

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T. 1b Three-digit plan number (PN): 501 1c Effective date of plan: 12/01/1951 2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 48-18 VAN DAM STREET LONG ISLAND CITY, NY 11101 2b Employer Identification Number (EIN): 13-5603868 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 Robert Tillis (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	1275
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)	1272
	6a(2)	1119
	6b	3
	6c	
	6d	1122
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	39

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

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

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

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

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

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

<p>A Name of plan INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL</p>	<p>D Employer Identification Number (EIN) 13-5603868</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260C74	115	01/01/2024	12/31/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	3846
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL</p>	<p>D Employer Identification Number (EIN) 13-5603868</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260B28	1023	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	60087
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL		D Employer Identification Number (EIN) 13-5603868

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0863639SL	1125	03/01/2024	02/28/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	412177
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL	D Employer Identification Number (EIN) 13-5603868	

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

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

THE VANGUARD GROUP, INC.

13-3200244

(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

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

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

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

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

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

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
13 50	NONE	805423	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)

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	211966	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)

CAROL A. FRANKLIN

13-5603868

(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	EMPLOYEE	59869	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)

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	58962	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)

DULCE M. GARCIA

13-5603868

(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	EMPLOYEE	53559	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?
51 68	NONE	52418	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)

O'SULLIVAN ASSOCIATES INC.

20-8199367

(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	44500	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)

D.D. SERVICES, INC.

11-2705347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 50	NONE	38488	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)

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"/>

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)

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)

HSSH CONSULTING, LLC

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	NONE	33456	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)

WESTERN ASSET MANAGEMENT CO.

385 EAST COLORADO BLVD.
PASADENA, CA 91101

(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 50	NONE	31391	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)

JEANIEVETT H. LARKINS

13-5603868

(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	EMPLOYEE	27574	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)

OPTUMRX, INC

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18992	Yes <input type="checkbox"/> No <input checked="" 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	14168	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)

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?
19 51	NONE	7659	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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	7344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 <hr/> 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>INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL</u>	D Employer Identification Number (EIN) <u>13-5603868</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>WESTERN ASSET US CORE PLUS LLC</u>	
b Name of sponsor of entity listed in (a):	<u>WESTERN ASSET MANAGEMENT CO LLC</u>	
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)
<u>20-1575788-001</u>	<u>E</u>	<u>10492254</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)

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.	<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 INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL	D Employer Identification Number (EIN) 13-5603868

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	4210228	3706605
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1542147	1429017
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	950823	1269397
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4064037	754042
(2) U.S. Government securities	1c(2)		279733
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2577970	2400083
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6707413	6876402
(5) Partnership/joint venture interests	1c(5)	3088881	2905195
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	10475259	10492254
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25990266	29813697
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	50024	241420
f Total assets (add all amounts in lines 1a through 1e).....	1f	59657048	60167845
Liabilities			
g Benefit claims payable.....	1g	4591688	3605000
h Operating payables.....	1h	65659	34511
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4632306	5168386
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9289653	8807897
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50367395	51359948

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)	26672274	
(B) Participants.....	2a(1)(B)	55023	
(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)		26727297
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	193141	
(B) U.S. Government securities.....	2b(1)(B)	17846	
(C) Corporate debt instruments.....	2b(1)(C)	113624	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		324611
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	739305	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	395462	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1134767
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4923781	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4747323	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		176458
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	266460	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		16995
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3777373
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		32423961

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	456033	
(3) Other.....	2e(3)	29716072	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		30172105
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)	403861	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	58962	
(5) Investment advisory and investment management fees	2i(5)	179462	
(6) Bank or trust company trustee/custodial fees	2i(6)	7659	
(7) Actuarial fees	2i(7)	60456	
(8) Legal fees	2i(8)	211966	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	76800	
(11) Other expenses.....	2i(11)	260137	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1259303
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		31431408

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		992553
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	
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 _____.



**INSURANCE TRUST FUND PRIVATE SANITATION
UNION LOCAL 813 I.B. OF T.**

FINANCIAL STATEMENTS

DECEMBER 31, 2024






**INSURANCE TRUST FUND 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
Insurance Trust Fund Private Sanitation Union Local 813 I. B. of T.

Opinion

We have audited the accompanying financial statements of Insurance Trust Fund 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 and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion


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

Responsibilities of Management for the Financial Statements

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

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





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



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



**INSURANCE TRUST FUND PRIVATE SANITATION
UNION LOCAL 813 I.B. OF T.**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Cash equivalents	\$ 754,042	\$ 4,064,037
U.S. Government bonds	279,733	153,625
Corporate bonds	2,400,083	2,424,345
Common stock	6,876,402	6,707,413
Registered investment companies	29,813,697	25,990,266
Limited partnerships	13,397,449	13,564,140
Total investments, at fair value	53,521,406	52,903,826
Receivables		
Employer contributions	1,429,017	1,542,147
Drug rebates	1,219,726	901,018
Interest and dividends	49,671	49,805
Total receivables	2,698,414	2,492,970
Cash	3,706,605	4,210,228
Prepaid expenses and other assets	241,419	50,024
Total assets	60,167,844	59,657,048
Liabilities		
Accounts payable and accrued expenses	34,511	65,659
Due to broker for securities purchased	1,654	-
Due to affiliated fund for shared expenses	36,731	75,306
Total liabilities	72,896	140,965
Net assets available for benefits	60,094,948	59,516,083
Benefit obligations		
Reserve for claims incurred but not reported	3,605,000	4,591,688
Estimated accumulated eligibility	5,130,000	4,557,000
Total benefit obligations	8,735,000	9,148,688
Excess of net assets available for benefits over benefit obligations	\$ 51,359,948	\$ 50,367,395

See accompanying notes to financial statements.



**INSURANCE TRUST FUND PRIVATE SANITATION
UNION LOCAL 813 I.B. OF T.**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Contributions		
Employers	\$ 26,672,274	\$ 26,254,600
Participants (COBRA)	55,023	95,516
Total contributions	26,727,297	26,350,116
Investment income		
Net appreciation in fair value of investments	4,237,286	3,468,681
Interest and dividends	1,459,378	1,730,959
	5,696,664	5,199,640
Less: investment expenses	187,121	205,797
Net investment income	5,509,543	4,993,843
Total additions	32,236,840	31,343,959
Deductions		
Benefits paid	30,563,103	27,233,842
Administrative expenses	1,072,184	922,405
Total deductions	31,635,287	28,156,247
Net change	601,553	3,187,712
Net change in benefit obligations		
Change during the year attributed to change in		
Reserve for claims incurred but not reported	(964,000)	(119,312)
Estimated accumulated eligibility	573,000	(415,000)
Net change in benefit obligations	(391,000)	(534,312)
Increase in net assets available for benefits over benefit obligations	992,553	3,722,024
Excess of net assets available for benefits over benefit obligations		
Beginning of year	50,367,395	46,645,371
End of year	\$ 51,359,948	\$ 50,367,395

See accompanying notes to financial statements.



INSURANCE TRUST FUND 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 the Insurance Trust Fund Private Sanitation Union Local 813 I. B. of T. (the Plan) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit health and welfare plan established under the provisions of an Agreement and Declaration of Trust effective December 1, 1951, as amended, between Private Sanitation Union Local 813 I. B. of T. (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, and various employers, primarily in the private sanitation and funeral parlor industries, 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 health care benefits to employees of contributing employers who are represented by the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of equal union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits - The Plan provides health care benefits including hospitalization, major medical, prescription drug, dental, optical, and mental health and substance abuse support. These benefits are self-insured and paid out of the general assets of the Plan. The Plan fully insures its term life insurance and accidental death and dismemberment benefits. In addition, the Plan purchases stop loss insurance to actively manage catastrophic medical claims. The claims for self-insured benefits are processed by the Plan's third-party claims processors under Administrative Services Only (ASO) arrangements. The Plan continues to provide benefits to participants and eligible dependents for two months following the date a member ceases employment with a contributing employer.

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. Contributions are also made by the Plan's sponsoring Union and other related benefit funds in their capacity as employers, and by participants who have left covered employment and who elect to continue coverage with the Plan through the Consolidated Omnibus Budget Reconciliation Act (COBRA).



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 and liabilities, including estimated amounts for claims incurred but not reported, accumulated eligibility, and disclosure of contingent assets and liabilities at the date of financial statements, if any. 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 the 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits and benefit obligations.

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.

Payment of Benefits - Claim payments are recorded when paid to the third-party claims processors. Amounts due to claims processors that have yet to be paid by the Plan are recorded as claims payable in the accompanying statements of net assets available for benefits and benefit obligations.

Prescription Drug Rebates - The Plan retains a pharmacy benefit manager (PBM) which periodically provides rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement's date have been reported as a receivable, with the offset being netted against benefits paid. Pharmacy rebates totaling \$2,757,507 and \$1,863,526 have been netted with benefits paid on the statements of changes in net assets available for benefits and benefit obligations for the years ended December 31, 2024 and 2023, respectively.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Stop Loss - The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured medical and hospital benefits. Claims over a contractual amount incurred per participant during a one-year period are reimbursed by the insurance company to the Plan. Premiums paid for the years ended December 31, 2024 and 2023 totaled \$392,100 and \$255,525, respectively. Stop loss recoveries for the years ended December 31, 2024 and 2023 totaled \$850,732 and \$2,744,196, respectively, have been netted with benefits paid in the accompanying statements of changes in net assets available for benefits and benefit obligations.

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 and benefit obligations. The Plan shares certain administrative expenses with related benefit funds and the Union that are allocated in accordance with a cost sharing agreement.

Benefit Obligations - Plan obligations at December 31, 2024 and 2023 for claims incurred by active participants but not reported (IBNR) at those dates are estimated by the Plan's actuary in accordance with accepted actuarial principles that take into consideration prior claims experience and also include analyzing claim lag studies based on data provided by the Plan's third-party claims administrators. Such amounts are reported undiscounted as these obligations typically are payable within one year. Any differences in the amounts estimated and actual amounts will be reported in future years. The IBNR amount includes an estimate for related administrative expenses. The obligation arising from accumulated eligibility is determined by applying the average cost of benefits per eligible participant to the accumulated eligibility period and by applying the average cost of benefits per eligible participant for self-insured benefits.

NOTE 3. TAX STATUS

The Plan has received an exemption letter from the Internal Revenue Service (IRS) stating that the trust established under the Plan was in compliance with the applicable requirements of Section 501(c)(9) of the Internal Revenue Code (IRC). The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Trustees believe that the Plan, as amended, is operating in compliance with the applicable requirements of the IRC and, therefore, believe that the related trust was tax-exempt as of the financial statement date.

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 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 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.



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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 bonds: Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available with 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.

Registered investment companies - Valued at the daily closing price reported in the active market in which the mutual funds and exchange traded funds (Funds) are traded. The Funds held by the Plan are deemed to be actively traded.

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

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 could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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	\$ 754,042	\$ 754,042	\$ -	\$ -
U.S. Government bonds	279,733	279,733	-	-
Corporate bonds	2,400,083	-	2,400,083	-
Common stock	6,876,402	6,876,402	-	-
Registered investment companies	29,813,697	29,813,697	-	-
Total assets in fair value hierarchy	40,123,957	\$ 37,723,874	\$ 2,400,083	\$ -
Investments measured at NAV*	13,397,449			
Investments at fair value	\$ 53,521,406			

Description	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 4,064,037	\$ 4,064,037	\$ -	\$ -
U.S. Government bonds	153,625	153,625	-	-
Corporate bonds	2,424,345	-	2,424,345	-
Common stock	6,707,413	6,707,413	-	-
Registered investment companies	25,990,266	25,990,266	-	-
Total assets in fair value hierarchy	39,339,686	\$ 36,915,341	\$ 2,424,345	\$ -
Investments measured at NAV*	13,564,140			
Investments at fair value	\$ 52,903,826			

*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 these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits and benefit obligations.

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. The Plan did not have any unfunded commitments towards these investment funds at December 31, 2024 and 2023.

	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/24	12/31/23		
Limited partnerships				
Western Asset US Core Plus (a)	\$ 10,492,254	\$ 10,475,259	Daily	1 day
Boyd Watterson GSA Fund LP (b)	2,905,195	3,088,881	Quarterly	60 days
Total	\$ 13,397,449	\$ 13,564,140		

- Invests in investment grade debt and fixed income securities rates at the time of purchase at least Baa3 or BBB- by a nationally recognized rating agency.
- This class includes investments in diversified commercial properties primarily leased to the United States Federal Government either through the General Services Administration (GSA) or other Federal Government agencies.



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

The Plan shares office space and administration with other related benefit plans. As part of a cost sharing arrangement, the Plan's affiliated Local 813 Pension Fund (813 Pension) acts as paying agent for certain common administrative expenses. The Plan reimburses 813 Pension for its allocable share of these common administrative expenses paid on its 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 made for common administrative expenses for the years ended December 31, 2024 and 2023 totaled \$620,826 and \$614,923, respectively. Amounts due 813 Pension totaled \$53,891 and \$75,306 at December 31, 2024 and 2023, respectively. These amounts were subsequently reimbursed to 813 Pension.

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. UNINSURED CASH BALANCES

The Federal Deposit Insurance Corporation (FDIC) insurance limit is \$250,000 per institution. Financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash held in a high-quality financial institution. The balance at times may exceed FDIC insured amounts. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk.

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Benefits paid per the financial statements	\$ 30,563,103	\$ 27,233,842
Add: benefit obligations at December 31, 2024 and 2023	8,735,000	9,148,688
Less: benefit obligations at December 31, 2023 and 2022	<u>(9,148,688)</u>	<u>(9,683,000)</u>
Benefits paid per the Form 5500	<u>\$ 30,149,415</u>	<u>\$ 26,699,530</u>

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	\$ 32,236,840	\$ 31,343,959
Add: investment expenses	<u>187,121</u>	<u>205,797</u>
Total income per the Form 5500	<u>\$ 32,423,961</u>	<u>\$ 31,549,756</u>

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

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	\$ 31,635,287	\$ 28,156,247
Change in benefit obligations	(391,000)	(534,312)
Add: investment expenses	<u>187,121</u>	<u>205,797</u>
Total expenses per the Form 5500	<u>\$ 31,431,408</u>	<u>\$ 27,827,732</u>

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. 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 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 and benefit obligations.

NOTE 9. PRIORITIES UPON TERMINATION OF THE PLAN

Although they have not expressed any intention to do so, the Trustees, as Plan Sponsor, have the right under the Plan to modify the benefits provided to participants and to terminate the Plan subject to ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits. No assets of the Plan will be used for purposes other than for the exclusive benefit of plan participants and to pay reasonable administrative expenses.

NOTE 10. 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 \$68,596 and \$58,541 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	\$ 76,670
2026	76,670
2027	76,670
2028	<u>38,335</u>
Total future minimum lease payments	<u>\$ 268,345</u>

NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan's office employees, which it shares with other affiliated benefit funds, are covered by a 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.
- 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 on the table below represent the Plan's proportionate share of the contributions made to this multiemployer plan.

Legal Name of Plan	Pension Trust Fund 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	\$39,193
2023	\$38,008
Surcharge Imposed	No



NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

Defined Contribution Retirement Plan

The Plan's office employees are also covered by the Local 813 Savings and Thrift Trust Fund. The Plan's contributions to this plan for the years ended December 31, 2024 and 2023 totaled \$23,756 and \$24,769, respectively.

NOTE 12. 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





Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

TOTAL FUND 27-813 - K73G00010000

01/01/2024 - 12/31/2024

TOTAL FUND LOCAL 27-813

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
U. S. GOVERNMENT SECURITIES					
██████████	2107959D4 CONTINENTAL AIRLINES INC 0.000% 03/15/1997 DD 09/01/93	100,000.000	0.00	0.00	0.00
██████████	912797NB9 U S TREASURY BILL 0.000% 04/10/2025 DD 10/10/24	235,000.000	229,919.43	229,919.43	0.00
██████████	91282CGX3 U S TREASURY NOTE 3.875% 04/30/2025 DD 04/30/23	155,000.000	153,625.15	154,764.40	1,139.25
██████████	91282CHD6 U S TREASURY NOTE 4.250% 05/31/2025 DD 05/31/23	125,000.000	124,414.06	124,968.75	554.69
TOTAL U. S. GOVERNMENT SECURITIES			507,958.64	509,652.58	1,693.94
CORPORATE DEBT INSTRUMENTS - PREFERRED					
██████████	29355XAG2 ENPRO INC 5.750% 10/15/2026 DD 04/15/19	130,000.000	129,025.00	129,350.00	325.00
██████████	29452EAA9 EQUITABLE HOLDINGS INC VAR RT 12/31/2049 DD 08/11/20	250,000.000	237,895.00	248,555.00	10,660.00
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			366,920.00	377,905.00	10,985.00
CORPORATE DEBT INSTRUMENTS					
██████████	02406PBA7 AMERICAN AXLE & MANUFACTURING 6.875% 07/01/2028 DD 06/12/20	125,000.000	122,031.25	124,027.50	1,996.25
██████████	04010LBD4 ARES CAPITAL CORP 2.875% 06/15/2027 DD 01/13/22	150,000.000	137,088.00	142,651.50	5,563.50
██████████	064058AH3 BANK OF NEW YORK MELLON CORP/T VAR RT 12/31/2049 DD 05/19/20	175,000.000	172,270.00	173,339.25	1,069.25
██████████	15089QAL8 CELANESE US HOLDINGS LLC VAR RT 03/15/2025 DD 07/14/22	34,000.000	34,211.48	34,023.80	(187.68)
██████████	174610AU9 CITIZENS FINANCIAL GROUP INC VAR RT 12/31/2049 DD 06/04/20	250,000.000	239,759.50	248,135.00	8,375.50
██████████	20602DAB7 CONCENTRIX CORP 6.600% 08/02/2028 DD 08/02/23	125,000.000	125,284.21	128,243.75	2,959.54
██████████	446150AV6 HUNTINGTON BANCSHARES INC/OH VAR RT 12/31/2049 DD 08/10/20	50,000.000	43,890.00	47,756.00	3,866.00
██████████	55903VBG7 WARNERMEDIA HOLDINGS INC 6.412% 03/15/2026 DD 03/10/23	225,000.000	225,096.75	225,090.00	(6.75)
██████████	570535AW4 MARKEL GROUP INC VAR RT 12/31/2049 DD 05/27/20	240,000.000	237,408.00	239,551.20	2,143.20
██████████	67059TAE5 NUSTAR LOGISTICS LP 5.625% 04/28/2027 DD 04/28/17	85,000.000	84,065.00	84,381.20	316.20
██████████	78454LAN0 SM ENERGY CO 6.750% 09/15/2026 DD 09/12/16	130,000.000	129,582.70	129,875.20	292.50
██████████	816851BK4 SEMPRA VAR RT 12/31/2049 DD 06/19/20	185,000.000	184,075.00	182,593.15	(1,481.85)
██████████	893647BL0 TRANSDIGM INC 5.500% 11/15/2027 DD 05/15/20	135,000.000	132,690.15	132,655.05	(35.10)
██████████	929043AJ6 VORNADO REALTY LP 3.500% 01/15/2025 DD 12/27/17	130,000.000	128,187.80	129,855.70	1,667.90
TOTAL CORPORATE DEBT INSTRUMENTS			1,995,639.84	2,022,178.30	26,538.46
CORPORATE STOCK - COMMON					
██████████	000957100 ABM INDUSTRIES INC	600.000	25,901.59	30,708.00	4,806.41
██████████	001055102 AFLAC INC	240.000	19,800.00	24,825.60	5,025.60
██████████	001084102 AGCO CORP	200.000	24,282.00	18,696.00	(5,586.00)
██████████	00206R102 AT&T INC	2,800.000	48,698.00	63,756.00	15,058.00
██████████	00508Y102 ACUITY INC	70.000	14,338.10	20,449.10	6,111.00
██████████	013091103 ALBERTSONS COS INC	1,300.000	29,900.00	25,532.00	(4,368.00)
██████████	02209S103 ALTRIA GROUP INC	400.000	16,136.00	20,916.00	4,780.00
██████████	02376R102 AMERICAN AIRLINES GROUP INC	500.000	6,870.00	8,715.00	1,845.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

TOTAL FUND 27-813 - K73G00010000

01/01/2024 - 12/31/2024

TOTAL FUND LOCAL 27-813

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
026874784	AMERICAN INTERNATIONAL GROUP I	400.000	27,100.00	29,120.00	2,020.00
03076C106	AMERIPRISE FINANCIAL INC	70.000	26,588.10	37,270.10	10,682.00
035710839	ANNALY CAPITAL MANAGEMENT INC	375.000	7,263.75	6,862.50	(401.25)
038222105	APPLIED MATERIALS INC	100.000	16,207.00	16,263.00	56.00
042735100	ARROW ELECTRONICS INC	100.000	12,225.00	11,312.00	(913.00)
052800109	AUTOLIV INC	240.000	23,632.93	22,509.60	(1,123.33)
053807103	AVNET INC	200.000	10,080.00	10,464.00	384.00
060505104	BANK OF AMERICA CORP	400.000	13,468.00	17,580.00	4,112.00
064058100	BANK OF NEW YORK MELLON CORP/T	400.000	20,820.00	30,732.00	9,912.00
071813109	BAXTER INTERNATIONAL INC	600.000	20,566.78	17,496.00	(3,070.78)
103304101	BOYD GAMING CORP	300.000	19,270.72	21,762.00	2,491.28
109696104	BRINK'S CO/THE	200.000	20,598.14	18,554.00	(2,044.14)
110122108	BRISTOL-MYERS SQUIBB CO	700.000	35,917.00	39,592.00	3,675.00
125523100	CIGNA GROUP/THE	130.000	38,928.50	35,898.20	(3,030.30)
126117100	CNA FINANCIAL CORP	300.000	12,693.00	14,511.00	1,818.00
126650100	CVS HEALTH CORP	400.000	31,584.00	17,956.00	(13,628.00)
13057Q305	CALIFORNIA RESOURCES CORP	400.000	21,872.00	20,756.00	(1,116.00)
134429109	THE CAMPBELL'S COMPANY	500.000	22,939.91	20,940.00	(1,999.91)
17275R102	CISCO SYSTEMS INC	500.000	25,260.00	29,600.00	4,340.00
172967424	CITIGROUP INC	400.000	20,576.00	28,156.00	7,580.00
174610105	CITIZENS FINANCIAL GROUP INC	400.000	13,256.00	17,504.00	4,248.00
20030N101	COMCAST CORP	1,000.000	43,850.00	37,530.00	(6,320.00)
205887102	CONAGRA BRANDS INC	500.000	14,330.00	13,875.00	(455.00)
20825C104	CONOCOPHILLIPS	287.000	30,597.89	28,461.79	(2,136.10)
224441105	CRANE NXT CO	200.000	11,374.00	11,644.00	270.00
231021106	CUMMINS INC	80.000	19,165.60	27,888.00	8,722.40
24703L202	DELL TECHNOLOGIES INC	300.000	22,950.00	34,572.00	11,622.00
247361702	DELTA AIR LINES INC	400.000	16,092.00	24,200.00	8,108.00
254709108	DISCOVER FINANCIAL SERVICES	100.000	11,240.00	17,323.00	6,083.00
277432100	EASTMAN CHEMICAL CO	130.000	11,676.60	11,871.60	195.00
278642103	EBAY INC	400.000	17,448.00	24,780.00	7,332.00
30161Q104	EXELIXIS INC	700.000	16,459.71	23,310.00	6,850.29
30231G102	EXXON MOBIL CORP	400.000	39,992.00	43,028.00	3,036.00
30303M102	META PLATFORMS INC	40.000	14,158.40	23,420.40	9,262.00
31428X106	FEDEX CORP	80.000	20,237.60	22,506.40	2,268.80
316773100	FIFTH THIRD BANCORP	500.000	17,245.00	21,140.00	3,895.00
345370860	FORD MOTOR CO	1,700.000	20,723.00	16,830.00	(3,893.00)
35137L105	FOX CORP	400.000	11,868.00	19,432.00	7,564.00
370334104	GENERAL MILLS INC	250.000	16,411.12	15,942.50	(468.62)
37045V100	GENERAL MOTORS CO	1,100.000	39,512.00	58,597.00	19,085.00
375558103	GILEAD SCIENCES INC	500.000	40,505.00	46,185.00	5,680.00
38141G104	GOLDMAN SACHS GROUP INC/THE	60.000	27,577.40	34,357.20	6,779.80
388689101	GRAPHIC PACKAGING HOLDING CO	600.000	14,790.00	16,296.00	1,506.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

TOTAL FUND 27-813 - K73G00010000

01/01/2024 - 12/31/2024

TOTAL FUND LOCAL 27-813

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
40412C101	HCA HEALTHCARE INC	100.000	27,068.00	30,015.00	2,947.00
40434L105	HP INC	1,140.000	34,302.60	37,198.20	2,895.60
406216101	HALLIBURTON CO	600.000	20,570.82	16,314.00	(4,256.82)
416515104	HARTFORD INSURANCE GROUP INC/T	350.000	31,021.86	38,290.00	7,268.14
42824C109	HEWLETT PACKARD ENTERPRISE CO	1,000.000	16,980.00	21,350.00	4,370.00
446413106	HUNTINGTON INGALLS INDUSTRIES	50.000	12,982.00	9,448.50	(3,533.50)
457187102	INGREDION INC	150.000	16,279.50	20,634.00	4,354.50
458140100	INTEL CORP	300.000	15,075.00	6,015.00	(9,060.00)
459200101	INTERNATIONAL BUSINESS MACHINE	80.000	13,084.00	17,586.40	4,502.40
466313103	JABIL INC	170.000	21,658.00	24,463.00	2,805.00
478160104	JOHNSON & JOHNSON	110.000	17,241.40	15,908.20	(1,333.20)
500255104	KOHL'S CORP	300.000	8,604.00	4,212.00	(4,392.00)
500754106	KRAFT HEINZ CO/THE	500.000	18,490.00	15,355.00	(3,135.00)
501044101	KROGER CO/THE	460.000	21,026.60	28,129.00	7,102.40
521865204	LEAR CORP	100.000	14,121.00	9,470.00	(4,651.00)
534187109	LINCOLN NATIONAL CORP	300.000	8,091.00	9,513.00	1,422.00
539830109	LOCKHEED MARTIN CORP	20.000	9,064.80	9,718.80	654.00
552953101	MGM RESORTS INTERNATIONAL	600.000	24,290.93	20,790.00	(3,500.93)
55616P104	MACY'S INC	600.000	12,072.00	10,158.00	(1,914.00)
56585A102	MARATHON PETROLEUM CORP	250.000	37,090.00	34,875.00	(2,215.00)
576485205	MATADOR RESOURCES CO	350.000	19,597.43	19,691.00	93.57
58155Q103	MCKESSON CORP	50.000	23,149.00	28,495.50	5,346.50
58933Y105	MERCK & CO INC	350.000	38,157.00	34,818.00	(3,339.00)
59156R108	METLIFE INC	200.000	13,226.00	16,376.00	3,150.00
60871R209	MOLSON COORS BEVERAGE CO	300.000	18,363.00	17,196.00	(1,167.00)
61945C103	MOSAIC CO/THE	300.000	10,719.00	7,374.00	(3,345.00)
624756102	MUELLER INDUSTRIES INC	50.000	3,385.75	3,968.00	582.25
629377508	NRG ENERGY INC	600.000	31,020.00	54,132.00	23,112.00
63001N106	NCR ATLEOS CORP	200.000	4,858.00	6,784.00	1,926.00
636180101	NATIONAL FUEL GAS CO	200.000	10,034.00	12,136.00	2,102.00
65336K103	NEXSTAR MEDIA GROUP INC	100.000	15,675.00	15,797.00	122.00
681936100	OMEGA HEALTHCARE INVESTORS INC	400.000	12,264.00	15,140.00	2,876.00
68622V106	ORGANON & CO	455.000	6,561.10	6,788.60	227.50
690742101	OWENS CORNING	130.000	19,269.90	22,141.60	2,871.70
70450Y103	PAYPAL HOLDINGS INC	300.000	18,423.00	25,605.00	7,182.00
717081103	PFIZER INC	1,300.000	35,924.81	34,489.00	(1,435.81)
718546104	PHILLIPS 66	100.000	13,314.00	11,393.00	(1,921.00)
720190206	PIEDMONT OFFICE REALTY TRUST I	1,000.000	7,110.00	9,150.00	2,040.00
72815L107	PLAYTIKA HOLDING CORP	1,200.000	10,464.00	8,328.00	(2,136.00)
745867101	PULTEGROUP INC	350.000	36,127.00	38,115.00	1,988.00
747525103	QUALCOMM INC	200.000	28,926.00	30,724.00	1,798.00
750236101	RADIAN GROUP INC	600.000	17,130.00	19,032.00	1,902.00
7591EP100	REGIONS FINANCIAL CORP	600.000	11,628.00	14,112.00	2,484.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

TOTAL FUND 27-813 - K73G00010000

01/01/2024 - 12/31/2024

TOTAL FUND LOCAL 27-813

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
783549108	RYDER SYSTEM INC	140.000	23,271.49	21,960.40	(1,311.09)
81761L102	SERVICE PROPERTIES TRUST	600.000	5,124.00	1,524.00	(3,600.00)
833034101	SNAP-ON INC	40.000	11,553.60	13,579.20	2,025.60
857477103	STATE STREET CORP	400.000	30,715.41	39,260.00	8,544.59
87162W100	TD SYNEX CORP	170.000	20,601.08	19,937.60	(663.48)
883203101	TEXTRON INC	340.000	28,075.57	26,006.60	(2,068.97)
902681105	UGI CORP	300.000	7,380.00	8,469.00	1,089.00
910047109	UNITED AIRLINES HOLDINGS INC	200.000	8,252.00	19,420.00	11,168.00
91529Y106	UNUM GROUP	300.000	13,566.00	21,909.00	8,343.00
91688F104	UPWORK INC	700.000	11,813.15	11,445.00	(368.15)
91913Y100	VALERO ENERGY CORP	100.000	13,000.00	12,259.00	(741.00)
92343V104	VERIZON COMMUNICATIONS INC	1,100.000	41,470.00	43,989.00	2,519.00
92556V106	VIATRIS INC	1,100.000	11,913.00	13,695.00	1,782.00
92852X103	VITESSE ENERGY INC	70.000	1,532.30	1,750.00	217.70
929089100	VOYA FINANCIAL INC	200.000	14,592.00	13,766.00	(826.00)
931427108	WALGREENS BOOTS ALLIANCE INC	300.000	7,833.00	2,799.00	(5,034.00)
949746101	WELLS FARGO & CO	800.000	39,376.00	56,192.00	16,816.00
963320106	WHIRLPOOL CORP	100.000	12,177.00	11,448.00	(729.00)
98421M106	XEROX HOLDINGS CORP	700.000	12,831.00	5,901.00	(6,930.00)
989701107	ZIONS BANCORP NA	500.000	21,935.00	27,125.00	5,190.00
G1890L107	CAPRI HOLDINGS LTD	160.000	8,038.40	3,369.60	(4,668.80)
G3223R108	EVEREST GROUP LTD	30.000	10,607.40	10,873.80	266.40
G50871105	JAZZ PHARMACEUTICALS PLC	170.000	20,910.00	20,935.50	25.50
M5425M103	INMODE LTD	500.000	11,120.00	8,350.00	(2,770.00)
N20944109	CNH INDUSTRIAL NV	1,100.000	13,398.00	12,463.00	(935.00)
N53745100	LYONDELLBASELL INDUSTRIES NV	100.000	9,508.00	7,427.00	(2,081.00)
00287Y109	ABBVIE INC	1,525.000	236,329.25	270,992.50	34,663.25
11135F101	BROADCOM INC	950.000	106,043.75	220,248.00	114,204.25
17275R102	CISCO SYSTEMS INC	3,165.000	152,830.81	187,368.00	34,537.19
191216100	COCA-COLA CO/THE	3,475.000	208,309.38	216,353.50	8,044.12
337932107	FIRSTENERGY CORP	5,560.000	204,414.58	221,176.80	16,762.22
42250P103	HEALTHPEAK PROPERTIES INC	10,901.000	215,270.49	220,963.27	5,692.78
494368103	KIMBERLY-CLARK CORP	650.000	77,385.75	85,176.00	7,790.25
49456B101	KINDER MORGAN INC	12,830.000	226,321.20	351,542.00	125,220.80
512816109	LAMAR ADVERTISING CO	1,060.000	130,979.66	129,044.40	(1,935.26)
651639106	NEWMONT CORP	3,375.000	139,691.25	125,617.50	(14,073.75)
65339F101	NEXTERA ENERGY INC	1,300.000	78,962.00	93,197.00	14,235.00
717081103	PFIZER INC	10,425.000	292,495.25	276,575.25	(15,920.00)
718546104	PHILLIPS 66	1,020.000	135,802.80	116,208.60	(19,594.20)
828806109	SIMON PROPERTY GROUP INC	1,600.000	228,224.00	275,536.00	47,312.00
85254J102	STAG INDUSTRIAL INC	5,100.000	200,226.00	172,482.00	(27,744.00)
89151E109	TOTALENERGIES SE ADR	2,700.000	182,918.03	147,150.00	(35,768.03)
904767704	UNILEVER PLC ADR	3,250.000	157,560.00	184,275.00	26,715.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

01/01/2024 - 12/31/2024

TOTAL FUND 27-813 - K73G00010000

TOTAL FUND LOCAL 27-813

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
[REDACTED]	911312106 UNITED PARCEL SERVICE INC	1,040.000	148,316.74	131,144.00	(17,172.74)
[REDACTED]	92343V104 VERIZON COMMUNICATIONS INC	4,200.000	158,340.00	167,958.00	9,618.00
[REDACTED]	92556V106 VIATRIS INC	19,455.000	219,601.91	242,214.75	22,612.84
[REDACTED]	G0250X107 AMCOR PLC	25,665.000	251,725.63	241,507.65	(10,217.98)
TOTAL CORPORATE STOCK - COMMON			6,051,757.22	6,595,438.71	543,681.49
REAL ESTATE					
[REDACTED]	99VVBDBS7 BOYD WATTERSON GSA FD LP LOCAL 813 INSURANCE TRUST FUND GSA	2,945.400	3,262,075.00	2,905,195.00	(356,880.00)
TOTAL REAL ESTATE			3,262,075.00	2,905,195.00	(356,880.00)
OTHER INVESTMENTS					
[REDACTED]	NA9UVMFR1 ANGEL OAK ULTRASHRT INC-INST	11,216.979	108,804.70	110,375.07	1,570.37
TOTAL OTHER INVESTMENTS			108,804.70	110,375.07	1,570.37
103-12 INVESTMENT ENTITIES					
[REDACTED]	999D37981 WA US CORE PLUS LLC	472,071.162	11,957,779.28	10,492,253.65	(1,465,525.63)
TOTAL 103-12 INVESTMENT ENTITIES			11,957,779.28	10,492,253.65	(1,465,525.63)
REGISTERED INVESTMENT COMPANIES					
[REDACTED]	999592116 DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	34,624.450	34,624.45	34,624.45	0.00
[REDACTED]	999592116 DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	204,870.480	204,870.48	204,870.48	0.00
[REDACTED]	37954Y343 GLOBAL X MLP ETF	3,120.000	143,881.30	154,159.20	10,277.90
[REDACTED]	37954Y657 GLOBAL X US PREFERRED ETF	4,450.000	113,876.39	86,819.50	(27,056.89)
[REDACTED]	464287176 ISHARES TIPS BOND ETF	1,700.000	183,998.65	181,135.00	(2,863.65)
[REDACTED]	46429B655 ISHARES FLOATING RATE BOND E	3,550.000	181,004.21	180,624.00	(380.21)
[REDACTED]	46434V407 ISHARES 0-5 YR HY CORP BOND	3,875.000	164,609.23	165,113.75	504.52
[REDACTED]	589509207 MERGER FUND-I	13,847.077	228,796.09	234,292.54	5,496.45
[REDACTED]	90470L360 ABSOLUTE CONVERT ARBIT-INST	20,852.221	230,000.00	233,544.88	3,544.88
[REDACTED]	92189F411 VANECK BDC INCOME ETF	7,625.000	124,391.96	126,803.75	2,411.79
[REDACTED]	92189H300 VANECK JPM EM LOCAL CURR BND	11,415.000	339,866.70	263,800.65	(76,066.05)
[REDACTED]	996196093 DREYFUS INST TR AGY CASH ADV 6549	279,783.710	279,783.71	279,783.71	0.00
[REDACTED]	4812C0100 JPMORGAN CORE BOND-R6	1,105,343.828	12,414,596.31	11,186,079.54	(1,228,516.77)
[REDACTED]	922040100 VANGUARD INST INDEX-INST	30,127.836	8,297,287.94	14,428,220.66	6,130,932.72
[REDACTED]	922908660 VANGUARD GROWTH INDEX-ADM	12,989.734	1,237,105.31	2,743,691.62	1,506,586.31
TOTAL REGISTERED INVESTMENT COMPANIES			24,178,692.73	30,503,563.73	6,324,871.00



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

01/01/2024 - 12/31/2024

TOTAL FUND 27-813 - K73G00010000

TOTAL FUND LOCAL 27-813

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	GRAND TOTAL		48,429,627.41	53,516,562.04	5,086,934.63

0.00 C

5,086,934.63 I



**INSURANCE TRUST FUND PRIVATE SANITATION
UNION LOCAL 813 I. B. OF T.**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

**Insurance Trust Fund Private Sanitation Union Local 813 I.B.T.
EIN 13-5603868 Plan No. 501**

Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

<u>Description</u>	<u>Market Value as of December 31, 2024</u>
Market Value per BNYM custodian report	\$ 53,516,562
Cash Held by BNYM	<u>4,844</u>
Total Investments	<u>\$ 53,521,406</u>

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**

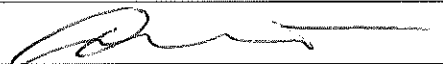
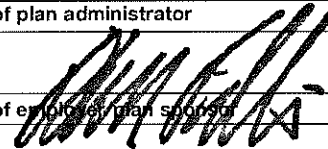
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan INSURANCE TRUST FUND PRIVATE SANITATION UNION LOCAL 813 I. B. OF T.	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES INSURANCE TRUST FUND PRIVATE SANI 48-18 VAN DAM STREET LONG ISLAND CITY NY 11101	1c Effective date of plan 12/01/1951 2b Employer Identification Number (EIN) 13-5603868 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.

SIGN HERE		10/09/2025	DANIEL WRIGHT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/09/2025	ROBERT TILLIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Report ID: T6400

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 990) 2024, Part IV, Line 4j - Schedule of Reportable Transactions

01/01/2024 - 12/31/2024

TOTAL FUND 27-813 - [REDACTED]

TOTAL FUND LOCAL 27-813

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :								
	2,647,681.57							
[REDACTED]	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	S	3,000,000.000	0.00	0.00	3,000,000.00	3,000,000.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Insurance Trust Fund Private Sanitation Union Local 813 IBT EIN: 13-5603868 Plan No. 501

Status: FINAL

Schedule H (Form 990) 2024, Part IV, Line 4j - Schedule of Reportable Transactions

01/01/2024 - 12/31/2024

TOTAL FUND 27-813 - K73G00010000

TOTAL FUND LOCAL 27-813

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		2,647,681.57					
8	922040100	VANGUARD INST INDEX-INST	856.000	395,841.46	0.00	0.00	0.00
2	922040100	VANGUARD INST INDEX-INST	7,470.540	0.00	3,400,000.00	2,031,248.27	1,368,751.73
101	996196093	DREYFUS INST TR AGY CASH ADV 6549	2,390,538.550	2,390,538.55	0.00	0.00	0.00
26	996196093	DREYFUS INST TR AGY CASH ADV 6549	2,926,074.550	0.00	2,926,074.55	2,926,074.55	0.00
148	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	2,419,802.930	2,419,802.93	0.00	0.00	0.00
49	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	5,236,340.300	0.00	5,236,340.30	5,236,340.30	0.00