	55	2.92%
	35	8.78%	60	2.20%
	40	7.00%		

Retirement Rates:	<u>Actives</u>	
	<u>Age</u>	<u>Retirement Rates</u>
	55-59	8%*
	60-61	20%
	62-64	30%
	65-70	50%
	71+	100%

*Participants covered by the Preferred Longevity Schedule of the Rehabilitation Plan that meet the eligibility requirements for the Rule of 90 Benefit are assumed to retire at a rate of 15% for ages 55 through 59.

Inactive Vested: 100% at age 60.



NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

Net Investment Return: 6.50%.

Administrative Expenses: \$1,216,655 payable annually increasing 2.25% (\$1,178,943 payable at the beginning of the year), with PBGC premiums increasing to \$52 for the 2031 plan year.

Actuarial Assumption Changes - The following assumptions were changed from the previous valuation to better reflect anticipated plan experience or are actuarial equivalent changes in assumptions.

- The age of exclusion for inactive vested participants changed from 75 to 80.
- Retirement rates for inactive vested change to 100% at age 60.
- Form of payment changed to Life Only with 5-year certain for those who are eligible.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2023 is shown below:

Actuarial present value of vested accumulated plan benefits	
Participants currently receiving benefits	\$ 172,350,374
Other vested participants	<u>164,164,567</u>
Total vested benefits	336,514,941
Actuarial present value of nonvested benefits	<u>3,631,483</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 340,146,424</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2023	<u>\$ 329,831,248</u>
Changes during year due to	
Assumption changes	8,557,128
Benefits accumulated and net gains	(201,005)
Passage of time	20,878,317
Benefits paid	<u>(18,919,264)</u>
Total change	<u>10,315,176</u>
Actuarial present value of accumulated plan benefits - December 31, 2023	<u>\$ 340,146,424</u>



NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

Since information on the accumulated plan benefits at December 31, 2024, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2024, and changes in its financial status for the year then ended. As permitted under accounting standards, the financial statements present the complete financial status of the Plan as of December 31, 2023.

Pension Protection Act Filings

For each of the years ended December 31, 2024 and 2023, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in critical status (red zone), within the meaning of the PPA. In accordance with PPA, the Trustees adopted a rehabilitation plan on November 23, 2009, that included a combination of benefit reductions and contribution increases designed to enable the Plan to forestall insolvency.

NOTE 4. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). 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; and
 - 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.

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 need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as calculated by the management of the entity.

Following are descriptions 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.

Cash equivalents - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.

U.S. Government securities - Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds - Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Common stock - Valued at quoted market prices reported on the national securities exchange in which the individual securities are traded.

Mutual funds - Valued at the daily closing price reported in the active market in which the funds are traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust funds - Valued at the NAV per share at year end as reported by the fund. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

Limited partnerships - Valued at the NAV per share at year end as reported by the limited partnership. The NAV, as provided by the partnership, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities and appraised values of properties.

Hedge funds of funds - Valued at the amount equal to the NAV per share at year end based on the fund's investment in a master fund in a master/feeder arrangement. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Real estate LLCs - The investment in 48-18 Van Dam Property Holdings, LLC is determined according to the Plan's interest in the property held by a two-member limited liability company, of which the Plan is a member. The most recent third-party appraisal of the property was performed on July 10, 2024. Both the income approach and sales comparison approach were considered in the appraisal of the property. The fair value on December 31, 2024 and 2023 was determined using the appraised value plus the value of other building non-appraised related assets and liabilities at December 31, 2024 and 2023.

The Plan is invested in four residential property LLCs in Manhattan, New York City at 174-176 1st Avenue, 64 2nd Avenue, 84 2nd Avenue, and 436 442 East 13th St. Each investment is in a two member LLC that invests in an LLC which holds the property, except for 436 442 East 13th St. which is a three member LLC which holds the property. The Plan's investments are through its own LLC, except for the 436 442 East 13th St. property which is through a partnership LLC with another related fund. The fair value on December 31, 2024 and 2023 was determined using the latest appraised values plus the value of other building non-appraised related assets and liabilities at December 31, 2024 and 2023.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 and properties could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing investments are not necessarily an indication of the risk associated with investing in them.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 8,638,090	\$ 8,638,090	\$ -	\$ -
U.S. Government securities	94,733,910	94,733,910	-	-
Corporate bonds	1,816,564	-	1,816,564	-
Common stock	10,080,351	10,080,351	-	-
Mutual funds	349,925	349,925	-	-
Real estate LLCs	<u>36,920,734</u>	-	-	<u>36,920,734</u>
Total assets in fair value hierarchy	152,539,574	<u>\$113,802,276</u>	<u>\$ 1,816,564</u>	<u>\$ 36,920,734</u>
Investments measured at NAV*	<u>116,003,555</u>			
Total assets at fair value	<u>\$ 268,543,129</u>			

*In accordance with accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 5,401,706	\$ 5,401,706	\$ -	\$ -
U.S. Government securities	257,028	257,028	-	-
Corporate bonds	1,671,258	-	1,671,258	-
Common stock	8,891,356	8,891,356	-	-
Mutual funds	346,116	346,116	-	-
Real estate LLCs	<u>40,312,562</u>	<u>-</u>	<u>-</u>	<u>40,312,562</u>
Total assets in fair value hierarchy	56,880,026	<u>\$ 14,896,206</u>	<u>\$ 1,671,258</u>	<u>\$ 40,312,562</u>
Investments measured at NAV*	<u>106,719,449</u>			
Total assets at fair value	<u>\$ 163,599,475</u>			

*In accordance with accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate NAV

The table below summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. Each investment entity, with the exception of the limited partnerships and the hedge funds of funds, is measured at fair value by using the NAV practical expedient and also files U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these entities are not required. There were no unfunded commitments towards these investment entities as of December 31, 2024 and 2023.

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/24	12/31/23		
Collective trust funds				
Wellington CIF II Core Bond Plus	\$ 9,612,265	\$ 9,391,615	Daily	1 day
Blackrock Equity Index Fund	74,537,040	66,801,622	Daily	1-5 days
Blackrock Russell 1000 Growth Index Fund	7,632,900	6,323,009	Daily	1-5 days
Blackrock MSCI ACWI ex-US Fund	<u>5,882,135</u>	<u>6,055,130</u>	Daily	1-5 days
	<u>97,664,340</u>	<u>88,571,376</u>		
Limited partnerships				
Allspring U.S. Core Bond Fund (a)	8,715,099	8,554,199	Daily	1-2 days
Boyd Watterson GSA Fund LP (b)	<u>4,506,500</u>	<u>5,073,444</u>	Quarterly	60 days
	<u>13,221,599</u>	<u>13,627,643</u>		
Hedge funds of funds				
EnTrust Special Opps Fund III (c)	1,215,631	1,562,000	Quarterly	95 days
EnTrust Capital Diversified Fund (d)	17,729	21,677	See (d)	See (d)
Skybridge Legion Strategies, Ltd. (e)	<u>3,884,256</u>	<u>2,936,753</u>	Quarterly	65 days
	<u>5,117,616</u>	<u>4,520,430</u>		
Total	<u>\$ 116,003,555</u>	<u>\$ 106,719,449</u>		



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

- a) Allspring U.S. Core Bond Fund invests in investment-grade debt securities including U.S. governmental securities, corporate bonds, mortgage-related securities, asset-backed and commercial mortgage-backed securities, and money market securities.
- b) Boyd Watterson GSA Fund, LP invests in diversified commercial properties primarily leased to the United States federal government either through the General Services Administration ("GSA") or other federal government agencies.
- c) Entrust Special Opportunities Fund III invests in other hedge funds through a fund of funds. The Fund invests in a select group of funds and investment vehicles that are generally expected to be illiquid. The Fund invests in a broad range of investments including, but not limited to, global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, direct lending, and sovereign debt.
- d) The Plan has liquidated its interest in the Entrust Capital Diversified Fund (Fund) except for the Fund's interest in Peruvian sovereign bonds. The Plan will receive its pro-rata share of the proceeds of the bond's monetization, however, the period over which the monetization will occur is not determined.
- e) Skybridge Legion Strategies, Ltd. invests in a pool of hedge funds that specialize primarily in cryptocurrency and digital assets, directional equity funds, event driven strategies, relative value strategies and private equity investments.

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of investments from one fair value level to another. Purchases/additions of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were \$1,556,556 and \$4,168,376, for the years ended December 31, 2024 and 2023, respectively. There were no transfers into or out of Level 3 during the years ended December 31, 2024 and 2023.

NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration with other related benefit funds and Local Union 813. As part of a cost sharing agreement, the Plan acts as paying agent for certain common administrative expenses. The related entities reimburse the Plan for their allocable share of these common administrative expenses paid on their behalf, as determined by the Trustees under a cost sharing agreement. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Reimbursements received for administrative expenses for the years ended December 31, 2024 and 2023, totaled \$3,085,021 and \$2,931,243, respectively. Amounts due the Plan totaled \$694,846 and \$543,065 at December 31, 2024 and 2023, respectively. These amounts were subsequently reimbursed to the Plan.



NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 6. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated June 15, 2015, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Trustees believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were 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 progress.

NOTE 7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities and real estate. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and real estate and to uncertainties in estimates and assumptions, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that 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 is 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 at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 8. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.



NOTE 8. PLAN TERMINATION (CONTINUED)

The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. Generally, the PBGC guarantees a portion of vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 9. OPERATING LEASE AS LESSEE

The Plan is currently leasing premises at 48-18 Van Dam Street, Long Island City, NY 11101 under a 10 year operating lease expiring June 30, 2028. Lease expense totaled \$87,015 and \$58,264 for the years ended December 31, 2024 and 2023, respectively.

The Plan's future minimum payments under the lease as of December 31, 2024 are as follows:

<u>Year Ended December 31,</u>	<u>Amount</u>
2025	\$ 79,796
2026	79,796
2027	79,796
2028	39,898
Total future minimum lease payments	<u>\$ 279,286</u>

NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan's office employees, which it shares with other affiliated benefit funds, are covered by this multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.

NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

- If an employer chooses to stop participating in this multiemployer plan, the employer may be required to pay an amount, referred to as a withdrawal liability, based on the under-funded status of the Plan.

The Plan's participation in this plan for the years ended December 31, 2024 and 2023, is outlined in the table below. The "EIN and Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Plan's year end at December 31, 2024 and 2023, respectively. The zone status is based on information that the Plan received from the multiemployer 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 FIP/RP Status row indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2024 and 2023 contributions. Contributions reported below represent the Plan's proportionate share of the contributions made to this multiemployer plan.

Legal Name of Plan:	Pension Plan Private Sanitation Union Local 813 I.B. of T.
EIN:	13-1975659
Pension Plan Number:	001
PPA Zone Status:	
2024	Critical Status (Red Zone)
2023	Critical Status (Red Zone)
FIP / RP Status:	Implemented
Contributions:	
2024	\$42,425
2023	\$38,714
Surcharge Imposed:	No

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date.

Defined Contribution Retirement Plan

In addition to the preceding Plan, the Plan's office employees, which are shared with other affiliated benefit funds are covered by the Local 813 Savings and Thrift Trust Fund. Contributions to this plan are made monthly under the terms of a participation agreement. The Plan's contributions to this plan for the years ended December 31, 2024 and 2023, totaled \$25,714 and \$25,229, respectively.



NOTE 11. ASSESSED WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Trustees, at times, may approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During the years ended December 31, 2024 and 2023, the Plan recognized withdrawal liability income of \$1,252,577 and \$2,406,122, respectively, on the statements of changes in net assets available for benefits.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 129,310,979	\$ 23,479,890
Add: investment expenses	<u>328,589</u>	<u>299,954</u>
Total income per the Form 5500	<u>\$ 129,639,568</u>	<u>\$ 23,779,844</u>

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 19,241,186	\$ 18,919,264
Add: investment expenses	<u>328,589</u>	<u>299,954</u>
Total expenses per the Form 5500	<u>\$ 19,569,775</u>	<u>\$ 19,219,218</u>

NOTE 13. THE AMERICAN RESCUE PLAN ACT

The American Rescue Plan Act (ARPA) was passed by the U.S. Senate and the House of Representatives and signed into law by the President on March 11, 2021. Legislation to help struggling multiemployer pension funds, titled the "Butch Lewis Emergency Pension Plan Relief Act of 2021" is included in the ARPA. This legislation created a special financial assistance program under which cash payments would be made by the PBGC to financially troubled multiemployer pension plans so that such plans may continue paying full benefits. The financial assistance paid to eligible plans would be paid in a single, lump sum payment in the amount sufficient to pay all benefits due, without reductions, and administrative expenses through plan year ending in 2051. This funding is not a loan and there is no requirement to pay back any financial assistance received.



NOTE 13. THE AMERICAN RESCUE PLAN ACT (CONTINUED)

The Plan applied for such financial assistance in March 2023. On September 10, 2024, the PBGC approved the Plan's application for Special Financial Assistance, approving a total amount of \$105,919,208, which was the requested amount of \$99,269,370 plus interest in the amount of \$6,649,838. The amount was received by the Plan on October 10, 2024.

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 30, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



7.6. Summary of Plan Provisions (Line 6)

Plan Year:	January 1 through December 31
Participation	All employees working in covered employment for a signatory employer are eligible to participate in the Plan as of the date of their first Covered Hour.
Vesting Service	One year of vesting service for each Plan Year in which the employee works at least 20 weeks.
Credited Service	One year of credited service for 44 weeks of Covered Employment. No credit for less than 20 weeks of Covered Employment. Credit pro-rated for service between 20 and 44 weeks of Covered Employment.
Vesting	100% vesting after five years of Vesting Service
Break In Service	450 or less covered Hours of Service and 10 or less weeks of Employer Contributions.
Suspension of Benefits	Plan references statutory definitions and thresholds, summarized below: A member's benefit is suspended while working over the hour threshold while in Disqualifying Employment.
Hours Threshold	More than 40 hours per month
Disqualifying Employment	Employed in Section 203(a)(3)(B) service as described in Department of Labor Regulation Section 2530.203(c)(2)

Preferred Schedule and Preferred Longevity Schedule

**Normal Retirement:
 (Plan calls this
 "Vested Pension")**

Eligibility Age 65, with five years of Vesting Service, or fifth anniversary of participation

Amount Participants whose first Hour of Service in Covered Employment is on or before December 31, 2017:

Benefit amount payable at Normal Retirement Age is equal to a percentage of the *maximum benefit* applicable at the time the Participant terminated Covered Employment. Such percentage determined as the sum of (a), (b) & (c):

- (a) 1.5% for each year of Credited Service prior to January 1, 1976
- (b) 3.0% for each year of Credited Service after December 31, 1975
- (c) 3.0% of (a)

Participants whose first Hour of Service in Covered Employment is on or after January 1, 2018:

Amount of Service Pension

Normal Form If married: 50% J&S
 If not married: Life

Optional Forms:

- (a) Single life (single participants only)
- (b) 5-year certain and life
- (c) 10-year certain and life
- (d) 50% J&S (married participants only)
- (e) 75% J&S (married participants only)

All forms of payment are determined such that they are actuarially equivalent to the single life annuity.

Service Pension:

Eligibility Age 60 with 17 ½ years of Credited Service, or
 Age 55 with combined age and years of Credited Service equal to at least 90.
 ("Rule of 90 Benefit").

Amount Participants whose first Hour of Service in Covered Employment is on or before December 31, 2017:

Based on the weekly contribution rate last made on the Participant's behalf. Monthly accrual rates for weekly contribution rates of \$39 to \$69 are shown in the chart below. Monthly accrual rates for weekly contribution rates higher than \$69 are the same as those for \$69. There is no reduction in the amount of Service Pension for

commencement prior to Normal Retirement Age.

Monthly Accrual Rates		
<u>Years of Credited Service</u>		
Weekly		
Contribution		
<u>Rate</u>	<u>1-25</u>	<u>26-35</u>
\$39.00	\$73.82	\$13.18
40.00	75.71	13.52
41.00	77.61	13.86
42.00	79.50	14.20
43.00	81.39	14.53
44.00	83.29	14.87
45.00	85.18	15.20
46.00	87.08	15.55
47.00	88.96	15.89
48.00	90.85	16.22
49.00	92.75	16.56
50.00	94.64	16.90
51.00	96.54	17.24
52.00	98.43	17.58
53.00	100.36	17.91
54.00	102.23	18.25
55.00	102.50	18.30
56.00	102.79	18.35
57.00	103.07	18.40
58.00	103.36	18.45
59.00	103.64	18.50
60.00	103.93	18.55
61.00	104.21	18.60
62.00	104.50	18.65
63.00	104.78	18.70
64.00	105.07	18.75
65.00	105.34	18.80
66.00	105.64	18.85
67.00	105.92	18.90
68.00	106.21	18.95
69.00	106.49	19.00

Participants whose first Hour of Service in Covered Employment is on or after
 January 1, 2018:

Weekly Contrib. Rate	Monthly Accrual Rates Years of Credited Service						
	1-5	6-10	11-15	16-20	21-25	26-30	31-35
\$39.00	\$48.70	\$51.10	\$53.61	\$56.24	\$59.00	\$61.90	\$64.93
40.00	49.94	52.39	54.96	57.66	60.49	63.46	66.58
41.00	51.19	53.71	56.34	59.11	62.01	65.06	68.25
42.00	52.45	55.02	57.73	60.56	63.53	66.65	69.92
43.00	53.70	56.34	59.11	62.01	65.06	68.25	71.60
44.00	54.93	57.63	60.46	63.43	66.55	69.82	73.24
45.00	56.19	58.95	61.85	64.88	68.07	71.41	74.91
46.00	57.45	60.27	63.23	66.33	69.59	73.01	76.59
47.00	58.68	61.56	64.58	67.76	71.08	74.57	78.23
48.00	59.93	62.88	65.96	69.21	72.60	76.17	79.90
49.00	61.19	64.19	67.35	70.66	74.12	77.76	81.58
50.00	62.42	65.49	68.70	72.08	75.61	79.33	83.22
51.00	63.68	66.80	70.08	73.53	77.14	80.92	84.89
52.00	64.93	68.12	71.47	74.98	78.66	82.52	86.57
53.00	66.22	69.46	72.88	76.46	80.21	84.15	88.28
54.00	67.45	70.76	74.23	77.88	81.70	85.71	89.92
55.00	67.62	70.94	74.42	78.08	81.91	85.93	90.15
56.00	67.81	71.14	74.64	78.31	82.15	86.18	90.41
57.00	67.98	71.32	74.83	78.50	82.36	86.40	90.64
58.00	68.18	71.53	75.04	78.73	82.59	86.65	90.90
59.00	68.35	71.71	75.23	78.93	82.80	86.87	91.13
60.00	68.55	71.92	75.45	79.16	83.04	87.12	91.39
61.00	68.75	72.12	75.67	79.39	83.28	87.37	91.66
62.00	68.92	72.31	75.86	79.58	83.49	87.59	91.89
63.00	69.12	72.51	76.07	79.81	83.73	87.84	92.15
64.00	69.31	72.72	76.29	80.04	83.97	88.09	92.41
65.00	69.49	72.90	76.48	80.24	84.18	88.31	92.64
66.00	69.68	73.11	76.70	80.47	84.41	88.56	92.90
67.00	69.86	73.29	76.89	80.67	84.62	88.78	93.13
68.00	70.06	73.49	77.10	80.89	84.86	89.03	93.40
69.00	70.25	73.70	77.32	81.12	85.10	89.28	93.66

Early Retirement:

Eligibility 25 years of Credited Service or
 Age 55 with 20 years of Credited Service

Amount If not meeting the Early Retirement eligibility:

Amount of **Normal Pension** reduced by 1/15 for each of the first 5 years preceding Normal Retirement Age and 1/30 for each of the next 5 years preceding Normal Retirement Age.

If meeting the Early Retirement eligibility:

Amount of **Service Pension** multiplied by the following percentage based on the Participant's age at commencement:

<u>Age</u>	<u>Percentage</u>	<u>Age</u>	<u>Percentage</u>
60	100.0%	54	68.7%
59	93.6%	53	66.3%
58	87.3%	52	64.1%
57	81.6%	51	62.1%
56	76.1%	50 or less	59.9%
55	70.9%		

Disability:

Eligibility 17 ½ years of Credited Service

Amount Amount of Service Pension

**Death Benefit:
 Pre-Retirement**

Eligibility Death of a vested participant and married for at least one year.

Amount The Participant's spouse is eligible to receive 50% of the benefit the Participant would have received had they terminated the day before they died and elected the 50% joint and survivor annuity. If the Participant died prior to eligibility for an immediate pension, then the spouse's benefit is deferred to the date the Participant would have reached their Normal Retirement Age.

Default Schedule

The following summarizes the differences between the Default and Preferred Schedules

Normal Retirement:

Eligibility	Same
Amount	Same as: Participants whose first Hour of Service in Covered Employment is on or before December 31, 2017: Reduction is Actuarial Equivalence

Service Pension:

Eligibility	Same
Amount	Based on the weekly contribution rate made on the employee's behalf. The monthly accrual rate for the first 25 years of Credited Service is 1% of the annual contribution required based on the initial contribution rate required on the effective date of the Default Schedule. The accrual rate for the next 10 years of Credited Service would be the same as under the Preferred Schedule (based on the accrual rates applicable to Participants whose first Hour of Service in Covered Employment is on or before December 31, 2017). Benefits commencing prior to Normal Retirement Age are subject to an actuarial reduction.

Early Retirement:

Eligibility	Age 55 with 20 years of Credited Service
Amount	Amount of Service Pension with an actuarial reduction for commencement prior to Normal Retirement Age

Disability:

Eligibility	Eliminated
Amount	Eliminated

Death Benefit: Pre-Retirement

Eligibility	Same
Amount	Same



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Pension Plan PrivateSanitation Union Local 813 IBT Eln:13-1975659 Plan No 001
Schedule H (Form 5500) 2024 Part IV, Line 4i-Schedule of Assets (Held at End of Year)
01/01/2024 - 12/31/2024

Status: FINAL

TOTAL FUND 27-813 -

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
U. S. GOVERNMENT SECURITIES					
K74F71726102	912797NB9 U S TREASURY BILL 0.000% 04/10/2025 DD 10/10/24	175,000.000	171,216.60	171,216.60	0.00
K74F71726102	91282CGX3 U S TREASURY NOTE 3.875% 04/30/2025 DD 04/30/23	115,000.000	114,523.83	114,825.20	301.37
K74F71726102	91282CHD6 U S TREASURY NOTE 4.250% 05/31/2025 DD 05/31/23	95,000.000	94,554.69	94,976.25	421.56
K74F71726602	912797KJ5 U S TREASURY BILL 0.000% 03/20/2025 DD 03/21/24	1,702,000.000	1,670,492.43	1,670,492.43	0.00
K74F71726602	912797LY1 U S TREASURY BILL 0.000% 01/16/2025 DD 07/18/24	1,104,000.000	1,091,421.07	1,091,421.07	0.00
K74F71726602	912810ET1 U S TREASURY BOND 7.625% 02/15/2025 DD 02/15/95	1,665,000.000	1,689,064.45	1,671,443.55	(17,620.90)
K74F71726602	912810FA1 U S TREASURY BOND 6.375% 08/15/2027 DD 08/15/97	1,914,000.000	2,049,662.23	2,015,078.34	(34,583.89)
K74F71726602	912810FF0 U S TREASURY BOND 5.250% 11/15/2028 DD 11/15/98	2,032,000.000	2,142,569.38	2,095,743.84	(46,825.54)
K74F71726602	9128282A7 U S TREASURY NOTE 1.500% 08/15/2026 DD 08/15/16	1,811,000.000	1,733,537.30	1,733,543.53	6.23
K74F71726602	9128283F5 U S TREASURY NOTE 2.250% 11/15/2027 DD 11/15/17	1,928,000.000	1,839,055.94	1,822,634.80	(16,421.14)
K74F71726602	9128283W8 U S TREASURY NOTE 2.750% 02/15/2028 DD 02/15/18	2,028,000.000	1,958,129.06	1,936,192.44	(21,936.62)
K74F71726602	9128284N7 U S TREASURY NOTE 2.875% 05/15/2028 DD 05/15/18	2,003,000.000	1,937,354.80	1,913,025.24	(24,329.56)
K74F71726602	9128284V9 U S TREASURY NOTE 2.875% 08/15/2028 DD 08/15/18	2,055,000.000	1,983,636.91	1,954,572.15	(29,064.76)
K74F71726602	912828K74 U S TREASURY NOTE 2.000% 08/15/2025 DD 08/15/15	1,728,000.000	1,696,342.50	1,704,015.36	7,672.86
K74F71726602	912828M56 U S TREASURY NOTE 2.250% 11/15/2025 DD 11/15/15	1,734,000.000	1,699,116.80	1,704,313.92	5,197.12
K74F71726602	912828P46 U S TREASURY NOTE 1.625% 02/15/2026 DD 02/15/16	1,797,000.000	1,740,492.77	1,745,623.77	5,131.00
K74F71726602	912828R36 U S TREASURY NOTE 1.625% 05/15/2026 DD 05/15/16	1,805,000.000	1,739,991.80	1,742,113.80	2,122.00
K74F71726602	912828U24 U S TREASURY NOTE 2.000% 11/15/2026 DD 11/15/16	1,820,000.000	1,751,323.44	1,746,635.80	(4,687.64)
K74F71726602	912828V98 U S TREASURY NOTE 2.250% 02/15/2027 DD 02/15/17	1,893,000.000	1,824,452.70	1,816,466.01	(7,986.69)
K74F71726602	912828X88 U S TREASURY NOTE 2.375% 05/15/2027 DD 05/15/17	1,906,000.000	1,836,460.78	1,825,147.48	(11,313.30)
K74F71726602	912828XB1 U S TREASURY NOTE 2.125% 05/15/2025 DD 05/15/15	1,716,000.000	1,693,946.72	1,702,546.56	8,599.84
K74F71726602	91282CAL5 U S TREASURY NOTE 0.375% 09/30/2027 DD 09/30/20	1,978,000.000	1,787,849.30	1,779,745.06	(8,104.24)
K74F71726602	91282CAY7 U S TREASURY NOTE 0.625% 11/30/2027 DD 11/30/20	2,050,000.000	1,857,332.03	1,846,127.50	(11,204.53)
K74F71726602	91282CBB6 U S TREASURY NOTE 0.625% 12/31/2027 DD 12/31/20	2,051,000.000	1,853,270.78	1,841,572.39	(11,698.39)
K74F71726602	91282CBP5 U S TREASURY NOTE 1.125% 02/29/2028 DD 02/28/21	2,062,000.000	1,885,602.34	1,870,130.90	(15,471.44)
K74F71726602	91282CBS9 U S TREASURY NOTE 1.250% 03/31/2028 DD 03/31/21	2,034,000.000	1,864,208.67	1,847,055.06	(17,153.61)
K74F71726602	91282CCE9 U S TREASURY NOTE 1.250% 05/31/2028 DD 05/31/21	2,056,000.000	1,876,260.63	1,856,588.56	(19,672.07)
K74F71726602	91282CCH2 U S TREASURY NOTE 1.250% 06/30/2028 DD 06/30/21	2,058,000.000	1,874,387.81	1,854,052.20	(20,335.61)
K74F71726602	91282CCV1 U S TREASURY NOTE 1.125% 08/31/2028 DD 08/31/21	2,073,000.000	1,870,882.50	1,848,701.40	(22,181.10)
K74F71726602	91282CCY5 U S TREASURY NOTE 1.250% 09/30/2028 DD 09/30/21	2,047,000.000	1,852,774.88	1,829,178.73	(23,596.15)
K74F71726602	91282CDL2 U S TREASURY NOTE 1.500% 11/30/2028 DD 11/30/21	2,116,000.000	1,927,378.44	1,900,189.16	(27,189.28)
K74F71726602	91282CDP3 U S TREASURY NOTE 1.375% 12/31/2028 DD 12/31/21	2,118,000.000	1,915,962.66	1,888,408.80	(27,553.86)
K74F71726602	91282CEE7 U S TREASURY NOTE 2.375% 03/31/2029 DD 03/31/22	2,107,000.000	1,980,003.87	1,944,276.39	(35,727.48)
K74F71726602	91282CEH0 U S TREASURY NOTE 2.625% 04/15/2025 DD 04/15/22	1,681,000.000	1,667,407.54	1,673,166.54	5,759.00
K74F71726602	91282CEU1 U S TREASURY NOTE 2.875% 06/15/2025 DD 06/15/22	1,694,000.000	1,678,383.44	1,683,768.24	5,384.80
K74F71726602	91282CEY3 U S TREASURY NOTE 3.000% 07/15/2025 DD 07/15/22	1,698,000.000	1,683,275.16	1,687,047.90	3,772.74
K74F71726602	91282CFK2 U S TREASURY NOTE 3.500% 09/15/2025 DD 09/15/22	1,702,000.000	1,691,096.56	1,692,945.36	1,848.80
K74F71726602	91282CFP1 U S TREASURY NOTE 4.250% 10/15/2025 DD 10/15/22	1,704,000.000	1,704,865.31	1,704,426.00	(439.31)
K74F71726602	91282CGA3 U S TREASURY NOTE 4.000% 12/15/2025 DD 12/15/22	1,770,000.000	1,767,441.80	1,766,991.00	(450.80)
K74F71726602	91282CGE5 U S TREASURY NOTE 3.875% 01/15/2026 DD 01/15/23	1,774,000.000	1,769,287.81	1,768,057.10	(1,230.71)
K74F71726602	91282CGR6 U S TREASURY NOTE 4.625% 03/15/2026 DD 03/15/23	1,783,000.000	1,796,860.04	1,790,666.90	(6,193.14)



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Pension Plan Private Sanitation Union Local 813 IBT Eln:13-1975659 Plan No 001
Schedule H (Form 5500) 2024 Part IV, Line 4i-Schedule of Assets (Held at End of Year)

Status: FINAL

TOTAL FUND 27-813 -

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K74F71726602	91282CGV7 U S TREASURY NOTE 3.750% 04/15/2026 DD 04/15/23	1,791,000.000	1,784,003.91	1,779,591.33	(4,412.58)
K74F71726602	91282CHH7 U S TREASURY NOTE 4.125% 06/15/2026 DD 06/15/23	1,805,000.000	1,808,807.42	1,801,823.20	(6,984.22)
K74F71726602	91282CHM6 U S TREASURY NOTE 4.500% 07/15/2026 DD 07/15/23	1,809,000.000	1,825,040.74	1,815,440.04	(9,600.70)
K74F71726602	91282CHY0 U S TREASURY NOTE 4.625% 09/15/2026 DD 09/15/23	1,825,000.000	1,847,741.21	1,835,767.50	(11,973.71)
K74F71726602	91282CJC6 U S TREASURY NOTE 4.625% 10/15/2026 DD 10/15/23	1,825,000.000	1,849,309.57	1,836,059.50	(13,250.07)
K74F71726602	91282CJP7 U S TREASURY NOTE 4.375% 12/15/2026 DD 12/15/23	1,910,000.000	1,928,428.52	1,914,182.90	(14,245.62)
K74F71726602	91282CJT9 U S TREASURY NOTE 4.000% 01/15/2027 DD 01/15/24	1,917,000.000	1,921,193.44	1,907,415.00	(13,778.44)
K74F71726602	91282CKE0 U S TREASURY NOTE 4.250% 03/15/2027 DD 03/15/24	1,935,000.000	1,952,082.42	1,934,322.75	(17,759.67)
K74F71726602	91282CKJ9 U S TREASURY NOTE 4.500% 04/15/2027 DD 04/15/24	1,935,000.000	1,963,722.66	1,944,520.20	(19,202.46)
K74F71726602	91282CKV2 U S TREASURY NOTE 4.625% 06/15/2027 DD 06/15/24	1,952,000.000	1,989,896.25	1,968,162.56	(21,733.69)
K74F71726602	91282CKZ3 U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	1,956,000.000	1,981,901.72	1,960,811.76	(21,089.96)
K74F71726602	91282CLL3 U S TREASURY NOTE 3.375% 09/15/2027 DD 09/15/24	1,976,000.000	1,951,300.00	1,930,769.36	(20,530.64)
K74F71726602	912833XN5 U S TREASURY BD CPN STRIP 0.000% 02/15/2029 DD 02/16/99	4,265,000.000	3,601,195.40	3,545,579.80	(55,615.60)
K74F71726602	912833XS4 U S TREASURY BD CPN STRIP 0.000% 05/15/2029 DD 02/15/00	2,932,000.000	2,451,005.40	2,410,016.04	(40,989.36)
TOTAL U. S. GOVERNMENT SECURITIES			97,617,506.43	96,929,585.27	(687,921.16)
CORPORATE DEBT INSTRUMENTS - PREFERRED					
K74F71726102	29355XAG2 ENPRO INC 5.750% 10/15/2026 DD 04/15/19	100,000.000	99,250.00	99,500.00	250.00
K74F71726102	29452EAA9 EQUITABLE HOLDINGS INC VAR RT 12/31/2049 DD 08/11/20	190,000.000	190,118.75	188,901.80	(1,216.95)
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			289,368.75	288,401.80	(966.95)
CORPORATE DEBT INSTRUMENTS					
K74F71726102	02406PBA7 AMERICAN AXLE & MANUFACTURING 6.875% 07/01/2028 DD 06/12/20	95,000.000	92,743.75	94,260.90	1,517.15
K74F71726102	04010LBD4 ARES CAPITAL CORP 2.875% 06/15/2027 DD 01/13/22	115,000.000	114,429.60	109,366.15	(5,063.45)
K74F71726102	064058AH3 BANK OF NEW YORK MELLON CORP/T VAR RT 12/31/2049 DD 05/19/20	130,000.000	127,972.00	128,766.30	794.30
K74F71726102	15089QAL8 CELANESE US HOLDINGS LLC VAR RT 03/15/2025 DD 07/14/22	26,000.000	26,218.14	26,018.20	(199.94)
K74F71726102	174610AU9 CITIZENS FINANCIAL GROUP INC VAR RT 12/31/2049 DD 06/04/20	190,000.000	185,240.59	188,582.60	3,342.01
K74F71726102	20602DAB7 CONCENTRIX CORP 6.600% 08/02/2028 DD 08/02/23	95,000.000	95,216.00	97,465.25	2,249.25
K74F71726102	446150AV6 HUNTINGTON BANCSHARES INC/OH VAR RT 12/31/2049 DD 08/10/20	40,000.000	40,350.00	38,204.80	(2,145.20)
K74F71726102	55903VBG7 WARNERMEDIA HOLDINGS INC 6.412% 03/15/2026 DD 03/10/23	170,000.000	170,718.00	170,068.00	(650.00)
K74F71726102	570535AW4 MARKEL GROUP INC VAR RT 12/31/2049 DD 05/27/20	180,000.000	182,614.28	179,663.40	(2,950.88)
K74F71726102	67059TAE5 NUSTAR LOGISTICS LP 5.625% 04/28/2027 DD 04/28/17	65,000.000	64,285.00	64,526.80	241.80
K74F71726102	78454LAN0 SM ENERGY CO 6.750% 09/15/2026 DD 09/12/16	95,000.000	93,400.88	94,908.80	1,507.92
K74F71726102	816851BK4 SEMPRA VAR RT 12/31/2049 DD 06/19/20	140,000.000	139,300.00	138,178.60	(1,121.40)
K74F71726102	893647BL0 TRANSDIGM INC 5.500% 11/15/2027 DD 05/15/20	100,000.000	98,289.00	98,263.00	(26.00)
K74F71726102	929043AJ6 VORNADO REALTY LP 3.500% 01/15/2025 DD 12/27/17	100,000.000	98,606.00	99,889.00	1,283.00
TOTAL CORPORATE DEBT INSTRUMENTS			1,529,383.24	1,528,161.80	(1,221.44)
CORPORATE STOCK - COMMON					
K74F71711302	000957100 ABM INDUSTRIES INC	1,250.000	53,774.04	63,975.00	10,200.96
K74F71711302	001084102 AGCO CORP	400.000	20,214.84	37,392.00	17,177.16
K74F71711302	00206R102 AT&T INC	7,100.000	154,501.28	161,667.00	7,165.72



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Pension Plan PrivateSanitation Union Local 813 IBT Eln:13-1975659 Plan No 001
Schedule H (Form 5500) 2024 Part IV, Line 4i-Schedule of Assets (Held at End of Year)

Status: FINAL

TOTAL FUND 27-813 -

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K74F71711302	013091103 ALBERTSONS COS INC	2,000.000	42,353.59	39,280.00	(3,073.59)
K74F71711302	02209S103 ALTRIA GROUP INC	1,900.000	91,320.02	99,351.00	8,030.98
K74F71711302	02376R102 AMERICAN AIRLINES GROUP INC	1,300.000	21,553.87	22,659.00	1,105.13
K74F71711302	026874784 AMERICAN INTERNATIONAL GROUP I	1,400.000	82,979.86	101,920.00	18,940.14
K74F71711302	03076C106 AMERIPRISE FINANCIAL INC	160.000	11,768.69	85,188.80	73,420.11
K74F71711302	035710839 ANNALY CAPITAL MANAGEMENT INC	1,000.000	39,297.33	18,300.00	(20,997.33)
K74F71711302	038222105 APPLIED MATERIALS INC	300.000	10,473.20	48,789.00	38,315.80
K74F71711302	042735100 ARROW ELECTRONICS INC	300.000	26,610.31	33,936.00	7,325.69
K74F71711302	052800109 AUTOLIV INC	600.000	59,071.69	56,274.00	(2,797.69)
K74F71711302	053807103 AVNET INC	800.000	34,405.84	41,856.00	7,450.16
K74F71711302	060505104 BANK OF AMERICA CORP	800.000	13,307.80	35,160.00	21,852.20
K74F71711302	064058100 BANK OF NEW YORK MELLON CORP/T	1,900.000	88,324.26	145,977.00	57,652.74
K74F71711302	071813109 BAXTER INTERNATIONAL INC	1,600.000	54,273.50	46,656.00	(7,617.50)
K74F71711302	094235108 BLOOMIN' BRANDS INC	800.000	14,964.60	9,768.00	(5,196.60)
K74F71711302	103304101 BOYD GAMING CORP	1,000.000	64,306.32	72,540.00	8,233.68
K74F71711302	109696104 BRINK'S CO/THE	500.000	51,450.40	46,385.00	(5,065.40)
K74F71711302	110122108 BRISTOL-MYERS SQUIBB CO	1,300.000	69,491.71	73,528.00	4,036.29
K74F71711302	125269100 CF INDUSTRIES HOLDINGS INC	600.000	49,352.49	51,192.00	1,839.51
K74F71711302	125523100 CIGNA GROUP/THE	200.000	41,121.35	55,228.00	14,106.65
K74F71711302	126117100 CNA FINANCIAL CORP	600.000	24,971.64	29,022.00	4,050.36
K74F71711302	126650100 CVS HEALTH CORP	861.000	65,834.46	38,650.29	(27,184.17)
K74F71711302	13057Q305 CALIFORNIA RESOURCES CORP	706.000	33,436.58	36,634.34	3,197.76
K74F71711302	134429109 THE CAMPBELL'S COMPANY	1,200.000	53,828.22	50,256.00	(3,572.22)
K74F71711302	143658300 CARNIVAL CORP	3,700.000	60,830.86	92,204.00	31,373.14
K74F71711302	15135B101 CENTENE CORP	1,000.000	58,603.86	60,580.00	1,976.14
K74F71711302	17275R102 CISCO SYSTEMS INC	1,300.000	34,508.19	76,960.00	42,451.81
K74F71711302	172967424 CITIGROUP INC	1,400.000	52,335.76	98,546.00	46,210.24
K74F71711302	174610105 CITIZENS FINANCIAL GROUP INC	1,300.000	58,415.17	56,888.00	(1,527.17)
K74F71711302	20030N101 COMCAST CORP	2,600.000	102,428.00	97,578.00	(4,850.00)
K74F71711302	205887102 CONAGRA BRANDS INC	900.000	31,707.07	24,975.00	(6,732.07)
K74F71711302	20825C104 CONOCOPHILLIPS	350.000	36,075.41	34,709.50	(1,365.91)
K74F71711302	224441105 CRANE NXT CO	400.000	7,839.28	23,288.00	15,448.72
K74F71711302	231021106 CUMMINS INC	230.000	33,073.74	80,178.00	47,104.26
K74F71711302	23355L106 DXC TECHNOLOGY CO	592.000	16,152.07	11,828.16	(4,323.91)
K74F71711302	247361702 DELTA AIR LINES INC	500.000	29,400.32	30,250.00	849.68
K74F71711302	254709108 DISCOVER FINANCIAL SERVICES	700.000	31,676.88	121,261.00	89,584.12
K74F71711302	277432100 EASTMAN CHEMICAL CO	300.000	29,040.69	27,396.00	(1,644.69)
K74F71711302	278642103 EBAY INC	1,000.000	53,247.30	61,950.00	8,702.70
K74F71711302	30161Q104 EXELIXIS INC	1,900.000	44,438.15	63,270.00	18,831.85
K74F71711302	30231G102 EXXON MOBIL CORP	800.000	66,785.92	86,056.00	19,270.08
K74F71711302	30303M102 META PLATFORMS INC	130.000	20,122.12	76,116.30	55,994.18
K74F71711302	31428X106 FEDEX CORP	200.000	55,856.47	56,266.00	409.53
K74F71711302	316773100 FIFTH THIRD BANCORP	1,200.000	20,089.80	50,736.00	30,646.20



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Pension Plan Private Sanitation Union Local 813 IBT Eln:13-1975659 Plan No 001
Schedule H (Form 5500) 2024 Part IV, Line 4i-Schedule of Assets (Held at End of Year)

Status: FINAL

TOTAL FUND 27-813 -

LOCAL 27-813 LOCAL 1034 INST

01/01/2024 - 12/31/2024

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K74F71711302	345370860 FORD MOTOR CO	4,500.000	65,099.87	44,550.00	(20,549.87)
K74F71711302	35137L105 FOX CORP	1,500.000	54,345.28	72,870.00	18,524.72
K74F71711302	370334104 GENERAL MILLS INC	717.000	47,179.56	45,723.09	(1,456.47)
K74F71711302	37045V100 GENERAL MOTORS CO	1,800.000	56,236.89	95,886.00	39,649.11
K74F71711302	375558103 GILEAD SCIENCES INC	950.000	94,768.68	87,751.50	(7,017.18)
K74F71711302	38141G104 GOLDMAN SACHS GROUP INC/THE	200.000	33,662.50	114,524.00	80,861.50
K74F71711302	382550101 GOODYEAR TIRE & RUBBER CO/THE	1,700.000	51,861.07	15,300.00	(36,561.07)
K74F71711302	388689101 GRAPHIC PACKAGING HOLDING CO	1,600.000	39,718.05	43,456.00	3,737.95
K74F71711302	40412C101 HCA HEALTHCARE INC	150.000	11,483.63	45,022.50	33,538.87
K74F71711302	40434L105 HP INC	2,600.000	33,353.41	84,838.00	51,484.59
K74F71711302	406216101 HALLIBURTON CO	1,500.000	50,962.47	40,785.00	(10,177.47)
K74F71711302	416515104 HARTFORD INSURANCE GROUP INC/T	700.000	25,311.15	76,580.00	51,268.85
K74F71711302	42824C109 HEWLETT PACKARD ENTERPRISE CO	3,100.000	18,887.15	66,185.00	47,297.85
K74F71711302	431571108 HILLENBRAND INC	200.000	8,527.08	6,156.00	(2,371.08)
K74F71711302	446413106 HUNTINGTON INGALLS INDUSTRIES	100.000	17,568.98	18,897.00	1,328.02
K74F71711302	45337C102 INCYTE CORP	800.000	44,670.23	55,256.00	10,585.77
K74F71711302	457187102 INGREDION INC	400.000	38,680.19	55,024.00	16,343.81
K74F71711302	458140100 INTEL CORP	800.000	26,816.76	16,040.00	(10,776.76)
K74F71711302	459200101 INTERNATIONAL BUSINESS MACHINE	200.000	30,446.44	43,966.00	13,519.56
K74F71711302	466313103 JABIL INC	500.000	14,222.55	71,950.00	57,727.45
K74F71711302	478160104 JOHNSON & JOHNSON	370.000	59,956.28	53,509.40	(6,446.88)
K74F71711302	500255104 KOHL'S CORP	1,100.000	64,389.46	15,444.00	(48,945.46)
K74F71711302	500754106 KRAFT HEINZ CO/THE	1,900.000	64,309.60	58,349.00	(5,960.60)
K74F71711302	501044101 KROGER CO/THE	1,100.000	26,328.94	67,265.00	40,936.06
K74F71711302	521865204 LEAR CORP	200.000	11,357.02	18,940.00	7,582.98
K74F71711302	534187109 LINCOLN NATIONAL CORP	900.000	35,315.49	28,539.00	(6,776.49)
K74F71711302	539830109 LOCKHEED MARTIN CORP	60.000	27,550.95	29,156.40	1,605.45
K74F71711302	552953101 MGM RESORTS INTERNATIONAL	1,300.000	52,609.62	45,045.00	(7,564.62)
K74F71711302	55616P104 MACY'S INC	1,200.000	53,582.88	20,316.00	(33,266.88)
K74F71711302	56585A102 MARATHON PETROLEUM CORP	500.000	21,373.07	69,750.00	48,376.93
K74F71711302	576485205 MATADOR RESOURCES CO	939.000	52,982.09	52,828.14	(153.95)
K74F71711302	58155Q103 MCKESSON CORP	100.000	15,338.22	56,991.00	41,652.78
K74F71711302	58933Y105 MERCK & CO INC	1,100.000	74,418.40	109,428.00	35,009.60
K74F71711302	59156R108 METLIFE INC	800.000	21,546.61	65,504.00	43,957.39
K74F71711302	60871R209 MOLSON COORS BEVERAGE CO	800.000	41,037.09	45,856.00	4,818.91
K74F71711302	61945C103 MOSAIC CO/THE	1,200.000	45,885.99	29,496.00	(16,389.99)
K74F71711302	624756102 MUELLER INDUSTRIES INC	150.000	9,513.76	11,904.00	2,390.24
K74F71711302	629377508 NRG ENERGY INC	700.000	23,003.76	63,154.00	40,150.24
K74F71711302	63938C108 NAVIENT CORP	1,300.000	17,162.84	17,277.00	114.16
K74F71711302	651587107 NEWMARKET CORP	135.000	60,571.62	71,327.25	10,755.63
K74F71711302	65336K103 NEXSTAR MEDIA GROUP INC	240.000	25,743.22	37,912.80	12,169.58
K74F71711302	681936100 OMEGA HEALTHCARE INVESTORS INC	700.000	29,568.37	26,495.00	(3,073.37)
K74F71711302	68622V106 ORGANON & CO	1,100.000	35,865.28	16,412.00	(19,453.28)



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Pension Plan PrivateSanitation Union Local 813 IBT Eln:13-1975659 Plan No 001
Schedule H (Form 5500) 2024 Part IV, Line 4i-Schedule of Assets (Held at End of Year)

Status: FINAL

TOTAL FUND 27-813 -

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K74F71711302	690742101 OWENS CORNING	400.000	52,685.83	68,128.00	15,442.17
K74F71711302	69121K104 BLUE OWL CAPITAL CORP	2,700.000	37,274.43	40,824.00	3,549.57
K74F71711302	70450Y103 PAYPAL HOLDINGS INC	900.000	54,923.64	76,815.00	21,891.36
K74F71711302	717081103 PFIZER INC	2,400.000	61,771.04	63,672.00	1,900.96
K74F71711302	718546104 PHILLIPS 66	400.000	37,555.21	45,572.00	8,016.79
K74F71711302	720190206 PIEDMONT OFFICE REALTY TRUST I	1,400.000	27,271.00	12,810.00	(14,461.00)
K74F71711302	72815L107 PLAYTIKA HOLDING CORP	4,300.000	47,129.75	29,842.00	(17,287.75)
K74F71711302	745867101 PULTEGROUP INC	700.000	20,363.74	76,230.00	55,866.26
K74F71711302	747525103 QUALCOMM INC	700.000	96,163.83	107,534.00	11,370.17
K74F71711302	750236101 RADIAN GROUP INC	1,200.000	19,557.64	38,064.00	18,506.36
K74F71711302	7591EP100 REGIONS FINANCIAL CORP	2,900.000	25,649.01	68,208.00	42,558.99
K74F71711302	783549108 RYDER SYSTEM INC	400.000	66,507.77	62,744.00	(3,763.77)
K74F71711302	81761L102 SERVICE PROPERTIES TRUST	1,000.000	26,545.34	2,540.00	(24,005.34)
K74F71711302	833034101 SNAP-ON INC	200.000	35,027.45	67,896.00	32,868.55
K74F71711302	857477103 STATE STREET CORP	1,100.000	73,513.77	107,965.00	34,451.23
K74F71711302	860630102 STIFEL FINANCIAL CORP	40.000	2,370.97	4,243.20	1,872.23
K74F71711302	871332102 SYLVAMO CORP	600.000	27,881.27	47,412.00	19,530.73
K74F71711302	87162W100 TD SYNEX CORP	450.000	54,228.59	52,776.00	(1,452.59)
K74F71711302	87901J105 TEGNA INC	3,600.000	51,366.55	65,844.00	14,477.45
K74F71711302	883203101 TEXTRON INC	800.000	57,057.20	61,192.00	4,134.80
K74F71711302	902681105 UGI CORP	1,000.000	41,913.64	28,230.00	(13,683.64)
K74F71711302	910047109 UNITED AIRLINES HOLDINGS INC	400.000	18,966.49	38,840.00	19,873.51
K74F71711302	91529Y106 UNUM GROUP	1,100.000	23,992.82	80,333.00	56,340.18
K74F71711302	91688F104 UPWORK INC	2,500.000	42,591.19	40,875.00	(1,716.19)
K74F71711302	91913Y100 VALERO ENERGY CORP	300.000	11,184.08	36,777.00	25,592.92
K74F71711302	92343V104 VERIZON COMMUNICATIONS INC	2,300.000	116,654.09	91,977.00	(24,677.09)
K74F71711302	92556V106 VIATRIS INC	3,400.000	35,128.78	42,330.00	7,201.22
K74F71711302	92645B103 VICTORY CAPITAL HOLDINGS INC	700.000	23,476.21	45,822.00	22,345.79
K74F71711302	929089100 VOYA FINANCIAL INC	500.000	29,673.41	34,415.00	4,741.59
K74F71711302	931427108 WALGREENS BOOTS ALLIANCE INC	900.000	58,312.94	8,397.00	(49,915.94)
K74F71711302	949746101 WELLS FARGO & CO	2,300.000	91,023.93	161,552.00	70,528.07
K74F71711302	963320106 WHIRLPOOL CORP	300.000	34,773.09	34,344.00	(429.09)
K74F71711302	98421M106 XEROX HOLDINGS CORP	1,600.000	37,883.11	13,488.00	(24,395.11)
K74F71711302	989701107 ZIONS BANCORP NA	600.000	30,144.01	32,550.00	2,405.99
K74F71711302	G1890L107 CAPRI HOLDINGS LTD	600.000	25,631.81	12,636.00	(12,995.81)
K74F71711302	G3223R108 EVEREST GROUP LTD	60.000	9,095.07	21,747.60	12,652.53
K74F71711302	G50871105 JAZZ PHARMACEUTICALS PLC	400.000	54,702.72	49,260.00	(5,442.72)
K74F71711302	H11356104 BUNGE GLOBAL SA	500.000	50,301.00	38,880.00	(11,421.00)
K74F71711302	M5425M103 INMODE LTD	1,200.000	47,382.51	20,040.00	(27,342.51)
K74F71711302	N20944109 CNH INDUSTRIAL NV	3,867.000	56,633.83	43,813.11	(12,820.72)
K74F71720402	656568508 NORTEL NETWORKS CORP	21.000	0.00	0.01	0.01
K74F71726102	00287Y109 ABBVIE INC	1,125.000	92,461.55	199,912.50	107,450.95
K74F71726102	11135F101 BROADCOM INC	700.000	16,616.26	162,288.00	145,671.74



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Status: FINAL

TOTAL FUND 27-813 -

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K74F71726102	17275R102 CISCO SYSTEMS INC	2,375.000	111,525.98	140,600.00	29,074.02
K74F71726102	191216100 COCA-COLA CO/THE	2,605.000	134,043.05	162,187.30	28,144.25
K74F71726102	337932107 FIRSTENERGY CORP	4,165.000	158,404.16	165,683.70	7,279.54
K74F71726102	42250P103 HEALTHPEAK PROPERTIES INC	8,138.000	209,393.97	164,957.26	(44,436.71)
K74F71726102	494368103 KIMBERLY-CLARK CORP	500.000	59,527.50	65,520.00	5,992.50
K74F71726102	49456B101 KINDER MORGAN INC	9,615.000	192,784.79	263,451.00	70,666.21
K74F71726102	512816109 LAMAR ADVERTISING CO	795.000	98,234.74	96,783.30	(1,451.44)
K74F71726102	651639106 NEWMONT CORP	2,525.000	140,255.57	93,980.50	(46,275.07)
K74F71726102	65339F101 NEXTERA ENERGY INC	975.000	36,562.45	69,897.75	33,335.30
K74F71726102	717081103 PFIZER INC	7,815.000	231,149.10	207,331.95	(23,817.15)
K74F71726102	718546104 PHILLIPS 66	765.000	74,526.09	87,156.45	12,630.36
K74F71726102	828806109 SIMON PROPERTY GROUP INC	1,200.000	113,707.27	206,652.00	92,944.73
K74F71726102	85254J102 STAG INDUSTRIAL INC	3,800.000	109,587.32	128,516.00	18,928.68
K74F71726102	89151E109 TOTALENERGIES SE ADR	2,025.000	129,660.10	110,362.50	(19,297.60)
K74F71726102	904767704 UNILEVER PLC ADR	2,425.000	111,708.76	137,497.50	25,788.74
K74F71726102	911312106 UNITED PARCEL SERVICE INC	780.000	111,237.56	98,358.00	(12,879.56)
K74F71726102	92343V104 VERIZON COMMUNICATIONS INC	3,125.000	170,503.77	124,968.75	(45,535.02)
K74F71726102	92556V106 VIATRIS INC	14,580.000	204,028.37	181,521.00	(22,507.37)
K74F71726102	G0250X107 AMCOR PLC	19,235.000	219,186.49	181,001.35	(38,185.14)
TOTAL CORPORATE STOCK - COMMON			8,188,241.06	9,869,524.20	1,681,283.14
PARTNERSHIP/JOINT VENTURE INTEREST					
K74F71717902	999G02038 MONTGOMERY US CORE FIXED INCOME FUND	819,269.300	8,931,227.05	8,715,099.25	(216,127.80)
K74F71725802	99VVC6P23 ENTRUST CAPITAL DIVERSIFIED FUND LTD - CLASS X SER 123116	4,263.997	19,648.05	17,991.00	(1,657.05)
K74F71726202	99VBRH92 ENTRUST SPEC OPP III LTD CL A	1,250,123.000	307,813.98	1,250,123.00	942,309.02
K74F71726302	99VVAXU38 SKYBRIDGE	1,527.211	3,233,097.53	4,114,468.32	881,370.79
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			12,491,786.61	14,097,681.57	1,605,894.96
REAL ESTATE					
K74F71726402	99VVBDBU2 BOYD WATTERSON GSA FD LP LOCAL 813 PENSION TRUST FUND GSA	4,568.860	5,418,246.67	4,506,500.00	(911,746.67)
TOTAL REAL ESTATE			5,418,246.67	4,506,500.00	(911,746.67)
OTHER INVESTMENTS					
K74F71726102	NA9UVMFR1 ANGEL OAK ULTRASHRT INC-INST	8,379.266	81,446.47	82,451.98	1,005.51
TOTAL OTHER INVESTMENTS			81,446.47	82,451.98	1,005.51
COMMON/COLLECTIVE TRUST					
K74F71700402	99VVA3GJ5 CIF II CORE BOND PLUS SERIES 1	1,066,844.068	9,873,852.11	9,612,265.05	(261,587.06)
K74F71711302	996214912 EB TEMP INV FD VAR RT 12/31/2049 DD 04/02/10	67,404.810	67,404.81	67,404.81	0.00
K74F71726502	99VBS7F7 BLACKROCK MSCI ACWI EX- U S INDEX FUND CLR	355,347.335	4,477,376.42	5,882,135.51	1,404,759.09
K74F71726502	99VBSHN9 97 BLK EQUITY INDEX CL R	89,477.394	35,867,585.28	74,537,039.55	38,669,454.27



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Pension Plan PrivateSanitation Union Local 813 IBT Eln:13-1975659 Plan No 001
Schedule H (Form 5500) 2024 Part IV, Line 4i-Schedule of Assets (Held at End of Year)

Status: FINAL

TOTAL FUND 27-813 -

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K74F71726502	99VVBXYG3 BLACKROCK RUSSELL 1000 GROWTH INDEX FUND R	174,029.527	2,728,782.98	7,632,900.25	4,904,117.27
TOTAL COMMON/COLLECTIVE TRUST			53,015,001.60	97,731,745.17	44,716,743.57
REGISTERED INVESTMENT COMPANIES					
K74F01355202	999592116 DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	3,000,000.000	3,000,000.00	3,000,000.00	0.00
K74F71717402	999592116 DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	1,335,015.990	1,335,015.99	1,335,015.99	0.00
K74F71720402	999592116 DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	101,586.970	101,586.97	101,586.97	0.00
K74F71725402	999592116 DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	735.700	735.70	735.70	0.00
K74F71726102	37954Y343 GLOBAL X MLP ETF	2,340.000	107,910.97	115,619.40	7,708.43
K74F71726102	37954Y657 GLOBAL X US PREFERRED ETF	3,325.000	85,087.41	64,870.75	(20,216.66)
K74F71726102	464287176 ISHARES TIPS BOND ETF	1,250.000	135,293.13	133,187.50	(2,105.63)
K74F71726102	46429B655 ISHARES FLOATING RATE BOND E	2,660.000	135,625.69	135,340.80	(284.89)
K74F71726102	46434V407 ISHARES 0-5 YR HY CORP BOND	2,905.000	123,403.82	123,782.05	378.23
K74F71726102	589509207 MERGER FUND-I	10,329.008	170,601.98	174,766.82	4,164.84
K74F71726102	90470L360 ABSOLUTE CONVERT ARBIT-INST	15,639.166	172,500.00	175,158.66	2,658.66
K74F71726102	92189F411 VANECK BDC INCOME ETF	5,725.000	93,395.93	95,206.75	1,810.82
K74F71726102	92189H300 VANECK JPM EM LOCAL CURR BND	8,560.000	257,596.51	197,821.60	(59,774.91)
K74F71726102	996196093 DREYFUS INST TR AGY CASH ADV 6549	203,694.470	203,694.47	203,694.47	0.00
K74F71726602	999592116 DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	984,020.430	984,020.43	984,020.43	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			6,906,469.00	6,840,807.89	(65,661.11)
GRAND TOTAL			185,537,449.83	231,874,859.68	46,337,409.85

0.00 C
46,337,409.85 I



PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

**Pension Plan Private Sanitation Union Local 813 IBT, EIN: 13-1975659 Plan No. 001
Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**

Investment Type	Description	Cost as of 12/31/24	Market Value as of 12/31/24
Real Estate LLC	48-18 Van Dam Property Holdings	\$ 25,738,710	\$ 10,167,251
Real Estate LLC	64 2nd Ave Property Holdings	4,817,725	6,834,160
Real Estate LLC	84 2nd Ave Property Holdings	5,846,248	6,789,745
Real Estate LLC	174-176 1st Ave Property Holdings	7,909,398	11,902,397
Real Estate LLC	436 & 442 East 13th Street Property Holdings	<u>3,371,610</u>	<u>1,227,182</u>
Total		47,683,691	36,920,735
	Per BNYM custodian report	185,537,450	231,874,860
	Cash	12,502	12,502
	Updated Market Values Adjustments to BNYM report		
	Entrust Special Opps. Fund III	-	(230,474)
	Skybridge Legion Strategies, Ltd.	<u>-</u>	<u>(34,494)</u>
	Total Investments	<u>\$ 233,233,643</u>	<u>\$ 268,543,129</u>

7.9. Schedule of Active Participant Data (Line 8b(2))

Age	Years of Pension Credit																				
	0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+		
	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	
<25	2	34	7	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
25-29	2	46	10	155	3	574	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
30-34	3	63	16	155	11	663	1	1,384	-	-	-	-	-	-	-	-	-	-	-	0	0
35-39	6	57	11	147	9	772	2	1,143	1	1,975	-	-	-	-	-	-	-	-	-	0	0
40-44	8	51	19	240	11	702	5	1,272	6	1,673	2	2,396	-	-	-	-	-	-	-	0	0
45-49	3	51	15	208	18	795	14	1,339	9	1,785	18	2,359	5	2,593	-	-	-	-	-	0	0
50-54	3	56	5	267	17	695	14	1,257	18	1,873	22	2,394	10	2,716	2	2,807	-	-	-	0	0
55-59	4	62	13	171	11	753	14	1,307	17	1,874	23	2,373	24	2,705	9	2,804	2	2,892	-	0	0
60-64	2	55	4	216	8	901	9	1,271	7	1,942	10	2,389	10	2,700	6	2,815	8	2,903	4	2,970	
65-69	-	-	2	156	3	618	5	1,441	3	1,866	2	2,580	2	2,729	1	2,788	1	2,909	2	2,990	
70+	-	-	-	-	-	-	1	1,358	-	-	2	2,396	-	-	-	-	1	2,921	0	0	
Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0

7. Government (5500) Reporting

7.1. Illustration Supporting Actuarial Certification of Status (Line 4b)

Based on the following actuarial measures, the Pension Plan Private Sanitation Union, Local 813, I.B. of T. is in “Critical” status as per the Pension Protection Act. As the Plan was certified in Critical Status in the previous year and has not passed the emergence test.

Below is a ten-year projection of the Plan’s Funded Percentage and Credit Balance supporting the Actuarial Certification.

As of	Funded	
Jan. 1	%	Credit Balance
2024	56.9%	(92,250,491)
2025	55.1%	(105,636,516)
2026	60.1%	(119,109,114)
2027	64.3%	(127,594,347)
2028	71.8%	(135,194,405)
2029	79.8%	(138,502,837)
2030	81.5%	(138,663,993)
2031	81.0%	(135,740,877)
2032	80.6%	(130,834,443)
2033	80.3%	\$ (125,525,373)

7.2. Documentation Regarding Progress under Funding Improvement or Rehabilitation Plan (Line 4c)

The Trustees have adopted a Rehabilitation Plan to meet funding progress benchmark required by §432 of the code. The benchmark is for the plan to emerge from Critical status by the end of the Rehabilitation Period.

After considering and rejecting as unfeasible various scenarios intended to meet the benchmarks of the Pension Protection Act, the Trustees selected a Rehabilitation Plan intended to comply with the provisions of IRC §432(e)(3)(A)(ii).

Based upon the provisions of IRC §432(e)(3)(A)(ii), we hereby certify the Plan is making required progress in its Rehabilitation Plan.

Schedule MB (2024), Line 3d
 Withdrawal Liability Amounts

Local 813 Pension Plan
 EIN: 11-6170655 PN: 001

<u>Employer</u>	<u>Date Of Payment</u>	<u>Amount Paid</u>
CF Waste	01/31/24	\$ 2,740.00
	02/29/24	2,740.00
	03/31/24	2,740.00
	04/30/24	2,740.00
	05/31/24	2,740.00
	06/14/24	2,740.00
	07/17/24	2,740.00
	08/23/24	2,740.00
	09/20/24	2,740.00
	10/23/24	2,740.00
	11/20/24	2,740.00
	12/18/24	<u>2,740.00</u>
		\$ 32,880.00
Certified Carting	01/31/24	\$ 2,749.00
	02/29/24	2,749.00
	03/31/24	2,749.00
	04/30/24	2,749.00
	05/31/24	2,749.00
	06/05/24	2,749.00
	07/10/24	2,749.00
	08/07/24	2,749.00
	09/06/24	2,749.00
	10/04/24	2,749.00
	11/08/24	2,749.00
	12/06/24	<u>2,749.00</u>
		\$ 32,988.00
City Carting of Westchester	12/10/24	<u>\$ 125,000.00</u>
		\$ 125,000.00
Greenbay Sanitation	03/31/24	\$ 1,162.00
	04/30/24	1,162.00
	05/31/24	2,324.00
	08/09/24	1,162.00
	09/06/24	2,324.00
	10/04/24	<u>2,324.00</u>
		\$ 10,458.00

Schedule MB (2024), Line 3d
Withdrawal Liability Amounts

Local 813 Pension Plan
EIN: 11-6170655 PN: 001

Planet Waste

01/31/24	\$ 6,414.00
02/29/24	6,414.00
03/31/24	6,414.00
04/30/24	6,414.00
05/31/24	6,414.00
06/26/24	6,414.00
07/17/24	6,414.00
08/23/24	6,414.00
09/20/24	6,414.00
10/18/24	6,414.00
11/20/24	<u>6,414.00</u>
	\$ 70,554.00

Winter Brothers

01/31/24	\$ 7,292.00
02/29/24	7,292.00
03/31/24	7,292.00
04/30/24	7,292.00
06/05/24	7,292.00
06/26/24	7,292.00
07/15/24	<u>1,024,449.00</u>
	\$ 1,068,201.00

Total \$ 1,340,081.00

7.11. Schedule of Funding Standard Account Bases (Lines 9c and 9h)

Amortization Charges as of 1/1/2024

<u>Year</u>		<u>Outstanding</u>	<u>Years</u>	<u>Amortization</u>
<u>Established</u>	<u>Base Type</u>	<u>Balance</u>	<u>Remaining</u>	<u>Amount</u>
1/1/1995	Assumption Change	48,270	1	48,270
1/1/1996	Plan Change	696,975	2	359,457
1/1/1997	Plan Change	2,026,731	3	718,539
1/1/1998	Assumption Change	3,042,352	4	833,869
1/1/1998	Plan Change	2,874,946	4	787,986
1/1/1999	Plan Change	2,628,998	5	594,017
1/1/2000	Assumption Change	518,377	6	100,545
1/1/2001	Plan Change	8,146,429	7	1,394,694
1/1/2002	Plan Change	613,377	8	94,591
1/1/2003	Plan Change	1,745,452	9	246,228
1/1/2004	Plan Change	337,967	10	44,143
1/1/2005	Plan Change	1,067,762	11	130,392
1/1/2006	Plan Change	602,745	12	69,368
1/1/2007	Plan Change	412,323	13	45,020
1/1/2010	Experience Loss	565,760	1	565,760
1/1/2011	Experience Loss	2,667,373	2	1,375,667
1/1/2011	Assumption Change	441,712	2	227,808
1/1/2012	Plan Change	553,839	3	196,353
1/1/2014	Plan Change	418,722	5	94,609
1/1/2015	Assumption Change	12,247,363	6	2,375,509
1/1/2016	Experience Loss	1,890,813	7	323,713
1/1/2016	Method Change	2,519,434	2	1,299,369
1/1/2018	Experience Loss	740,278	9	104,430
1/1/2018	Assumption Change	28,971	9	4,087
1/1/2019	Experience Loss	1,810,406	10	236,466
1/1/2020	Experience Loss	1,286,526	11	157,107
1/1/2022	Assumption Change	19,990,162	13	2,182,636
1/1/2023	Experience Loss	1,731,703	14	180,391
1/1/2024	Assumption Change	8,016,073	15	800,499
Total Charges		\$ 79,671,839		\$ 15,591,523

Amortization Credits as of 1/1/2024

<u>Year</u> <u>Established</u>	<u>Base Type</u>	<u>Outstanding</u> <u>Balance</u>	<u>Years</u> <u>Remaining</u>	<u>Amortization</u> <u>Amount</u>
1/1/1997	Assumption Change	\$ (2,087,487)	3	\$ (740,079)
1/1/2003	Assumption Change	(3,835,472)	9	(541,065)
1/1/2006	Assumption Change	(2,895,631)	12	(333,251)
1/1/2007	Assumption Change	(2,646,600)	13	(288,970)
1/1/2010	Plan Change	(115,082)	1	(115,082)
1/1/2011	Plan Change	(362,181)	2	(186,791)
1/1/2012	Experience Gain	(2,466,633)	3	(874,498)
1/1/2013	Experience Gain	(172,476)	4	(47,273)
1/1/2013	Plan Change	(74,266)	4	(20,355)
1/1/2014	Experience Gain	(1,772,379)	5	(400,465)
1/1/2015	Experience Gain	(1,663,006)	6	(322,558)
1/1/2016	Assumption Change	(829,035)	7	(141,933)
1/1/2017	Experience Gain	(794,508)	8	(122,524)
1/1/2018	Assumption Change	(7,524,826)	9	(1,061,516)
1/1/2021	Experience Gain	(2,820,807)	12	(324,640)
1/1/2022	Experience Gain	(3,815,241)	13	(416,569)
1/1/2024	Experience Loss	<u>(1,924,004)</u>	15	<u>(192,134)</u>
Total Credits		\$ (35,799,634)		\$ (6,129,703)
Net Charge/(Credit)		\$ 43,872,205		\$ 9,461,820

7.5. Justification for Change in Actuarial Assumptions (Line 11)

The following assumptions were changed from the previous valuation to better reflect anticipated Plan experience or are actuarial equivalent changes in assumptions.

- The age of exclusion for inactive vested participants changed from 75 to 80.
- Retirement rates for inactive vested change to 100% at age 60
- Form of payment changed to Life Only with 5-year certain for those who are eligible

7.4. Statement of Actuarial Assumptions/Methods (Line 6)

These are the assumptions used for the ongoing valuation calculations, unless otherwise noted.

Measurement Date	December 31, 2023		
Mortality	Pre-Decrement:	PRI-2012 Blue Collar Employee	
	Post-Decrement:	PRI-2012 Blue Collar Retiree	
	Post-Disablement:	PRI-2012 Disabled Annuitant	
	Beneficiaries:	PRI-2012 Blue Collar Contingent Annuitant	

All tables use Scale MP-2021 generational mortality improvement.

Disability & Withdrawal	<u>Age</u>	<u>Disability</u>		<u>Withdrawal</u>
		Male	Female	
	20	0.24%	0.15%	17.46%
	25	0.22%	0.16%	18.51%
	30	0.22%	0.19%	12.19%
	35	0.28%	0.30%	8.78%
	40	0.39%	0.41%	7.00%
	45	0.52%	0.56%	6.21%
	50	0.78%	0.83%	5.63%
	55	1.24%	1.18%	2.92%
	60	1.81%	1.50%	2.20%

Retirement Age

Actives	<u>Age</u>	<u>Rates</u>
	55-59	8%*
	60-61	20%
	62-64	30%
	65-70	50%
	71+	100%

*Participants covered by the Preferred Longevity Schedule of the Rehabilitation Plan that meet the eligibility requirements for the Rule of 90 Benefit are assumed to retiree at a rate of 15% for ages 55 through 59.

Inactive Vesteds 100% at age 60

Definition of Active Participants who work at least 10 weeks in the most recent Plan Year.

Participants Excluded from Valuation Inactive Vested over the age of 80 as of the Measurement Date are excluded from the valuation.

Future Employment 24,867 total units annually declining 3% per year through 2032, then 1% per year thereafter

Percent Married	75%
Age of Spouse	Females are three years younger than their spouses
Form of Payment	Life Only, with 5-year certain for those eligible
Net Investment Return	6.50%
Withdrawal Liability Interest Rate	6.00%
Administrative Expenses	\$1,216,655 payable annually increasing 2.25% (\$1,178,943 payable at the beginning of the year), with PBGC premiums increasing to \$52 for the 2031 Plan Year.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Initial unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized (20% per year) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit

RPA '94 Current Liability Assumptions

Interest	2.82%
Mortality	As per IRS Regulations §1.431(c)(6)-1 and §1.430(h)(3)-1(a)(3)

Rationale for Assumptions

Demographic	The demographic rates utilized are standard tables that approximate recent historical demographic experience, and adjusted to reflect anticipated future experience and professional judgment. A comparison of actual vs. expected decrements, and aggregate liability gain/loss analysis were used to validate the demographic assumptions.
Administrative Expense and Employment	The Administrative Expense and Employment assumptions approximate recent historical experience, and adjusted to reflect anticipated future experience and professional judgment. When appropriate we include the expectations of Trustees and co-professionals for these assumptions.
Investment Return	The investment return assumption is a long-term estimate that is based on historical experience, future market expectations, and professional judgment. We have utilized the investment manager's capital market expectations, and have compared those expectations with a broader market survey.

7.5. Justification for Change in Actuarial Assumptions (Line 11)

The following assumptions were changed from the previous valuation to better reflect anticipated Plan experience or are actuarial equivalent changes in assumptions.

- The age of exclusion for inactive vested participants changed from 75 to 80.
- Retirement rates for inactive vested change to 100% at age 60
- Form of payment changed to Life Only with 5-year certain for those who are eligible

Schedule R, Summary of Rehabilitation Plan

Plan Name: Pension Plan Private Sanitation Union, Local 813, I. B. of T.

Plan Sponsor: Board of Trustees of the Local 813 Pension Trust Fund

EIN/PN: 13-1975659/001

PENSION PLAN PRIVATE SANITATION UNION, LOCAL 813 I.B. OF T. AMENDED AND RESTATED REHABILITATION PLAN¹

INTRODUCTION

The Pension Protection Act of 2006 (“PPA”) requires an annual actuarial status determination for multiemployer pension plans like the Pension Plan Private Sanitation Union, Local 813 I.B. of T. (the “Plan”). On March 31, 2009, the Plan was certified by its actuary to be in critical status (also known as the “red zone”) for the Plan Year beginning on January 1, 2009 and ending on December 31, 2009 (the “2009 Plan Year”). The certification of critical status was based upon the Plan actuary’s determination that: (i) the sum of the Plan’s normal cost and interest on the unfunded benefits for the 2009 Plan Year exceeds the value of all expected contributions for the year; (ii) the present value of vested benefits of inactive participants is greater than the present value of vested benefits of active participants; and (iii) the Plan is projected to have an accumulated funding deficiency for Plan Years beginning after January 1, 2013.

The PPA requires the board of trustees of a multiemployer pension plan that has been certified by its actuary as being in critical status to develop a rehabilitation plan. A rehabilitation plan sets forth the actions to be taken by the pension plan’s trustees as well as the collective bargaining parties that, based on reasonably anticipated experience and reasonable actuarial assumptions, enable the plan to emerge from critical status or forestall insolvency. The requirements referenced above are outlined in Section 305(e)(3) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) and Section 432(e)(3) of the Internal Revenue Code, as amended (“Code”).

REHABILITATION PERIOD AND REHABILITATION PLAN REQUIREMENTS

The rehabilitation period for a plan in critical status is generally a 10 year period. Under the Worker, Retiree, and Employer Recovery Act of 2008, the pension plan’s trustees may elect to extend the rehabilitation period from 10 years to 13 years. A rehabilitation plan is generally comprised of one or more schedules that reflect changes in employer contributions, adjustable benefits, future benefit accruals, and/or other provisions which, based on reasonably anticipated experience and reasonable actuarial assumptions, are designed and intended to enable the plan to emerge from critical status by the end of the 10 year (or 13 year) rehabilitation period.

However, there is an exception to this requirement if the pension plan’s trustees determine that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the plan cannot reasonably be expected to emerge from critical status by the end of the 10 year (or 13 year) rehabilitation period. In this case, a rehabilitation plan is a plan which consists of

¹ The Rehabilitation Plan was amended and restated effective October 17, 2019.

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reasonable measures to enable the plan to emerge from critical status at a later time or to forestall possible insolvency.

After research, consultations with plan professionals and an extensive review, the Board of Trustees of the Plan (the "Trustees") has concluded that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Plan cannot reasonably be expected to emerge from critical status by the end of a 10 year or 13 year rehabilitation period. As set forth below in further detail, the Trustees' determination is based on various considerations, including:

- The impact of the severe economic downturn in 2008 and 2009 on the private carting, private sanitation and trade waste industry (the "Industry") that is covered by the Plan. Many of the employers in the Industry are small and medium-sized companies. The economic crisis has had a particularly severe economic impact on their business activities as the customers operations have contracted. The ensuing loss of business has caused an economic hardship for these contributing employers because many of them lack the financial resources to withstand this business downturn. For example, in the period January 1, 2008 through October 31, 2009, seven (7) contributing employers withdrew from the Plan, resulting in a decrease of 141 active participants (from 1,297 to 1,156), which constitutes an almost 11% reduction in plan participation. Contributions to the Plan have decreased in this period by 11.33%. The contractions discussed above have continued. As of December 31, 2017, the number of active participants in the Plan total 753 (a 39% reduction since December 31, 2009), and the number of current contributing employers total 44 (a reduction of 57% since December 31, 2009).
- The constraints imposed on the contributing employers to pass price increases on to their customers to cover the increased contributions required by the Plan. Every commercial establishment in New York City is required by law to have its waste removed by a private carting company. The Industry is regulated by the New York City Business Integrity Commission ("BIC"). BIC establishes the maximum rates that private carters can charge for waste removal service. However, the BIC does not regulate and does not impose price restrictions on waste transfer stations that the private carters need to use in order to deposit the waste that has been collected. Because both private carters and the waste transfer stations will be required to increase contributions to the Plan, but only the waste transfer stations have the ability to pass on some or all of the increased cost to consumers (which include the private carters), private carters, which constitute a significant portion of the Plan's contributing employers, must absorb both their "own" increased cost of contributions to the Plan, as well as the cost of increased contributions passed on by the waste transfer stations.
- The significant investment losses suffered by the Plan during the 2008 plan year. For the period January 1, 2008 through December 31, 2008, the Plan's total rate of return on its investments was -27.0%. The market value of Plan assets on January 1, 2008 was \$177.16 million. The market value of Plan assets as of December 31, 2008 was

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\$123.67 million, a reduction of \$53.49 million. The Plan has experienced strong investment returns in the years following December 31, 2008. However, these investment return have not been large enough to make up for the significant losses incurred during 2008.

- Another factor that affected the Fund's contributions is that private equity firms began to enter the industry in New York and started purchasing some of the remaining waste carting companies. Also, as the industry has become more competitive due to various factors such as deregulation, many of the remaining contributing employers were unable to compete and they withdrew from the Fund. Finally, many employers withdrew from the Fund to avoid accruing an increase in withdrawal liability; and new employers were disincentivized from participating in the Fund because of the potential for future withdrawal liability.

In attempting to develop a feasible rehabilitation plan, the Trustees reviewed various options, including benefit reductions and employer contribution increases. The Trustees believe that a rehabilitation plan with benefit reductions and employer contribution increases sufficient to enable the Plan to emerge from critical status by the end of a 10 year or 13 year rehabilitation period could be expected to result in decertifications of the union by bargaining units, withdrawals by a significant number of the Plan's contributing employers and/or increases in employer bankruptcy filings. These outcomes would have a severe detrimental, long-term impact on the Plan.

The Trustees have developed the Rehabilitation Plan, described herein, as the best long-term option for the Plan. The Trustees have formulated schedules to be provided to the bargaining parties: (1) the "Preferred Schedule", (2) the "Default Schedule", and (3) the "Preferred Longevity Schedule. Each of the schedules employs reasonable measures to enable the Plan to forestall insolvency and emerge from critical status.

PREFERRED SCHEDULE

➤ Preferred Schedule Effective Date

The effective date of the changes described in this Preferred Schedule is the effective date of a collective bargaining agreement ("CBA") adopting a contribution schedule that contains terms consistent with this Preferred Schedule (the "Preferred Schedule Effective Date").

➤ Changes in Benefits under the Preferred Schedule

In developing the Preferred Schedule, the Trustees considered various options for adjusting and/or eliminating benefits. The Trustees have agreed to implement certain benefit changes under the Plan that are intended to (i) forestall the Plan's insolvency and enable it to emerge from critical status; (ii) maintain meaningful benefits for participants upon their retirement; and (iii) encourage ongoing employer participation. To that end, as of the Preferred Schedule

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Effective Date, "adjustable benefits" (as such term is defined in Section 432(e)(8) of the Code) are reduced and/or eliminated as follows:

- (i) The 60-month guaranteed payment feature of a pre-retirement death benefit is eliminated;
- (ii) The 60-month guaranteed payment feature of a single life annuity form of benefit is eliminated; and
- (iii) The Credited Service requirement for a Service Pension and Disability Pension is increased to 17 ½ years of Credited Service.

➤ ***Required Contribution Increases under the Preferred Schedule***

The Trustees developed a schedule of required contribution increases that is designed to maximize contribution levels, while limiting employer withdrawals and employer bankruptcies. Under this Preferred Schedule, contributing employers are required to increase their contributions to the Plan by 8% per year, on a compounded basis. The effective date for this contribution increase is the Preferred Schedule Effective Date. This means that for the first year that an employer is subject to the Preferred Schedule (*i.e.*, the first year beginning on the Preferred Schedule Effective Date), the employer will be required to increase its contributions by 8% from the contribution rate then in effect under its current or expired CBA. In each successive year during which an employer is subject to the Preferred Schedule, such employer's contribution rate will increase by 8% per year over the prior year's contribution rate.

DEFAULT SCHEDULE

The Default Schedule assumes that there are no increases in contributions under the Plan other than the increases necessary to emerge from critical status after future benefit accruals and other benefits (other than benefits the reduction or elimination of which are not permitted under Section 411(d)(6) of the Code) have been reduced to the maximum extent permitted by law.

➤ ***Default Schedule Effective Date***

Unless otherwise specifically provided herein, the changes described in the Default Schedule will become effective upon the *earlier of*:

- (i) the effective date of a CBA that adopts a contribution schedule that contains terms consistent with this Default Schedule, or
- (ii) 180 days after the expiration date of a CBA providing for contributions to the Plan that was in effect on January 1, 2009, *if* by such date the bargaining parties have failed to adopt a contribution schedule that contains terms consistent with this Default Schedule or the Preferred Schedule.

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Notwithstanding the foregoing, if no CBA was in effect on January 1, 2009 and the bargaining parties have not as of November 23, 2009 entered into a new CBA that adopts a contribution schedule that contains terms consistent with this Default Schedule or the Preferred Schedule, or if a CBA was in effect on January 1, 2009 that subsequently expired and a new CBA was entered into by the bargaining parties before November 23, 2009 that does not adopt a contribution schedule that contains terms consistent with this Default Schedule or the Preferred Schedule, then the changes described in the Default Schedule shall become effective beginning July 1, 2010 if such bargaining parties fail to adopt a contribution schedule that contains terms consistent with this Default Schedule or the Preferred Schedule prior to that date.

The date determined herein is referred to below as the "Default Schedule Effective Date."

➤ ***Changes in Benefits under the Default Schedule***

1. ***Reduction in Rate of Future Benefit Accruals.*** The future benefit accrual rate is 1% of the contributions required in the year up to 25 years of pension credit under the Plan. This benefit accrual rate is effective on the date that changes in adjustable benefits under this Default Schedule are implemented with respect to a particular participant. For the next ten (10) years of pension credit, the accrual rate in effect under the Plan as of January 1, 2009 will remain unchanged. For example, if contributions are received at the rate of \$100 per week, the future benefit accrual rate for up to 25 years of pension credit is \$52 (1% x \$100 x 52). However, the contribution rate used to determine the future benefit accrual rate will not increase beyond the contribution rate in effect on the date that changes in adjustable benefits under the Default Schedule are implemented with respect to the participant.
2. ***Reduction and/or Elimination of Adjustable Benefits.*** The Default Schedule requires the reduction and/or elimination of "adjustable benefits" (as such term is defined in Section 432(e)(8) of the Code) under the Plan. The normal retirement benefit payable at Normal Retirement Age *is not* an adjustable benefit and will not be reduced or eliminated. As of the Default Schedule Effective Date, adjustable benefits will be reduced to the maximum extent provided under Section 432(e)(8) of the Code. These reductions will include the following:
 - (i) Elimination of the 14 ½ - 25 Year Service Pension payable at age 60;
 - (ii) Elimination of the Disability Pension;
 - (iii) Elimination of the guaranteed 60-month Pre-Retirement Death Benefit;
 - (iv) Elimination of the guaranteed 60-month Retirement Benefit;
 - (v) Elimination of early retirement subsidies (*i.e.*, actuarial equivalent reduction factors would apply for retirements from ages 55 to 65); and
 - (vi) No pensions would be payable prior to age 55.

➤ ***Required Contribution Increases under the Default Schedule***

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The Default Schedule requires contributing employers to increase annually their contributions to the Plan, on a compounded basis, as follows:

- (i) For the first three years that the schedule applies – 9% per year
- (ii) For the next two years that the schedule applies – 7% per year
- (iii) For the remainder of the rehabilitation plan period – 4% per year

This means that for the first year that an employer is subject to the Default Schedule (*i.e.*, the first year beginning on the Default Schedule Effective Date), the employer will be required to increase its contributions from the contribution rate then in effect under the existing or expired contract by 9%. In each successive year during which an employer is subject to the Default Schedule, such employer's contribution rate will increase by the amounts set forth above over the prior year's contribution rate.

PREFERRED LONGEVITY SCHEDULE

➤ Preferred Longevity Schedule Effective Date

The effective date of the changes described in this Preferred Longevity Schedule is the effective date of a collective bargaining agreement ("CBA") adopting a contribution schedule that contains terms consistent with this Preferred Longevity Schedule (the "Preferred Longevity Schedule Effective Date").

➤ Changes in Benefits under the Preferred Longevity Schedule

The Preferred Longevity Schedule provides the same benefits as the Preferred Schedule, but also includes a "Rule of 90" benefit enhancement. Under the "Rule of 90", a covered participant is eligible for a Service Pension when (1) the participant's combined age and years of Credited Service is equal to at least 90, and (2) the participant is at least 55 years of age.

➤ Required Contribution Increases under the Preferred Longevity Schedule

Similar to the Preferred Schedule, the Preferred Longevity Schedule requires employers to increase their contributions to the Plan by 8% per year on a compounded basis with an additional contribution rate increase of \$4.93 per week in the first year the Preferred Longevity Schedule is adopted.

DETERMINATION OF APPLICABLE SCHEDULE

For purposes of applying the Schedules contained herein, a participant's benefit commencement date and last contributing employer shall determine the Schedule, if any, that will be applied to such participant. Under this rule, the benefits of a participant whose benefit

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commencement date is prior to the date that his or her last contributing employer becomes subject to a Schedule, shall not be reduced under this Rehabilitation Plan.

The benefits of a participant whose benefit commencement date is on or after the date that his or her last contributing employer becomes subject to a Schedule shall be subject to such Schedule as is applicable to that individual's last contributing employer on his or her benefit commencement date. Such participant's Preferred Schedule Effective Date, Default Schedule Effective Date, or Preferred Longevity Schedule Effective Date, as the case may be, shall be the Preferred Schedule Effective Date, Default Schedule Effective Date, or Preferred Longevity Schedule Effective Date that applied to his or her last contributing employer.

➤ *Terminated, Vested Participants of Contributing Employers*

A participant who has accrued a nonforfeitable right to receive a benefit under the Plan is considered to be a terminated, vested participant on the date that he or she stops working in covered employment. The schedule of benefits applicable to a terminated, vested participant shall be determined as follows:

- (i) In general, a terminated, vested participant will be subject to the schedule of benefits available under the Schedule applicable to his or her last contributing employer as of the participant's benefit commencement date. Under this rule, the benefits of a participant whose benefit commencement date is prior to the date that his or her last contributing employer becomes subject to a Schedule shall not be reduced under the Rehabilitation Plan.
- (ii) However, a terminated, vested participant will be subject to the rules set forth in the Preferred Schedule if the last contributing employer as of the participant's benefit commencement date was subject to the Preferred Longevity Schedule, but was not subject to the Preferred Longevity Schedule at any time during which the participant worked for the contributing employer.

➤ *Participants whose Last Contributing Employer Withdrew or Withdraws from the Plan Prior to Benefit Commencement*

- (i) If a participant's benefit commencement date is prior to the withdrawal of such last contributing employer, then the participant's benefits will not be affected by a subsequent withdrawal of that employer.
- (ii) A participant who last worked in covered employment for an employer that withdrew from the Plan prior to the participant's benefit commencement date and prior to the date that one of the Schedules became or becomes applicable to such last contributing employer, shall become subject to the benefit reduction provisions of the Default Schedule.

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- (iii) A participant who last worked in covered employment for an employer who withdrew from the Plan prior to the participant's benefit commencement date and after one of the Schedules became or becomes applicable to such last contributing employer, shall be subject to the Default Schedule or the Preferred Schedule as follows:
- a. If the Participant's last contributing employer withdraws from the Plan due to a cessation of operations, then the Participant will become subject to the last schedule to which the last contributing employer was subject. However, the participant will be subject to the rules set forth in the Preferred Schedule if the last contributing employer was subject to the Preferred Longevity Schedule.
 - b. If the Participant's last contributing employer withdraws from the Plan as a result of a decertification of the union, or if the employer continues its business operations after an effective withdrawal from the Plan, then the Participant will become subject to the Default Schedule.

REHABILITATION PLAN OBJECTIVES

This Rehabilitation Plan consists of reasonable measures which, based on reasonable actuarial assumptions, can be expected to forestall insolvency and enable the Plan to emerge from critical status.

In the absence of any benefit changes in the Plan or increases in employer contribution rates, the Plan would not be expected to emerge from critical status and insolvency is projected in the plan year ending December 31, 2026. Under the Rehabilitation Plan adopted by the Trustees, the Plan is not projected to become insolvent and is estimated to emerge from critical status by December 31, 2040.

ALTERNATIVES CONSIDERED BY THE TRUSTEES

The Trustees considered various alternatives that would enable the Plan to emerge from critical status by the end of the 13 year Rehabilitation Period. The alternatives that were considered by the Trustees were determined to be unreasonable measures. The default and alternative schedules considered by the Trustees that would enable the Plan to emerge from critical status by the end of a 13 year Rehabilitation Period are as follows:

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Schedule	Benefit Reductions	Contribution Rate Increases
Default	Immediate reduction of future benefit accruals and adjustable benefits to the maximum extent permitted by law.	Annual compounded contributions rates increases of 11.75% per year.
Alternative 1	Maintain current benefits.	Annual compounded contribution rate increases of 17.75% per year.
Alternative 2	Modest reductions in benefits.	Annual compounded contribution rate increases as follows: 8% for the first year, 10% per year for each of the next two years, 15% per year for each of the following two years, 20% per year for each of the following three years, and 25% per year for each of the remaining five years of the Rehabilitation Period.

After considering the schedules set forth above, the Trustees concluded that requiring the bargaining parties to adopt the default schedule or one of the alternative schedules described above would be unreasonable and would involve considerable risk to the long-term health of the Plan. In reaching this conclusion, the Trustees considered the following:

- The majority of the contributing employers to the Plan are private carting companies that are subject to regulations set forth by the New York City Business Integrity Commission (“BIC”). The BIC is a regulatory and law enforcement agency that oversees the private carting, private sanitation and trade waste industry in New York City. The BIC establishes maximum rates that private carters can charge for waste removal services in New York City. Because of the regulation by the BIC, employers cannot charge rates to their customers that exceed the maximum rates set by the BIC. Furthermore, waste transfer stations that employers must pay a fee to in order to deposit the waste that they have removed for their customers are not subject to maximum rate restrictions. Accordingly, cost increases from waste transfer stations have an additional adverse impact on employer profits. Contributing employers to the Plan thus have limited ability to pass on their increased costs (such as increased Plan costs) to their customers and must instead absorb these increases as costs of doing business. The Trustees have concluded that, without the ability to receive more revenues from their customers, it is highly unlikely that the Plan’s contributing employers would be able to withstand financially the annual compounded, double-digit contribution rate increases required under the 13 year default or alternative schedules. The Trustees believe that the crushing burden of these contribution increases would inevitably lead to the complete and/or partial withdrawal from the Plan of a significant number of contributing employers as they are forced to cease business operations and liquidate their assets or file for bankruptcy. For example, under the 13-year default schedule

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above, a weekly contribution rate of \$69.00 would grow to \$292.46 by the end of the 13-year Rehabilitation Period. The Trustees believe that the contributing employers could not conceivably absorb contribution rate increases of such a magnitude.

- Even if certain contributing employers could financially withstand the required contribution increases under the 13-year default schedule above, the Trustees believe that neither the participants nor contributing employers will find continuing value in participating in a Plan that has reduced accrual rates and eliminated adjustable benefits to the maximum extent permitted under the law. The Trustees believe that it is unlikely that contributing employers will pay the required contribution increases to maintain the current plan of benefits under one of the alternative schedules considered by the Trustees. For example, under Alternative 1, a weekly contribution rate of \$69.00 is projected to have to grow to \$628.85 by the end of the 13-year Rehabilitation Period to maintain the current plan of benefits. The magnitude of such contribution increases to the Plan would likely result in lower negotiated wage increases for participants and/or a decreased employer contributions to other benefit plans covering these participants (such as the plan providing their (and their families') health benefit coverage.) If participants perceive a significant decreasing value in their total overall compensation, including wages, pension benefits and health benefits, then they will strongly encourage their employers to withdraw from the Plan and/or seek to take steps to decertify the union as their collective bargaining representative.
- As employers' contribution payments are increased to levels that exceed their annual withdrawal liability payment amounts, the Trustees expect that employers would respond by completely and/or partially withdrawing from the Plan.
- The Plan's assets were severely impacted by the economic downturn and unprecedented negative investment returns in the financial markets in 2008 and the first quarter of 2009. The precipitous drop in plan assets was a significant contributing factor in the Plan's actuarial certification of critical status for the 2009 Plan Year. The Rehabilitation Plan adopted by the Trustees takes considerable steps to address the Plan's funding issues. The reductions in benefits and significant contribution increases will provide the Trustees with time to evaluate the effect of a potential recovery in the economy and financial markets on the Plan's assets and funding status.
- The Trustees considered the option of electing to freeze the Plan's 2008 "green zone" status for 2009 under the Worker, Retiree, and Employer Recovery Act of 2008. As plan fiduciaries, the Trustees recognize that they have an obligation to take steps to maintain the Plan's long-term health, despite the extremely difficult economic environment. To that end, the Trustees determined that it was necessary and appropriate to take immediate action to begin improving the Plan's funded status rather than deferring such actions into the future.

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EMPLOYER SURCHARGE

Pursuant to the PPA, a surcharge is imposed on all contributing employers until they adopt a contribution schedule that contains terms consistent with the Preferred Schedule or the Default Schedule. The amount of the surcharge for the 2009 Plan Year (*i.e.*, the Plan's "initial critical year") is 5% of the contribution otherwise required under the applicable CBA (or other agreement pursuant to which the employer contributes). For subsequent years in which the plan is in critical status, the surcharge is 10% of the contribution otherwise required. The surcharges go into effect 30 days after the employer has been notified by the plan sponsor that the plan is in critical status and the surcharge is in effect. Surcharges are due and payable on the same schedule as the contributions on which the surcharges are based.

Employers that have not adopted either the Preferred Schedule or the Default Schedule shall remain subject to the surcharges imposed under the PPA until such time as they adopt provisions in their CBAs that contain, terms consistent with the Preferred Schedule or the Default Schedule. Employers on whom the Default Schedule is *imposed* shall remain subject to the surcharges imposed under the PPA until such time as they adopt provisions in their CBAs that contain terms consistent with the Preferred Schedule or the Default Schedule.

DELINQUENT CONTRIBUTIONS/WITHDRAWAL FROM THE PLAN

A contributing employer's failure to contribute to the Plan at the rates required by an applicable Schedule will result in the deficient amounts being treated as delinquent contributions to the Plan and the contributing employer will be subject to excise taxes (equal to 100% of the unpaid contributions) as provided under the PPA. Additionally, this may result in a determination by the Trustees that the employer has failed to maintain (and thus has withdrawn) from the Plan, and such employer will then be subject to withdrawal liability under the terms of the Plan and Title IV of ERISA.

NOTICES REQUIRED BEFORE BENEFIT REDUCTIONS

Pursuant to Section 432(e)(8)(C) of the Code, no reduction will be made to adjustable benefits unless and until written notice of such reduction has been given at least 30 days before the general effective date of such reduction to participants and beneficiaries, contributing employers and Local Union 813, affiliated with the International Brotherhood of Teamsters. Notwithstanding anything herein to the contrary, the benefits of participants who submit a complete application for benefits prior to the expiration of the 30-day period referenced in the preceding sentence shall not be reduced under this Rehabilitation Plan.

NON-COLLECTIVELY BARGAINED PARTICIPANTS UNDER THE REHABILITATION PLAN

In the case of an employer that contributes to the Plan on behalf of collectively bargained *and* non-collectively bargained participants, the contributions for, and the benefits provided to, the non-collectively bargained employees, including surcharges on those contributions, shall be

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determined as if those non-collectively participants were covered under such employer's first to expire CBA that was in effect when the Plan entered critical status.

In the case of an employer that contributes to the Plan on behalf of non-collectively bargained employees *only*, the rules contained in this Rehabilitation Plan shall be applied as if the employer were the bargaining party, and its participation agreement (or other operative agreement) were a CBA with a term ending on December 31, 2009.

APPLICATION OF REHABILITATION PLAN TO FUTURE AGREEMENTS

The rules contained herein shall be applied upon the expiration (or earlier amendment or renegotiation thereof) of the first CBA that conforms to the Rehabilitation Plan (the "Initial Compliant CBA") and each subsequent compliant CBA (a "Subsequent Compliant CBA") as if the Initial Compliant CBA or Subsequent Compliant CBA, as the case may be, were "in effect" at the time the Plan entered critical status, provided that, the contribution surcharges imposed under the PPA shall apply prospectively only and shall be based upon the contribution rate in the expired Initial Compliant CBA or Subsequent Compliant CBA, as the case may be.

REHABILITATION PLAN STANDARDS

The PPA requires that a Plan set forth annual standards for meeting the requirements of the rehabilitation plan. The annual standard for satisfying the requirements of the Rehabilitation Plan will be a determination that, based on the updated actuarial projections each year using reasonable actuarial assumptions, the Rehabilitation Plan (as updated and amended from time to time) will enable the Plan to forestall insolvency and emerge from critical status.

ANNUAL REVIEW AND UPDATE OF REHABILITATION PLAN

In consultation with the Plan's actuary, the Trustees will review the Rehabilitation Plan annually and amend it as appropriate, to meet the objectives of the Rehabilitation Plan to forestall insolvency and emerge from critical status. This will include an update of the contribution rates contained in its Schedules to reflect the experience of the Plan. The annual review will include a complete review of the Plan's funding status, including projections of whether and when the Plan will emerge from critical status or become insolvent. The Trustees will consider whether further benefit adjustments or contribution rate increases are necessary to meet the stated objectives of the Rehabilitation Plan and ensure the long-term health of the Plan.

Notwithstanding the foregoing, schedules of contribution rates provided by the Trustees and agreed to by the bargaining parties in negotiating a CBA shall remain in effect for the duration of that CBA. The Preferred Schedule or Default Schedule may be amended for any benefit changes that may be required for the Plan to continue meeting the requirements necessary to maintain its tax-qualified status under the Internal Revenue Code and comply with other applicable law. CBAs that are entered, renewed or extended after the date of any changes to

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the Rehabilitation Plan will be subject to the Rehabilitation Plan then in effect at the time of such entry, renewal or extension.

CONSTRUCTION AND MODIFICATIONS

The Fund's Board of Trustees reserves the right to construe, interpret and/or apply the terms and provisions of this Rehabilitation Plan in a manner that is consistent with applicable law. Any and all constructions, interpretations and/or applications of the Rehabilitation Plan by the Trustees shall be final and binding on all parties affected thereby. Subject to applicable law and notwithstanding anything herein to the contrary, the Trustees further reserve the right to make any modifications to this Rehabilitation Plan that they, in their absolute discretion, determine are necessary and/or appropriate.

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EXHIBIT A
Preferred Schedule
Summary of Contribution Requirements and Benefit Changes

CONTRIBUTION REQUIREMENTS

Prior to January 1, 2022

The Preferred Schedule requires employers to increase their contribution rate by 8% per year on a compounded basis.

After December 31, 2021

In general, the Preferred Schedule requires employers to increase their contribution rate by:

- a. 5% per year on a compounded basis if the employer's negotiated contribution rate was at least \$175.00 per member per week as of December 31, 2021.
- b. 7% per year on a compounded basis if the employer's negotiated contribution rate was less than \$175.00 per member per week as of December 31, 2021.

However, required contribution rates will be subject to a limit of \$300.00 per member per week effective January 1, 2022, which is scheduled to increase by 3% per year on a compounded basis.

BENEFIT CHANGES

The Preferred Schedule reduces and/or eliminates adjustable benefits as follows:

- a. Elimination of the pre-retirement Death Benefit described in Section 5.4 of the Plan;
- b. Elimination of the subsidized 60 month guarantee from the Standard Benefit Form for a Participant Without a Spouse described in Section 6.1 of the Plan;
- c. The requirement for a Service Pension is increased to 17½ years of Credited Service for Accrual of Benefits; and
- d. The requirement for a Disability Pension is increased to 17½ years of Credited Service for Accrual of Benefits.

EXHIBIT B
Preferred Longevity Schedule
Summary of Contribution Requirements and Benefit Changes

CONTRIBUTION REQUIREMENTS

Prior to January 1, 2022

The Preferred Longevity Schedule requires a contribution rate increase of \$4.93 per member per week in the first year the Preferred Longevity Schedule is adopted. In addition, the Preferred Longevity Schedule requires employers to increase their contribution rate by 8% per year on a compounded basis.

After December 31, 2021

In general, the Preferred Longevity Schedule requires a contribution rate increase of \$4.93 per member per week in the first year the Preferred Longevity Schedule is adopted. In addition, the Preferred Longevity Schedule requires employers to increase their contribution rate by:

- a. 5% per year on a compounded basis if the employer's negotiated contribution rate was at least \$175.00 per member per week as of December 31, 2021.
- b. 7% per year on a compounded basis if the employer's negotiated contribution rate was less than \$175.00 per member per week as of December 31, 2021.

However, required contribution rates will be subject to a limit of \$318.00 per member per week effective January 1, 2022, which is scheduled to increase by 3% per year on a compounded basis.

BENEFIT CHANGES

The Preferred Longevity Schedule reduces and/or eliminates adjustable benefits as follows:

- a. Elimination of the pre-retirement Death Benefit described in Section 5.4 of the Plan;
- b. Elimination of the subsidized 60 month guarantee from the Standard Benefit Form for a Participant Without a Spouse described in Section 6.1 of the Plan;
- c. The requirement for a Service Pension is increased to 17½ years of Credited Service for Accrual of Benefits; and
- d. The requirement for a Disability Pension is increased to 17½ years of Credited Service for Accrual of Benefits.

Lastly, a "Rule of 90" benefit is available to participants covered under the Preferred Longevity Schedule. Under the "Rule of 90", a covered participant is eligible for a Service Pension when (1) their combined age and years of Credited Service is equal to at least 90, and (2) they are at least 55 years of age.



Local 813 Pension Trust Fund

48-18 Van Dam Street, Suite 201, Long Island City, New York 11101 • (718) 937-7150 • Fax (718) 937-7552

NOTICE OF REDUCED CONTRIBUTION RATE INCREASES UNDER THE REHABILITATION PLAN (Effective January 1, 2022)

PENSION PLAN PRIVATE SANITATION UNION, LOCAL 813, I. B. of T.

February 17, 2022

Background

The Pension Plan Private Sanitation Union, Local 813, I. B. of T. (the “Plan” or “Fund”) has been in critical status since the plan year beginning January 1, 2009. The Pension Protection Act of 2006 requires that any plan in critical status adopt a rehabilitation plan. A rehabilitation plan is an action plan designed to enable a plan to emerge from critical status or to forestall insolvency. The Board of Trustees of the Plan adopted a Rehabilitation Plan on November 23, 2009, which has been amended from time to time.

The Rehabilitation Plan contains three alternative schedules of required contribution increases and/or changes in benefits under the Plan: (1) the “Preferred Schedule”, (2) the “Preferred Longevity Schedule”, and (3) the “Default Schedule”.

Update to the Rehabilitation Plan

The Board of Trustees took action to update the Rehabilitation Plan. Specifically, the Board of Trustees amended the Preferred Schedule and Preferred Longevity Schedule to reduce required future contribution rate increases on or after January 1, 2022 for contracts bargained on or after December 3, 2021.

A summary of the updated Preferred Schedule can be found in Exhibit A (enclosed) and a summary of the updated Preferred Longevity Schedule can be found in Exhibit B (enclosed).

IMPORTANT

- The reduction in required future contribution rate increases under the updated Rehabilitation Plan does not impact the level of current or future contribution rates that have already been bargained.
- This update to the Rehabilitation Plan does not include modifications to the benefit provisions of the Plan. However, previous Rehabilitation Plan benefit adjustments remain in place.

Where to Get More Information

For more information about this notice, you may contact the Fund Office at (718) 937-7150 or 48-18 Van Dam Street, Suite 201, Long Island City, New York 11101.

EXHIBIT A
Preferred Schedule
Summary of Contribution Requirements and Benefit Changes

CONTRIBUTION REQUIREMENTS

Prior to January 1, 2022

The Preferred Schedule requires employers to increase their contribution rate by 8% per year on a compounded basis.

After December 31, 2021

In general, the Preferred Schedule requires employers to increase their contribution rate by:

- a. 5% per year on a compounded basis if the employer's negotiated contribution rate was at least \$175.00 per member per week as of December 31, 2021.
- b. 7% per year on a compounded basis if the employer's negotiated contribution rate was less than \$175.00 per member per week as of December 31, 2021.

However, required contribution rates will be subject to a limit of \$300.00 per member per week effective January 1, 2022, which is scheduled to increase by 3% per year on a compounded basis.

BENEFIT CHANGES

The Preferred Schedule reduces and/or eliminates adjustable benefits as follows:

- a. Elimination of the pre-retirement Death Benefit described in Section 5.4 of the Plan;
- b. Elimination of the subsidized 60 month guarantee from the Standard Benefit Form for a Participant Without a Spouse described in Section 6.1 of the Plan;
- c. The requirement for a Service Pension is increased to 17½ years of Credited Service for Accrual of Benefits; and
- d. The requirement for a Disability Pension is increased to 17½ years of Credited Service for Accrual of Benefits.

EXHIBIT B
Preferred Longevity Schedule
Summary of Contribution Requirements and Benefit Changes

CONTRIBUTION REQUIREMENTS

Prior to January 1, 2022

The Preferred Longevity Schedule requires a contribution rate increase of \$4.93 per member per week in the first year the Preferred Longevity Schedule is adopted. In addition, the Preferred Longevity Schedule requires employers to increase their contribution rate by 8% per year on a compounded basis.

After December 31, 2021

In general, the Preferred Longevity Schedule requires a contribution rate increase of \$4.93 per member per week in the first year the Preferred Longevity Schedule is adopted. In addition, the Preferred Longevity Schedule requires employers to increase their contribution rate by:

- a. 5% per year on a compounded basis if the employer's negotiated contribution rate was at least \$175.00 per member per week as of December 31, 2021.
- b. 7% per year on a compounded basis if the employer's negotiated contribution rate was less than \$175.00 per member per week as of December 31, 2021.

However, required contribution rates will be subject to a limit of \$318.00 per member per week effective January 1, 2022, which is scheduled to increase by 3% per year on a compounded basis.

BENEFIT CHANGES

The Preferred Longevity Schedule reduces and/or eliminates adjustable benefits as follows:

- a. Elimination of the pre-retirement Death Benefit described in Section 5.4 of the Plan;
- b. Elimination of the subsidized 60 month guarantee from the Standard Benefit Form for a Participant Without a Spouse described in Section 6.1 of the Plan;
- c. The requirement for a Service Pension is increased to 17½ years of Credited Service for Accrual of Benefits; and
- d. The requirement for a Disability Pension is increased to 17½ years of Credited Service for Accrual of Benefits.

Lastly, a "Rule of 90" benefit is available to participants covered under the Preferred Longevity Schedule. Under the "Rule of 90", a covered participant is eligible for a Service Pension when (1) their combined age and years of Credited Service is equal to at least 90, and (2) they are at least 55 years of age.

7.3. Cash Flow Projections (Line 4f)

Plan Year				
Ending		Investment		
Dec. 31	Contributions	Income	Benefits Paid	Expenses
2024	\$ 6,112,114	\$ 10,460,883	\$ (19,754,969)	\$ (1,013,879)
2025	6,216,053	10,866,519	-	-
2026	6,303,193	11,979,718	-	-
2027	6,392,485	13,171,009	-	-
2028	6,481,976	14,445,545	-	-
2029	6,567,566	15,129,670	(19,530,800)	(1,359,828)
2030	6,651,736	14,978,667	(25,843,848)	(1,390,424)
2031	6,738,169	14,618,003	(25,788,583)	(1,421,709)
2032	6,826,160	14,248,259	(25,513,095)	(1,453,697)
2033	6,911,421	13,870,782	(25,395,594)	(1,486,405)
2034	7,107,407	13,490,452	(25,060,989)	(1,519,849)
2035	7,317,130	13,116,223	(24,785,316)	(1,554,046)
2036	7,506,576	12,750,908	(24,368,233)	(1,589,012)
2037	7,640,453	12,398,313	(23,915,918)	(1,624,765)
2038	7,786,303	12,061,212	(23,393,709)	(1,661,322)
2039	8,000,574	11,745,856	(22,858,805)	(1,698,702)
2040	8,247,404	11,458,422	(22,289,387)	(1,736,923)
2041	8,503,559	11,205,281	(21,654,465)	(1,776,004)
2042	8,769,636	10,991,676	(21,009,774)	(1,815,964)
2043	\$ 9,045,148	\$ 10,823,606	\$ (20,286,950)	\$ (1,856,823)

7.10. Schedule of Projection of Employer Contributions and Withdrawal Liability Payments (Line 8b(3))

Plan Year	Employer	Withdrawal	
Ending	Contributions	Liability	Total
Dec. 31		Payments	
2024	\$ 5,867,830	\$ 244,284	\$ 6,112,114
2025	5,971,769	244,284	6,216,053
2026	6,058,909	244,284	6,303,193
2027	6,148,201	244,284	6,392,485
2028	6,237,692	244,284	6,481,976
2029	6,323,282	244,284	6,567,566
2030	6,407,452	244,284	6,651,736
2031	6,493,885	244,284	6,738,169
2032	6,581,876	244,284	6,826,160
2033	\$ 6,668,299	\$ 243,122	\$ 6,911,421

7.8. Schedule of Projection of Expected Benefit Payments (Line 8b(1))

Plan Year Ending Dec. 31	Active	Terminated Vested	Retiree and Beneficiaries	
			Receiving Payments	Total
2024	\$ 1,135,591	\$ 5,876,212	\$ 16,693,538	\$ 23,705,341
2025	1,869,929	6,215,702	16,241,929	24,327,560
2026	2,386,096	6,511,766	15,784,407	24,682,269
2027	2,873,590	6,797,091	15,318,707	24,989,388
2028	3,291,012	7,085,006	14,822,658	25,198,676
2029	3,701,560	7,384,117	14,367,479	25,453,156
2030	4,045,205	7,489,332	13,865,242	25,399,779
2031	4,349,167	7,588,645	13,270,836	25,208,648
2032	4,569,197	7,553,643	12,681,404	24,804,244
2033	4,791,355	7,608,704	12,081,589	24,481,648
2034	4,941,647	7,576,503	11,479,745	23,997,895
2035	5,075,291	7,541,724	10,902,226	23,519,241
2036	5,179,499	7,434,341	10,308,082	22,921,922
2037	5,237,482	7,322,186	9,713,958	22,273,626
2038	5,276,290	7,203,286	9,121,405	21,600,981
2039	5,302,861	7,056,019	8,535,332	20,894,212
2040	5,360,648	6,848,991	7,954,846	20,164,485
2041	5,333,978	6,677,569	7,383,438	19,394,985
2042	5,312,961	6,451,514	6,820,822	18,585,297
2043	5,243,012	6,200,712	6,268,980	17,712,704
2044	5,151,983	5,959,591	5,730,196	16,841,770
2045	5,059,685	5,707,540	5,206,950	15,974,175
2046	4,902,561	5,447,053	4,701,849	15,051,463
2047	4,747,138	5,189,435	4,217,542	14,154,115
2048	4,571,717	4,914,904	3,756,644	13,243,265
2049	4,375,971	4,629,401	3,321,598	12,326,970
2050	4,182,196	4,352,093	2,914,535	11,448,824
2051	3,985,638	4,064,946	2,537,188	10,587,772
2052	3,776,297	3,779,309	2,190,786	9,746,392
2053	3,543,244	3,495,287	1,875,972	8,914,503
2054	3,320,389	3,222,159	1,592,820	8,135,368
2055	3,102,240	2,951,917	1,340,853	7,395,010
2056	2,894,190	2,691,167	1,119,091	6,704,448
2057	2,674,774	2,441,431	926,111	6,042,316
2058	2,448,158	2,204,013	760,084	5,412,255
2059	2,244,147	1,979,961	618,871	4,842,979
2060	2,045,018	1,770,071	500,128	4,315,217
2061	1,843,275	1,574,882	401,396	3,819,553
2062	1,652,583	1,394,648	320,205	3,367,436
2063	1,473,797	1,229,341	254,141	2,957,279
2064	1,307,436	1,078,683	200,936	2,587,055
2065	1,153,773	942,200	158,496	2,254,469
2066	1,012,852	819,251	124,943	1,957,046
2067	884,546	709,085	98,624	1,692,255
2068	768,577	610,869	78,107	1,457,553
2069	664,539	523,742	62,184	1,250,465
2070	571,902	446,851	49,852	1,068,605
2071	490,045	379,330	40,288	909,663
2072	418,250	320,341	32,836	771,427
2073	\$ 355,701	\$ 269,075	\$ 26,981	\$ 651,757

Schedule MB (2024)
Statement by Enrolled Actuary
Pension Plan Private Sanitation Union, Local 813, I.B. of T.
EIN: 13-1975659 PN: 001

Employer Contributions (line 3)

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year and were assumed to be paid at the end of the month.

Withdrawal Liability Amounts (line 3d)

Attached is a breakdown for the withdrawal liability payment amount shown in line 3d of the Schedule MB, along with the dates collected throughout the Plan Year from previously contributing employers.

Illustration Supporting Actuarial Certification of Status (line 4b)

Attached is a copy of the PPA Zone Certification along with a graph showing the plans funded percentage and a projection of the funding standard account.

Documentation Regarding Progress under Rehabilitation Plan (line 4c)

Attached is documentation regarding progress under the Rehabilitation Plan.

Cash Flow Projections (line 4f)

Attached is documentation of the projected cash flows for the next 20 years, or until insolvency if sooner.

The Actuarial Assumptions and Methods (line 6)

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation. The actuarial assumptions underlying this valuation may differ from those underlying the prior valuation; therefore, please refer to the Justification for Change in Actuarial Assumptions (line 11) section for the changes.

Summary of Plan Provisions (line 6)

Attached is a summary of the plan provisions valued. The plan provisions underlying this valuation do not differ from those underlying the prior valuation.

Schedule of Projection of Expected benefit payments (line 8b(1))

Attached is a schedule of projection of expected benefit payments.

Schedule of Active Participant Data (line 8b(2))

Attached is a schedule of active participant data.

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments (line 8b(3))

Attached is a breakdown of employer contributions and withdrawal liability payments.

Amortization Bases (line 9)

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Justification for Change in Actuarial Assumptions (line 11)

Attached is a justification for the change in actuarial assumptions.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the Plan administrator.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to
Public Inspection

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

Part II Basic Plan Information - enter all requested information

1a Name of plan: PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATIO
Mailing address (include room, apt., suite no. and street, or P.O. Box): 48-18 VAN DAM STREET, SUITE 201 LONG ISLAND CITY NY 11101-3107
2b Employer Identification Number (EIN): 13-1975659
2c Plan Sponsor's telephone number: (718)937-7150
2d Business code (see instructions): 562000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: DANIEL WRIGHT, 10/13/2025. Row 2: NICHOLAS ORLANDO, 10/13/2025. Row 3: Signature of DFE, Date, Name.

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

Form 5500 (2024)
v. 240311



Single Transactions in Excess of Five Percent of Plan Assets
 Pension Plan Private Sanitation Union Local 813 IBT EIN: 13-1975659 Plan No. 001
 Schedule H (Form 5500) 2024 Part IV, Line 4j-Schedule of Reportable Transactions
 01/01/2024 - 12/31/2024

Report ID: T6400

Status: FINAL

TOTAL FUND 27-813 -

LOCAL 27-813 LOCAL 1034 INST

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	6,167,228.22								
K74F71726602	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	B	98,304,000.000	0.00	98,304,000.00	0.00	0.00	0.00
K74F71726602	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	S	97,798,740.680	0.00	0.00	97,798,740.68	97,798,740.68	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Pension Plan Private Sanitation Union Local 813 IBT EIN: 13-1975659 Plan No. 001

Schedule H (Form 5500) 2024 Part IV, Line 4j-Schedule of Reportable Transactions

01/01/2024 - 12/31/2024

Report ID: T6500

Status: FINAL

LOCAL 27-813 LOCAL 1034 INST

TOTAL FUND 27-813 -

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		6,167,228.22					
68	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	116,278,640.490	116,278,640.49	0.00	0.00	0.00
15	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	115,463,602.280	0.00	115,463,602.28	115,463,602.28	0.00
3	99VVBSHN9	97 BLK EQUITY INDEX CL R	10,754.610	0.00	8,000,000.00	4,311,053.35	3,688,946.65

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813	D Employer Identification Number (EIN) 13-1975659	


E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets		
(1) Current value of assets	1b(1)	168,265,036
(2) Actuarial value of assets for funding standard account	1b(2)	179,435,806
c (1) Accrued liability for plan using immediate gain methods	1c(1)	315,558,502
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	315,558,502
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	485,435,261
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,512,790
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	17,252,759

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/19/2025</u>
Vincent Regalbuto Signature of actuary		Date 23-08116
O'Sullivan Associates, Inc. Type or print name of actuary		Most recent enrollment number (856) 795-7777
1236 Brace Road, Unit E Firm name		Telephone number (including area code)
Cherry Hill NJ 08034 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	168,265,036
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,605	227,600,655
(2) For terminated vested participants	1,215	150,728,381
(3) For active participants:		
(a) Non-vested benefits		5,811,990
(b) Vested benefits		101,294,235
(c) Total active	518	107,106,225
(4) Total	3,338	485,435,261
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.66%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	5,999,996				
07/01/2024	1,340,081				
Totals ▶			3(b)	7,340,077	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 1,340,081

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	56.9%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2052

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> a Attained age normal | <input type="checkbox"/> b Entry age normal | <input checked="" type="checkbox"/> c Accrued benefit (unit credit) | <input type="checkbox"/> d Aggregate |
| <input type="checkbox"/> e Frozen initial liability | <input type="checkbox"/> f Individual level premium | <input type="checkbox"/> g Individual aggregate | <input type="checkbox"/> h Shortfall |
| <input type="checkbox"/> i Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.4%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,178,943
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	8,016,073	800,499
1	-1,924,004	-192,134

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	92,250,491
b Employer's normal cost for plan year as of valuation date.....	9b	3,385,012

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	79,671,839	15,591,523
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		7,229,757
e Total charges. Add lines 9a through 9d.....	9e		118,456,783
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		7,340,077
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	35,799,634	6,129,703
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		614,618
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	160,472,578	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	265,611,621	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		14,084,398
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		104,372,385
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		104,372,385
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No