

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NURSES AND LOCAL 813 IBT RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/18/1962
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 OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN 48-18 VAN DAM STREET, SUITE 201 LONG ISLAND CITY, NY 11101-3107
2b	Employer Identification Number (EIN) 13-3628926
2c	Plan Sponsor's telephone number 718-937-7150
2d	Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JULIE PINKHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	PAUL CERVINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 14703
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) 2716 6a(2) 2162 6b 6338 6c 4911 6d 13411 6e 583 6f 13994 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 68

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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
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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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926	

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.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(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
04-1590850	65935	765604-D1		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
	(c) Amount	(d) Purpose	

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	110216526

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

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)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

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 ☐ paid in cash, or ☐ 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	
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
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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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926	

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.
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1 Coverage Information:

(a) Name of insurance carrier UNITED OF OHAMA 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
47-0322111	69868	G000ASF2	1953	05/01/2023	04/30/2024

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 31004	(b) Total amount of fees paid 0
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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 KEVIN M HARRINGTON 770 DEDHAM ST. CANTON, MA 02021
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31004			3

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

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

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

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

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

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

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

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

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

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

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

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

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. 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)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	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) ▶ AD&D

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 ☐ paid in cash, or ☐ 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	620089
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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 613487264
(2) Actuarial value of assets for funding standard account	1b(2) 688528469
c (1) Accrued liability for plan using immediate gain methods	1c(1) 657209756
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 657209756
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 973841801
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 14482492
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 56692513
(3) Expected plan disbursements for the plan year.....	1d(3) 56691410

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

SIGN HERE	10/10/2025
Signature of actuary JAY K. EGELBERG	Date 23-04981
Type or print name of actuary FIRST ACTUARIAL CONSULTING, INC.	Most recent enrollment number 212-395-9555
Firm name 1501 BROADWAY, SUITE 1728 NEW YORK, NY 10036-5601	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	618451304
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	6679	513981261
(2) For terminated vested participants	5332	314488703
(3) For active participants:		
(a) Non-vested benefits		3825261
(b) Vested benefits		141546576
(c) Total active	2716	145371837
(4) Total	14727	973841801
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.51 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/02/2024	416703					
04/30/2024	1191986					
06/30/2024	1191986					
07/01/2024	11210189					
			Totals ►	3(b)	14010864	
					3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	18897

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	104.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.29 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	3000000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	13712527	1407067
4	27845789	2857306
4	-40328391	-4138169

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	8785552

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	86931649	11117493
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1393213**e** Total charges. Add lines 9a through 9d.....**9e** 21296258**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 57858256**g** Employer contributions. Total from column (b) of line 3.....**9g** 14010864**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 5110910**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	60392106	7730412
9j(1)	118091941	
9j(2)	189238102	

k (1) Waived funding deficiency

(2) Other credits

9j(3)**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 84710442**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 63414184**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN		D Employer Identification Number (EIN) 13-3628926

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

ENTRUST GLOBAL

90-0644478

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

THE VANGUARD GROUP

23-1945930

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

EMPOWER ANNUITY INS. CO. OF AMERICA8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

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

HUDSON EDGE INVESTMENT PARTNERS

27-4114943

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

INVESCO SENIOR SECURED MANAGEMENT

225 LIBERTY STREET
NEW YORK, NY 10281

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

BNY MELLON

25-6078093

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

CORBIN CAPITAL PARTNERS LP

30-0299433

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

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

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

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

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

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

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

LOCAL 813 PENSION TRUST FUND

13-1975659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	1149042	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MGMT, LLC

34-1922005

(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	626157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN, WEISS & SIMON, LLP

13-1592323

(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	494339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PROSKAUER ROSE, LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	370125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILVERCREST ASSET MANAGEMENT GROUP

13-4194623

(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 52 68	NONE	322916	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIRST ACTUARIAL CONSULTING INC

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	270231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DSM CAPITAL PARTNERS LLC

31-1770164

(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 52 68	NONE	241566	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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?
15 19 50 99	NONE	170926	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HARDING LOEVNER LP

27-0684167

(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	158035	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

STERLING CAPITAL MANAGEMENT LLC

42-1658828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	136999	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

POLEN CAPITAL MANAGEMENT LLC

26-0319356

(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	140614	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
17 27 50	NONE	135000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NEW ENGLAND PENSION CONSULTANTS

26-1429809

(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?
17 50	NONE	125000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	75712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNIPLAN INVESTMENT COUNSEL, INC.

27-3053886

(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	31382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	28846	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	17924

(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.
ULLICO / MARKEL 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	3844

(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.
RLI INSURANCE 620 8TH AVENUE 22ND FL NEW YORK, NY 10018 37-0915434	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	6182

(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.
EUCLID / HUDSON 234 SPRING LAKE DRIVE ITASCA, IL 60143 45-3957469	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	896

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHUBB 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036 13-1963496	COMMISSION FOR PLACEMENT OF CYBER INSURANCE

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

(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926	

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: LOOMIS SAYLES MULTISECTOR FULL DISC		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY		
c EIN-PN 84-6391546-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36194384
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO SL STOCK INDEX		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-340	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93447153
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL STRATEGIC EMERG MKKTS I		
b Name of sponsor of entity listed in (a): MASS MUTUAL		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25189372
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SMALL CAP GR EQ I		
b Name of sponsor of entity listed in (a): MASS MUTUAL		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35151483
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL MID CAP GROWTH I		
b Name of sponsor of entity listed in (a): MASS MUTUAL		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35207707
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL MID CAP VALUE I		
b Name of sponsor of entity listed in (a): MASS MUTUAL		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14667965
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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2649315	1148905
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5711097	1771320
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1316411	1132563
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15870985	15681538
(2) U.S. Government securities	1c(2)	48421526	92545603
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	58261819	33033396
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	157834532	64862451
(5) Partnership/joint venture interests	1c(5)	24753281	56586745
(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)		129641537
(10) Value of interest in pooled separate accounts	1c(10)	227645511	110216526
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32623591	58130659
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	43993363	48275021

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	85794	116770
f Total assets (add all amounts in lines 1a through 1e)	1f	619167225	613143034
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	439947	284117
i Acquisition indebtedness	1i		
j Other liabilities	1j	275974	105634
k Total liabilities (add all amounts in lines 1g through 1j)	1k	715921	389751
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	618451304	612753283

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)	9844035	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9844035
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)	3092009	
(C) Corporate debt instruments	2b(1)(C)	1806560	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1519091	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6417661
(2) Dividends: (A) Preferred stock	2b(2)(A)	42000	
(B) Common stock	2b(2)(B)	1716178	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2776543	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4534721
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	221794544	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	210400556	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		11393988
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	17310127	
(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)		-558463
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		9567277
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7904951
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		50604395

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49983183	
(2) To insurance carriers for the provision of benefits	2e(2)	824035	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		50807218
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)		
(2) Contract administrator fees	2i(2)	1230051	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	75712	
(5) Investment advisory and investment management fees	2i(5)	2331271	
(6) Bank or trust company trustee/custodial fees	2i(6)	31310	
(7) Actuarial fees	2i(7)	270231	
(8) Legal fees	2i(8)	864464	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	692159	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5495198
j Total expenses. Add all expense amounts in column (b) and enter total	2j		56302416

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5698021
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		7500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		48275021
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 561553.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN				D Employer Identification Number (EIN) 13-3628926	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	70
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer STEWARD HEALTH CARE SYSTEM, LLC

b EIN 27-2473240

c Dollar amount contributed by employer 8848999

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer CARDELLA TRUCKING

b EIN 13-2622209

c Dollar amount contributed by employer 190897

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

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

(1) Contribution rate (in dollars and cents) 75.00

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

a Name of contributing employer BROWN UNIVERSITY HOSPITAL

b EIN 05-0258809

c Dollar amount contributed by employer 357685

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer CITY WIDE CONTAINER

b EIN 11-3207838

c Dollar amount contributed by employer 61646

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

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

(1) Contribution rate (in dollars and cents) 75.00

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

a Name of contributing employer STERICYCLE, INC.

b EIN 36-3640402

c Dollar amount contributed by employer 99117

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 15.50

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

a Name of contributing employer IESI COPORATION (WASTE CONNECTIONS)

b EIN 13-3960687

c Dollar amount contributed by employer 124768

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 30 Year 2027

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

(1) Contribution rate (in dollars and cents) 70.00

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer MASSACHUSETTS NURSES ASSOCIATION

b EIN 04-3389528

c Dollar amount contributed by employer 503033

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer LIBERTY CONTRACTING

b EIN 22-2981137

c Dollar amount contributed by employer 88276

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

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

(1) Contribution rate (in dollars and cents) 75.00

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

a Name of contributing employer LAWRENCE GENERAL HOSPITAL

b EIN 04-2103586

c Dollar amount contributed by employer 439526

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer BOSTON MEDICAL CENTER

b EIN 04-3314093

c Dollar amount contributed by employer 955497

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	5949
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	12676
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	788
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	0.98
b The corresponding number for the second preceding plan year.....	15b	1.01
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	2
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	0
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 50.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 35.0 %

High-Yield Debt: 2.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 0.0 % Other: 9.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024





NURSES AND LOCAL 813 IBT RETIREMENT PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Nurses and Local 813 IBT Retirement Plan

Opinion

We have audited the accompanying financial statements of Nurses and Local 813 IBT Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

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

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

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

Calibre CPA Group, PLLC

New York, NY
September 30, 2025

NURSES AND LOCAL 813 IBT RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Cash equivalents	\$ 15,681,538	\$ 15,870,985
U.S. Government securities	92,545,603	48,421,526
Corporate bonds	33,033,396	58,261,819
Common stock	64,862,451	157,834,532
Exchange traded funds	58,130,659	32,623,591
Hedge funds of funds	48,275,021	43,993,363
Collective trust funds	129,641,537	-
Limited partnerships	56,586,745	24,753,281
Pooled separate accounts	<u>110,216,526</u>	<u>227,645,511</u>
Total investments	<u>608,973,476</u>	<u>609,404,608</u>
Receivables		
Employer contributions	1,771,320	5,686,089
Withdrawal liability	-	25,008
Interest and dividends	<u>1,132,563</u>	<u>1,316,411</u>
Total receivables	<u>2,903,883</u>	<u>7,027,508</u>
Cash	<u>1,148,905</u>	<u>2,649,315</u>
Prepaid expenses and other assets	<u>116,770</u>	<u>85,794</u>
Total assets	<u>613,143,034</u>	<u>619,167,225</u>
Liabilities		
Accounts payable and accrued expenses	284,117	439,947
Due to broker for securities purchased	-	151,661
Due to affiliated entity for shared expenses	<u>105,634</u>	<u>124,313</u>
Total liabilities	<u>389,751</u>	<u>715,921</u>
Net assets available for benefits	<u>\$ 612,753,283</u>	<u>\$ 618,451,304</u>

See accompanying notes to financial statements.



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 29,807,978	\$ 58,658,718
Interest and dividends	10,952,382	9,993,646
	40,760,360	68,652,364
Less: investment expenses	2,362,581	2,409,836
Net investment income	38,397,779	66,242,528
Employer contributions	9,844,035	17,635,893
Withdrawal liability income	-	25,008
Total additions	48,241,814	83,903,429
Deductions		
Benefits paid to participants	49,983,183	49,681,543
Life insurance premiums	824,035	616,758
Administrative expenses	3,132,617	2,650,703
Total deductions	53,939,835	52,949,004
Net change	(5,698,021)	30,954,425
Net assets available for benefits		
Beginning of year	618,451,304	587,496,879
End of year	\$ 612,753,283	\$ 618,451,304

See accompanying notes to financial statements.



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

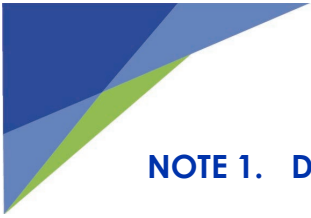
YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of Nurses and Local 813 IBT Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit multiemployer pension plan that was originally established under the provisions of an Agreement and Declaration of Trust effective September 18, 1962, between Private Sanitation Union Local 813 (the Union) affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America and various employers in the private sanitation and funeral parlor industries who are parties to collective bargaining agreements (CBAs) 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 severance and retirement benefits to employees of contributing employers who are members of the Union. On December 15, 2015 (the effective date), Local 813 and Local 1034 Severance and Retirement Fund (Local 813 Fund) was amended and restated to provide for participation in the Plan by registered nurses and other health care professionals employed by employers that have entered into CBAs with the Massachusetts Nurses Association (MNA) and to include the merger of four frozen benefit plans previously maintained by Steward Health Care System, LLC (Steward), the Steward Caritas Christi Retirement Plan, the Steward Norwood Hospital, Inc. Retirement Plan, the Steward Good Samaritan Medical Center Employee Retirement Partnership Plan (Defined Benefit Component), and the Morton Hospital Employees' Pension Plan (collectively, the Legacy Plans). The name of the Plan was changed to the "Nurses and Local 813 IBT Retirement Plan" effective December 15, 2015. The Plan is administered by a Board of Trustees consisting of Union (Local 813 and MNA) and Employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits to eligible participants and beneficiaries as defined in the Plan Document. Different benefit formulas apply to participants depending on whether they were originally in the Local 813 Fund, are covered under MNA CBAs, or have frozen benefits in the Legacy Plans. Benefits are payable in the form of life annuities, joint and survivor annuities, and lump sum benefits for certain participants. The Plan requires (unless waived) participant and spousal benefits providing for actuarially reduced pensions to participants during their lifetime, after which the surviving spouse receives 50% or 75% of the calculated benefits for life.



NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Funding Policy - Funding to provide the benefits is made through monthly contributions by participating Local 813 employers on behalf of each covered employee as provided for in the applicable prevailing CBAs with the Local 813 Union. Funding is also provided through the collection of withdrawal liability obligations from former Local 813 contributing employers. Funding for the MNA represented participants is made through bi-weekly contributions to the Plan based on a percentage of specified wages also as required under the applicable CBAs with the MNA. Annual funding for the Legacy Plans is actuarially determined in accordance with the Participation Agreement between Steward and the Plan. Contributions by participants are not permitted under the Plan. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024 and 2023.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

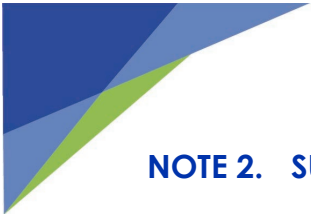
Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, additions are recorded when earned and deductions are recorded when incurred, regardless of when cash is exchanged.

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodians.

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment 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.

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 date and are based on subsequent period cash collections, except for the annual Legacy Plan contribution which is accrued at year end in full as calculated by the Plan's actuary. 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.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Withdrawal Liability Receivable - Withdrawal liability amounts due from former contributing employers are accrued as Plan assets and additions to Plan assets as to those amounts applicable to employer withdrawals from the Plan before the financial statement date 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 - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related benefit plans that are allocated based on various factors including the time spent, space used, and costs incurred.

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

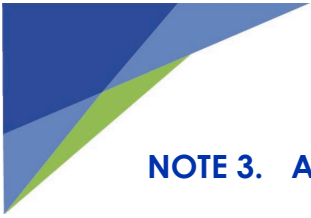
NOTE 3. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries and (c) active participants or their beneficiaries. Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement and the pension option selected.

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

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

Mortality Rates:	Pri-2012 Blue Collar Mortality Table for healthy participants and the Pri-2012 Disabled Mortality Table for disabled participants, with fully generational projection using the MP-2021 improvement scale.
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NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

Retirement Rates: 813 Benefits

Age	Rate	Age	Rate
55-59	8%	65-69	50%
60-61	20%	70+	100%
62-64	30%		

MNA Benefits

Age	Rate	Age	Rate
55-59	5%	63-64	15%
60-61	10%	65+	100%
62	20%		

Other Benefits - Participants are assumed to retire at normal retirement age.

Terminated Vested Participants - Assumed to retire at normal retirement age.

Net Investment Return: 6.50% per annum, includes an allowance for administrative expenses of .50%.

Termination Rates: 813 Benefits: Sample rates are as follows:

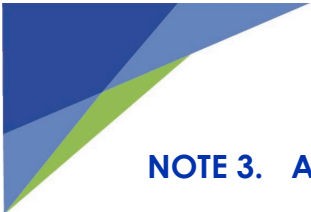
Age	Rate	Age	Rate
20	17.46%	45	6.21%
25	18.51%	50	5.63%
30	12.19%	55	2.92%
35	8.78%	60	2.20%
40	7.00%		

Other Benefits: Sample rates are as follows:

Age	Rate	Age	Rate
20	10.00%	45	5.00%
25	9.00%	50	4.00%
30	8.00%	55	0.00%
35	7.00%	60	0.00%
40	6.00%		

Assumption Changes - The following assumptions were changed from the prior valuation:

- The interest rate assumption was changed from 7.00% to 6.50%.
- Participants older than age 70 who are entitled to deferred plan benefits but who have not yet claimed them are excluded from liabilities.



NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

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

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

Actuarial present value of accumulated plan benefits	
Actuarial present value of vested benefits:	
Participants currently receiving benefits	\$ 392,759,875
Participants entitled to deferred benefits	202,093,198
Other participants	<u>88,901,158</u>
Total vested benefits	683,754,231
Actuarial present value of non-vested benefits	<u>2,531,839</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 686,286,070</u>

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

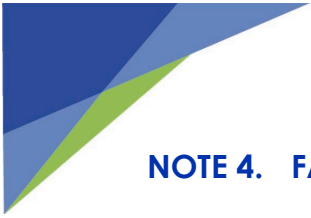
Actuarial present value of accumulated plan benefits - January 1, 2023	<u>\$ 695,225,839</u>
Changes during year due to:	
Decrease in discount period at 7.00%	46,935,143
Benefits paid	(50,298,301)
Assumption changes	(11,252,077)
Additional benefits earned, including experience gains and losses	<u>5,675,466</u>
Total change	<u>(8,939,769)</u>

Actuarial present value of accumulated plan benefits - December 31, 2023	<u>\$ 686,286,070</u>
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Since information on the accumulated plan benefits at December 31, 2024, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2024, and changes in its financial status for the year then ended. As permitted under accounting standards, the financial statements present the complete financial status of the Plan as of December 31, 2023.

Pension Protection Act Filings

For each of the years ended December 31, 2024 and 2023, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither Endangered nor Critical Status (Green Zone) as defined in the Pension Protection Act of 2006 (PPA), as amended.



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:

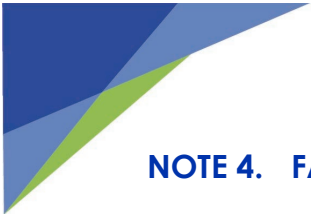
- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted 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 as reported by the management of the entity.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

U.S. Government securities - Valued at the closing price reported in the active market in which the individual securities are traded. Other securities are valued using pricing models maximizing the use of observable inputs for similar securities.

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.

Exchange traded funds - Valued at quoted market prices reported on the national securities exchange in which the funds are traded.

Hedge funds of funds - Valued at the amount equal to the NAV per share at year end based on the fund's investment in a master fund in a master/feeder arrangement. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. The feeder fund is designed to invest "feed" its assets into one underlying master fund. The master fund is carried at fair value based on the financial information provided by a diversified portfolio of private investment entities and separately managed accounts, as determined by the respective managers of those entities, subject to the judgment of the master fund.

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

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

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

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	\$ 15,681,538	\$ 15,681,538	\$ -	\$ -
U.S. Government securities	92,545,603	85,679,066	6,866,537	-
Corporate bonds	33,033,396	-	33,033,396	-
Common stock	64,862,451	64,862,451	-	-
Exchange traded fund	58,130,659	58,130,659	-	-
Total assets in fair value hierarchy	264,253,647	<u>\$ 224,353,714</u>	<u>\$ 39,899,933</u>	<u>\$ -</u>
Investments measured at NAV*	<u>344,719,829</u>			
Total assets at fair value	<u>\$ 608,973,476</u>			

Description	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 15,870,985	\$ 15,870,985	\$ -	\$ -
U.S. Government securities	48,421,526	34,951,698	13,469,828	-
Corporate bonds	58,261,819	-	58,261,819	-
Common stock	157,834,532	157,834,532	-	-
Exchange traded fund	32,623,591	32,623,591	-	-
Total assets in fair value hierarchy	313,012,453	<u>\$ 241,280,806</u>	<u>\$ 71,731,647</u>	<u>\$ -</u>
Investments measured at NAV*	<u>296,392,155</u>			
Total assets at fair value	<u>\$ 609,404,608</u>			

*In accordance with accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in 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.

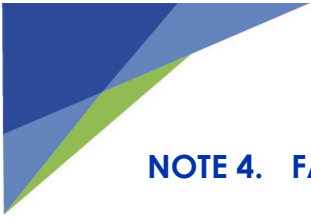
NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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

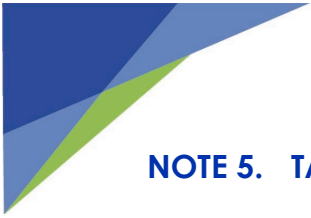
Description	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/24	12/31/23		
Hedge Funds of Funds:				
EnTrust Capital Diversified Fund (a)	\$ 7,158	\$ 8,649	See (a) below	See (a) below
EnTrust Special Opps. Fund III Ltd. (b)	218,771	244,709	See (b) below	See (b) below
Pinehurst Institutional Fund LP (c)	<u>48,049,092</u>	<u>43,740,005</u>	Quarterly	100 days
	48,275,021	43,993,363		
Collective Trust Funds:				
AFL-CIO Equity Index Fund	93,447,153	-	Daily	1 day
Loomis Salyes Multisector Bond Fund	<u>36,194,384</u>	<u>-</u>	Daily	3 days
	129,641,537	-		
Limited Partnerships:				
Boyd Watterson GSA Fund, LP (d)	21,987,165	24,753,281	Quarterly	60 days
Invesco PCO Evergreen Fund, LP (e)	5,316,771	-	Semi Annually	180 days
HGK Trinity St. Intl. Equity Fund, LP (f)	<u>29,282,809</u>	<u>-</u>	Monthly	30 days
	56,586,745	24,753,281		
Pooled Separate Accounts:				
Empower Long Duration Bond	-	48,694,179	Daily	1-3 days
Mass Mutual High Yield	-	44,458,698	Daily	1-3 days
Mass Mutual Small Cap Growth	35,151,483	30,426,207	Daily	1-3 days
Mass Mutual Strategic Emerging Markets	25,189,372	25,480,287	Daily	1-3 days
Mass Mutual Mid Cap Growth	35,207,707	31,610,607	Daily	1-3 days
Mass Mutual Select Overseas	-	21,952,282	Daily	1-3 days
Mass Mutual Short Duration Bond	-	481,838	Daily	1-3 days
Mass Mutual Mid Cap Value	14,667,964	13,223,677	Daily	1-3 days
Mass Mutual Total Return Bond	<u>-</u>	<u>11,317,736</u>	Daily	1-3 days
	<u>110,216,526</u>	<u>227,645,511</u>		
Total	\$ 344,719,829	\$ 296,392,155		

(a) The Plan has liquidated its interest in the Entrust Capital Diversified Fund (Fund) except for the Fund's interest in Peruvian sovereign bonds. The Plan will receive its pro-rata share of the proceeds of the bond's monetization, however the period over which the monetization will occur is not determined.



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

- (b) This investment entity invests in a select group of funds and investment vehicles that are generally expected to be illiquid. Investments include, but not limited to, global distressed corporate securities, activist equities, value equities, reorganization equities, municipal bonds, high yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, direct lending and sovereign debt, real estate, venture capital, and private equity-type structures. The Plan is currently liquidating its position in this investment entity.
- (c) This investment entity invests in a pool of collective investment vehicles and individually managed accounts that invest in equity and debt securities of U.S. and non-U.S. corporations, U.S. government securities, non-U.S. government securities, futures contracts, options, options on futures, other derivatives including swaps, forward contracts, currencies and physical commodities, partnership interests, money market instruments, and derivatives on securities. At December 31, 2024 and 2023, the Plan had no unfunded commitments towards this investment entity.
- (d) This investment entity invests in diversified commercial property primarily leased to the United States federal government either through the General Services Administration (GSA) or other federal government agencies. At December 31, 2024 and 2023, the Plan had no unfunded commitments towards this investment entity.
- (e) This investment entity invests in direct lending loans enhanced by stressed credit opportunities. The direct lending investments target senior secured loans to sponsored middle market companies which can offer attractive stable, high current income potential with minimal volatility, while the stressed credit strategy targets catalyst-driven, senior secured credit investments purchased at discount to par and intrinsic business value which can offer higher return potential. At December 31, 2024, the Plan an unfunded commitment of \$9,855,405 towards this investment entity.
- (f) This investment entity invests in undervalued international stocks where there is a pricing discrepancy, with an emphasis on capital preservation. The majority of the investments will consist of companies that are mid-market capitalization to large capitalization companies. However, emerging markets and small capitalization stocks will from time to time will be represented in the portfolio. At December 31, 2024, the Plan had no unfunded commitments towards this investment entity.



NOTE 5. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated September 10, 2015, that the Plan as restated and amended January 1, 2014, meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

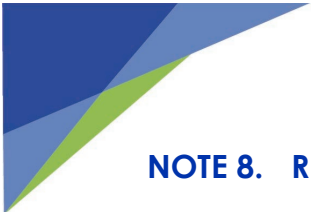
NOTE 6. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. However, the benefits guaranteed are generally only a portion of the normal retirement benefits. In addition, the PBGC does not guarantee benefit increases created by plan amendments in effect for less than five years.

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration with other related benefit funds and Local Union 813. As part of a cost sharing arrangement, the Plan's related Pension Plan Private Sanitation Union Local 813 I. B. of T. (813 Pension Fund) acts as paying agent for certain common administrative expenses. The Plan reimburses 813 Pension Fund for its estimated allocable share of these common administrative expenses paid on its behalf, as determined by the Board of Trustees under a cost sharing agreement. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Shared administrative expenses for the years ended December 31, 2024 and 2023, totaled \$1,149,042 and \$1,100,944, respectively. Amounts due the 813 Pension Fund at December 31, 2024 and 2023, totaled \$105,634 and \$124,313, respectively, which were subsequently reimbursed.

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 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.

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

NOTE 9. SIGNIFICANT CONTRIBUTING EMPLOYER

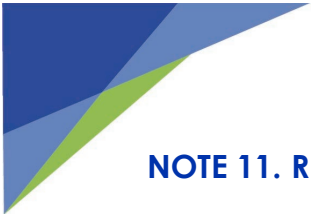
For the years ended December 31, 2024 and 2023, one contributing employer, Steward, accounted for approximately 70% and 93%, respectively, of the total employer contributions to the Plan. On May 5, 2024, Steward filed for Chapter 11 bankruptcy. Following this, two hospitals employing MNA members closed, while the remaining four hospitals were acquired by other employers. Steward ceased making contributions to the Plan in October 2024.

NOTE 10. OPERATING LEASE AS LESSEE

The Plan leases premises at 340 Turnpike Street, Canton, MA, 02021, from the Plan's related MNA. The lease's original commencement date was November 1, 2017, and extended through October 31, 2022. The lease was renewed for an additional 5-year term beginning November 1, 2022, and expiring October 31, 2027. The Plan also incurs rent expense as part of the cost sharing arrangement with 813 Pension Fund but is not a party to the lease. These transactions are considered exempt party-in-interest transactions under ERISA. Total rent expense was \$70,647 and \$68,752 for the years ended December 31, 2024 and 2023, respectively.

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

<u>Year Ended December 31,</u>	<u>Amount</u>
2025	\$ 10,488
2026	10,488
2027	<u>8,740</u>
	<u>\$ 29,716</u>



NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 48,241,814	\$ 83,903,429
Add: investment expenses	<u>2,362,581</u>	<u>2,409,836</u>
Total income per the Form 5500	<u>\$ 50,604,395</u>	<u>\$ 86,313,265</u>

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

	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 53,939,835	\$ 52,949,004
Add: investment expenses	<u>2,362,581</u>	<u>2,409,836</u>
Total expenses per the Form 5500	<u>\$ 56,302,416</u>	<u>\$ 55,358,840</u>

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 MB, line 6 – Summary of Plan Provisions

813 Benefits

<i>Participation</i>	An employee in covered employment becomes a Fund participant on the last day of the calendar year during which a Contributing Employer contributes to the Fund on his or her behalf.
<i>Credited Service</i>	One year of credited service for 52 weeks of contributions paid into the Fund during a Plan Year. Pro-rata credited service granted for less than 52 weeks of contributions paid into the Fund during a Plan year.
<i>Vesting Credit</i>	One year of Vesting Credit if the participant has at least 900 hours of service or at least 20 weeks of employer contributions paid into the Fund on his or her behalf.
<i>Regular Pension</i>	Eligibility: Age 62 and 4.5 years of credited service. Amount: The sum of (1) + (2): (1) For credited service earned prior to January 1, 2009, a monthly benefit varying in accordance with the contribution rate payable on a participant's behalf at December 31, 2008, based on a schedule of benefits in effect at December 31, 2008. The benefit payable after 35 years of credited service will be increased at a rate of 6.5% for each year of credited service in excess of 35. (2) For credited service earned on or after January 1, 2009, a monthly benefit equal to the sum of 25% of the average weekly contribution rate for each plan year multiplied by the credited service earned in that plan year.
<i>Severance Benefit</i>	Eligibility: 4.5 years of credited service or 5 years of vesting service. Amount: The sum of (1) + (2): (1) For credited service earned prior to January 1, 2009, a monthly benefit varying in accordance with the contribution rate payable on a participant's behalf at December 31, 2008, based on a schedule of benefits in effect at December 31, 2008, but in no event less than the Regular Pension discounted by 5.5% for each year commencement precedes age 62. The benefit payable after 35 years of credited service will be increased at a rate of 6.5% for each year of credited service in excess of 35. (2) For credited service earned on or after January 1, 2009, a monthly benefit equal to the sum of 25% of the average weekly contribution rate for each plan year multiplied by the credited service earned in that plan year.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Preretirement Death Benefit Eligibility: 4.5 years of credited service or 5 years of vesting service.
Amount: 100% of the benefit a participant would have received had he or she terminated the day before he or she died. The beneficiary's benefit is payable starting the first month following the death of the participant.

Normal Form of Benefit 50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.

Optional forms of Payment 1) Life Annuity
2) 75% Joint and Survivor annuity
3) Lump Sum

Caritas Christi Benefits

Participation First day of the plan year following completion of 1,000 hours and attainment of age 21. No employees not participating in the Plan as of December 31, 2003 may become participants in the Plan.

Average Compensation The highest 3 consecutive years of pensionable earnings during the last 10 years preceding the determination date. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.

Accrued Benefit Frozen accrued benefit as of December 31, 2003, under the terms of the Plan then in effect.

Normal Retirement Benefit Eligibility: The later of the attainment of age 65 or the completion of 5 years of service from hire.
Amount: Unreduced accrued benefit payable immediately.

Early Retirement Benefit Eligibility: Upon the attainment of age 55 and completion of 5 years of service.
Amount: The accrued benefit reduced in accordance with the rates contained in the formal plan document on account of early commencement.

Vested Benefit Eligibility: Completion of 5 years of service.
Amount: Accrued benefit payable upon attainment of normal retirement age. An actuarial equivalent benefit is payable if commencement is prior to normal retirement age.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Preretirement Death Benefit</i>	Eligibility: Upon death after attainment of both age 21 and completion of 1 year of service. Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later (1) the Participant's death or (2) the date the Participant would have attained early retirement age.
<i>Postretirement Death Benefit</i>	Upon death, \$10,000, prorated for service less than 10 years, in addition to any death benefits provided by the optional form of benefit elected upon certain conditions stated in the plan document.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Single life annuity 2) 75% qualified optional survivor annuity 3) Cash refund annuity

Good Samaritan Benefits

<i>Participation</i>	All employees who were Participants in the Plan on September 30, 1996 shall continue as Participants in the Plan on October 1, 1996, if employed as Eligible Employees.
<i>Credited Service</i>	The sum of an employee's past and future periods of service with the Employer determined as follows: For participants joining on or after January 1, 1974, 1,000 hours or more of service accumulated in a calendar year equals one year of Credited Service. For participants who joined before January 1, 1974, one-half year credit is given if a participant accumulates more than 500 but less than 1,000 hours in a calendar year. Credited service ends on September 30, 1996.
<i>Compensation</i>	W-2 earnings plus any amounts deferred in accordance with a salary reduction agreement pursuant to a cafeteria plan established under Section 125 of the Code or a Tax Deferred Annuity arrangement under Section 403(b) of the Code. All Compensation is limited in accordance with Section 401(a)(17) of the Code.
<i>Average Compensation</i>	The average of the highest Compensation during a calendar year for any five consecutive years out of the last ten years prior to 1997.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

***Accrued
Benefit***

Benefit Accruals for participants were frozen on September 30, 1996.

***Normal
Retirement
Benefit***

Eligibility: First day of the month coincident with or next following the later of age 65 or the fifth anniversary of the Participant's participation.

Amount: The formula is based on years of Credited Service and fractions thereof, to a maximum of 30 years. The benefit per year of such service is equal to (a) minus (b), the result of which is multiplied by (c).

(a) 60% of the Participant's Average Compensation, minus

(b) 50% of the Participant's Primary Social Security Benefit, times

(c) A fraction, in which the numerator is the Participant's Credited Service and the denominator is the Participant's Credited Service which could accrue by Normal Retirement Date.

For Participants hired prior to October 11, 1979, their benefit will be the larger of the above benefit or the following:

(d) 0.75% of the Participant's Average Compensation up to a maximum of \$7,800, plus

(e) 1.4% of the Participant's Average Compensation in excess of \$7,800,

(f) the sum of (d) and (e) is multiplied by Credited Service to a maximum of 30 years.

For Participant's who were employees of Cardinal Cushing Hospital and who had attained age 50 with 5 years of vesting service as of September 30, 1993, the benefit is the greater of the benefit described above, or 2% of Annual Earnings (regular basic earnings not including overtime pay) for each year of Credited Service.

***Early
Retirement
Benefit***

Eligibility: Attainment of age 55 and the completion of five years of Credited Service.

Amount: Accrued benefit reduced by 5/9 of 1% for each of the first 60 months, and 5/18 of 1% for each additional month by which early retirement precedes normal retirement.

***Late
Retirement
Benefit***

A participant may continue in the employment of the Employer after her normal retirement date. In such event she will receive at actual retirement the actuarially equivalent of the benefit accrued at normal retirement date.

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Vested Benefit</i>	Eligibility: Five years of vesting service. Amount: Accrued benefit payable upon attainment of normal retirement age.
<i>Preretirement Death Benefit</i>	50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later (1) the Participant's death or (2) the date the Participant would have early retirement eligibility.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Single life annuity 2) Life annuity with 120 months guaranteed 3) Joint & 66-2/3%, 75% or 100% survivor annuity 4) Lump sum (only for Participants active on or after October 1, 1996)

Morton Benefits

<i>Participation</i>	The first of the month coincident with or next following attainment of age 21 and one year of employment. No non-union employees not already in the Plan may enter the Plan after November 4, 2010.
<i>Average Compensation</i>	The highest five years of pensionable earnings. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code. Compensation earned after December 31, 2010, for all non-union participants shall not be considered.
<i>Accrued Benefit</i>	The accrued benefit is determined as follows: (1) 0.800% of average compensation times service from entry, maximum 15 years, plus (2) 1.066% of average compensation times service from entry in excess of 15 years, maximum 15 years, plus (3) the accrued benefit as of December 31, 2008, under the Morton Physician Associates Plan (2% of average compensation times service from entry). For participants of the Morton Physician Associates Plan, service from January 1, 2009, is only considered for items (1) and (2) above. However, all service is considered for purposes of the applicable percentage applied to average compensation in items (1) and (2) above. The accrued benefits are frozen for all non-union participants as of December 31, 2010, and for union participants as of December 31, 2015.

<i>Plan Name:</i>	Nurses and Local 813 IBT Retirement Plan
<i>EIN/PN:</i>	13-3628926/001
<i>Plan Sponsor:</i>	Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Minimum Benefit</i>	The greater of (1), (2) and (3) below: (1) Accrued benefit as of December 31, 1993. (2) Benefit based on the formula in effect for calendar 1994 based on total service. (3) Accrued benefit as of October 1, 1991 (May 1, 1995 for contractual employees).
<i>Normal Retirement Benefit</i>	Eligibility: Attainment of age 65. Amount: Accrued benefit.
<i>Early Retirement Benefit</i>	Eligibility: Attainment of age 55 and completion of ten years of service. Participants of the Morton Physician Associates Plan as of January 1, 2009, are eligible following the attainment of age 55 and completion of five years of service. Amount: The accrued benefit reduced in accordance with the rates contained in the formal plan document on account of early commencement. The accrued benefit as of January 1, 2009, under the Morton Physician Associates Plan is reduced by 5% per year the commencement date precedes the normal retirement date.
<i>Vested Benefit</i>	Eligibility: Five years of service. Amount: Accrued benefit payable upon attainment of normal retirement age.
<i>Preretirement Death Benefit</i>	Eligibility: Five years of service. Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the Participant's death; or (2) the date the Participant would have attained early retirement age. Participants of the Morton Physician Plan as of January 1, 2009, have a death benefit of 100% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later (1) the Participant's death; or (2) the date the Participant would have attained early retirement age.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Life Annuity 2) 75% Joint and Survivor annuity

Plan Name: Nurses and Local 813 IBT Retirement Plan
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Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Norwood Benefits

Participation All employees who were Participants in the Plan on December 31, 2003, shall continue as Participants in the Plan on January 1, 2004, if employed as Eligible Employees.

Credited Service Credited Service means the sum of an employee's past and future periods of service with the Employer determined as follows:

For periods before 1976, number of months of employment completed between most recent hire date and December 31, 1975, calculated to the nearest 1/100th of a year during which a Participant worked at least 21 hours per week.

For periods after 1975, 1,000 hours or more of service accumulated in a calendar year equals one year of Credited Service. In the year employment commences or terminates, a fractional year of Credited Service equals hours of service for the plan year divided by 1,000.

Credited service ends on December 31, 2003.

Compensation W-2 earnings plus any amounts deferred in accordance with a salary reduction agreement pursuant to a cafeteria plan established under Section 125 of the Code or a Tax Deferred Annuity arrangement under Section 403(b) of the Code. All Compensation is limited in accordance with Section 401(a)(17) of the Code.

Average Compensation The average of the highest Compensation during a calendar year for any five consecutive years prior to 2004.

Accrued Benefit Benefit accruals for participants were frozen on December 31, 2003.

Normal Retirement Benefit Eligibility: The first day of the month coincident with or next following the later of age 65 or the fifth anniversary of the participant's participation.

Amount: The formula is based on years of Credited Service and fractions thereof, to a maximum of 35 years. The benefit per year of such service is equal to (a) plus (b), the result of which is multiplied by (c).

(a) 1.1% of the Participant's Average Compensation not in excess of Covered Compensation, plus

(b) 1.75% of the Participant's Average Compensation in excess of Covered Compensation, times

(c) Years of Credited Service not in excess of 35.

Plan Name: Nurses and Local 813 IBT Retirement Plan

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Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Early Retirement Benefit</i>	Eligibility: Attainment of age 55 and the completion of five years of Vesting Service. Amount: Accrued benefit reduced by 5/9 of 1% for each of the first 60 months, and 5/18 of 1% for each additional month by which early retirement precedes normal retirement.
<i>Late Retirement Benefit</i>	A participant may continue in the employment of the Employer after her normal retirement date. In such event she will receive at actual retirement the actuarially equivalent of the benefit accrued at normal retirement date.
<i>Vested Benefit</i>	Eligibility: Five years of vesting service. Amount: Accrued benefit payable upon attainment of normal retirement age.
<i>Preretirement Death Benefit</i>	Eligibility: Five years of service. Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the Participant's death; or (2) the date the Participant would have attained early retirement age.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Single life annuity 2) Life annuity with 120 months guaranteed 3) Joint & 66-2/3%, 75% or 100% survivor annuity

MNA Benefits

<i>Participation</i>	An Employee who is engaged in Covered Employment under a Collective Bargaining Agreement to which MNA is a party shall become an MNA Participant in the Plan on the next January 1 or July 1 following completion of a twelve (12) consecutive month period during which she completed at least eight hundred forty (840) Covered Hours of Service under a Collective Bargaining Agreement with MNA, but not earlier than January 1, 2016.
<i>LMA Participant</i>	Participant whose covered employment was on August 27, 2010 subject to the MNA Limited Master Agreement dated August 27, 2010 (the "LMA"), who was employed by an Employer continuously and whose Covered Employment has been subject to the LMA continuously from that date through January 1, 2016, and who becomes a Participant on January 1, 2016. An MNA Participant will cease to be an LMA Participant on the first date that the MNA Participant is no longer subject to the LMA.

Plan Name: Nurses and Local 813 IBT Retirement Plan
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Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Vesting Credit An MNA Participant shall earn a year of Vesting Service for each Plan Year in which the MNA Participant has at least 840 Covered Hours of Service. For Plan Years in which the MNA Participant works less than 840 Covered Hours of Service, the MNA Participant shall earn fractional Vesting Service in accordance with the following schedule:

Covered Hours of Service			Fractional Years of Vesting Service
0	to	279	0
280	to	349	4/12
350	to	419	5/12
420	to	489	6/12
490	to	559	7/12
560	to	629	8/12
630	to	699	9/12
700	to	769	10/12
770	to	839	11/12
840	or more		1

Accrued Benefit Monthly Normal Retirement Benefit based on service at date of determination.

Normal Retirement Benefit Eligibility: Age 65 and the earlier of: (a) five years of vesting service; or (b) the fifth anniversary of Plan participation

Amount: 1.25% of total employer contributions. For LMA participants, benefit accruals were 1.50% of total employer contributions for the years 2014 through 2018.

Early Retirement Benefit Eligibility: Age 55 and ten years of Vesting Service

Amount: Normal Retirement Benefit reduced by 0.5% for each month by which the age at commencement precedes age 65

Vested Benefit Eligibility: Five years of Vesting Service

Amount: Normal Retirement Benefit payable at Normal Retirement Age. If the eligibility requirements for Early Retirement have been met, the benefit may be payable in the same manner as an Early Retirement Benefit.

Preretirement Death Benefit Eligibility: Five years of Vesting Service

Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the

Plan Name: Nurses and Local 813 IBT Retirement Plan

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Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Participant's death; or (2) the date the Participant would have attained early retirement age.

Normal Form of Benefit 50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.

Optional Forms of Payment 1) Single life annuity
2) Joint & 50% or 75% survivor annuity

Changes in Plan Provisions since the Last Valuation

There were no changes in plan provisions since the last valuation.

Plan Name: Nurses and Local 813 IBT Retirement Plan

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Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan



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LOCAL 27-813 LOCAL 1034 INST

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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
<u>U. S. GOVERNMENT SECURITIES</u>					
100,000.0000	CONTINENTAL AIRLINES INC 0.000% 03/15/1997 DD 09/01/93	0.00	0.0000	0.00	0.00
44,149.1190	FHLMC POOL #A8-9870 4.500% 11/01/2039 DD 11/01/09	45,561.60	97.0470	42,845.40	2,716.20-
1,309,175.8290	FHLMC POOL #ZS-9163 3.000% 09/01/2033 DD 09/01/18	1,426,797.08	94.4030	1,235,901.26	190,895.82-
1,756,932.3600	FHLMC POOL #SD-8122 2.500% 12/01/2050 DD 12/01/20	1,852,053.76	82.1030	1,442,494.18	409,559.58-
152,544.7600	FNMA POOL #0AI2468 4.500% 05/01/2041 DD 05/01/11	157,313.07	96.9160	147,840.28	9,472.79-
425,029.4775	FNMA POOL #0AL7767 4.500% 06/01/2044 DD 11/01/15	460,758.96	96.7520	411,224.52	49,534.44-
2,421,381.6692	FNMA POOL #0BP5878 2.500% 06/01/2050 DD 06/01/20	2,527,600.94	82.8930	2,007,155.91	520,445.03-
1,836,603.4960	FNMA POOL #0BO9355 3.000% 03/01/2050 DD 03/01/20	1,944,790.85	85.9780	1,579,074.95	365,715.90-
8,930,000.0000	U S TREASURY BOND 3.875% 08/15/2040 DD 08/15/10	10,760,465.82	90.0780	8,043,965.40	2,716,500.42-
2,550,000.0000	U S TREASURY BOND 3.000% 05/15/2042 DD 05/15/12	2,757,496.14	78.5700	2,003,535.00	753,961.14-
5,000,000.0000	U S TREASURY BOND 2.000% 02/15/2050 DD 02/15/20	4,879,522.19	58.1680	2,908,400.00	1,971,122.19-
7,000,000.0000	U S TREASURY BOND 2.250% 02/15/2052 DD 02/15/22	4,922,664.01	60.7340	4,251,380.00	671,284.01-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
4,725,000.0000	U S TREASURY BOND 4.000% 11/15/2052 DD 11/15/22	4,347,318.36	87.2540	4,122,751.50	224,566.86-
9,175,000.0000	U S TREASURY BOND 4.000% 11/15/2042 DD 11/15/22	8,524,888.77	90.0740	8,264,289.50	260,599.27-
14,325,000.0000	U S TREASURY NOTE 2.875% 05/15/2032 DD 05/15/22	12,924,284.09	89.8090	12,865,139.25	59,144.84-
10,075,000.0000	U S TREASURY NOTE 3.375% 05/15/2033 DD 05/15/23	9,477,490.57	91.9060	9,259,529.50	217,961.07-
13,650,000.0000	U S TREASURY NOTE 4.625% 09/30/2030 DD 09/30/23	13,871,532.32	100.9180	13,775,307.00	96,225.32-
13,650,000.0000	U S TREASURY NOTE 1.625% 02/15/2026 DD 02/15/16	12,939,272.74	97.1410	13,259,746.50	320,473.76
7,175,000.0000	U S TREASURY NOTE 1.625% 05/15/2026 DD 05/15/16	6,762,194.33	96.5160	6,925,023.00	162,828.67
TOTAL U. S. GOVERNMENT SECURITIES		100,582,005.60		92,545,603.15	8,036,402.45-
<u>CORPORATE DEBT INSTRUMENTS</u>					
1,400,000.0000	APPALACHIAN POWER CO 4.450% 06/01/2045 DD 05/18/15	1,435,167.42	80.8600	1,132,040.00	303,127.42-
1,000,000.0000	ARES CAPITAL CORP 3.200% 11/15/2031 DD 11/04/21	993,790.00	85.9770	859,770.00	134,020.00-
1,000,000.0000	AVALONBAY COMMUNITIES INC 2.050% 01/15/2032 DD 09/15/21	998,810.00	82.8090	828,090.00	170,720.00-
1,000,000.0000	CIFC FUNDING 2017- 4A A2R 144A VAR RT 10/24/2030 DD 06/17/21	1,000,200.00	100.0411	1,000,411.00	211.00



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,000,000.0000	CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	980,140.00	86.4810	864,810.00	115,330.00-
2,000,000.0000	CIMAREX ENERGY CO 4.375% 03/15/2029 DD 03/08/19	2,284,280.00	91.9040	1,838,080.00	446,200.00-
1,460,000.0000	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	1,458,802.80	85.9110	1,254,300.60	204,502.20-
1,500,000.0000	CONOCOPHILLIPS CO 4.300% 11/15/2044 DD 11/12/14	1,508,354.08	83.7330	1,255,995.00	252,359.08-
1,000,000.0000	CROWN CASTLE INC 2.250% 01/15/2031 DD 06/15/20	1,003,810.00	84.0700	840,700.00	163,110.00-
39,638.9208	DRIVE AUTO RECEIVABLES TRU 3 C 1.470% 01/15/2027 DD 11/17/21	37,914.01	99.8680	39,586.60	1,672.59
1,015,000.0000	DUKE ENERGY CAROLINAS LLC 3.750% 06/01/2045 DD 03/12/15	1,015,081.10	76.5570	777,053.55	238,027.55-
1,500,000.0000	FIRST INVESTORS AUTO 2A D 144A 1.660% 12/15/2027 DD 08/26/21	1,421,660.16	96.8390	1,452,585.00	30,924.84
1,000,000.0000	FIRST INVESTORS AUTO 2A D 144A 8.710% 10/16/2028 DD 11/02/22	1,063,750.00	104.9710	1,049,710.00	14,040.00-
1,040,000.0000	FIRST INVESTORS AUTO 1A D 144A 1.620% 03/15/2027 DD 01/21/21	1,038,781.25	99.0790	1,030,421.60	8,359.65-
1,000,000.0000	GOLDENTREE LOAN MAN 4A DR 144A VAR RT 04/24/2031 DD 05/14/21	1,000,000.00	100.3283	1,003,283.00	3,283.00
1,750,000.0000	HUNTINGTON BANCSHARES INC/OH 2.550% 02/04/2030 DD 02/04/20	1,835,470.00	87.9520	1,539,160.00	296,310.00-
1,150,000.0000	HYUNDAI CAPITAL AMERICA 144A 3.500% 11/02/2026 DD 10/31/19	1,149,712.50	97.4800	1,121,020.00	28,692.50-



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1,500,000.0000	LOUISIANA-PACIFIC CORP 144A 3.625% 03/15/2029 DD 03/11/21	1,500,000.00	92.3470	1,385,205.00	114,795.00-
1,300,000.0000	MASTEC INC 144A 4.500% 08/15/2028 DD 08/04/20	1,333,640.00	96.9640	1,260,532.00	73,108.00-
1,500,000.0000	OAKTREE SPECIALTY LENDING CORP 2.700% 01/15/2027 DD 05/18/21	1,495,800.00	94.1070	1,411,605.00	84,195.00-
312,500.0000	RISERVA CLO LTD 3A XRR 144A VAR RT 01/18/2034 DD 03/18/21	310,156.25	99.9974	312,491.90	2,335.65
1,142,000.0000	SABRA HEALTH CARE LP 3.900% 10/15/2029 DD 10/07/19	1,197,466.94	93.4410	1,067,096.22	130,370.72-
684,068.4030	SANTANDER DRIVE AUTO RECEI 3 D 1.330% 09/15/2027 DD 07/21/21	646,631.69	98.6710	674,977.13	28,345.44
1,500,000.0000	CHARLES SCHWAB CORP/THE VAR RT 12/31/2049 DD 03/18/21	1,556,250.00	96.8210	1,452,315.00	103,935.00-
1,000,000.0000	SOUTHERN CO/THE VAR RT 09/15/2051 DD 05/06/21	1,000,000.00	95.7620	957,620.00	42,380.00-
1,500,000.0000	TRACTOR SUPPLY CO 1.750% 11/01/2030 DD 10/30/20	1,483,110.00	83.6460	1,254,690.00	228,420.00-
750,000.0000	TRIMAS CORP 144A 4.125% 04/15/2029 DD 03/29/21	750,000.00	91.7750	688,312.50	61,687.50-
1,500,000.0000	WESTLAKE AUTOMOBILE 2A C 144A 6.290% 03/15/2028 DD 03/15/23	1,499,905.65	101.5060	1,522,590.00	22,684.35
1,500,000.0000	WESTLAKE AUTOMOBILE 1A E 144A 2.330% 08/17/2026 DD 03/17/21	1,396,757.81	99.2440	1,488,660.00	91,902.19
TOTAL CORPORATE DEBT INSTRUMENTS		34,395,441.66		31,363,111.10	3,032,330.56-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
<u>CORPORATE STOCK - PREFERRED</u>					
925,000.0000	BANK OF AMERICA CORP VAR RT 12/31/2049 DD 03/15/18	814,000.00	100.3400	928,145.00	114,145.00
42,000.0000	US BANCORP PFD 4.000% NON-CUMULATIVE	1,050,000.00	17.6700	742,140.00	307,860.00-
TOTAL CORPORATE STOCK - PREFERRED		1,864,000.00		1,670,285.00	193,715.00-
<u>CORPORATE STOCK - COMMON</u>					
4,091.0000	ALLEGION PLC	575,606.69	130.6800	534,611.88	40,994.81-
9,721.0000	SENSATA TECHNOLOGIES HOLDING P	390,995.75	27.4000	266,355.40	124,640.35-
13,500.0000	ABM INDUSTRIES INC	444,347.00	51.1800	690,930.00	246,583.00
6,483.0000	ASGN INC	401,878.37	83.3400	540,293.22	138,414.85
7,325.0000	ADDUS HOMECARE CORP	612,448.87	125.3500	918,188.75	305,739.88
6,518.0000	ADVANCED ENERGY INDUSTRIES INC	712,734.17	115.6300	753,676.34	40,942.17
11,491.0000	AIR LEASE CORP	413,002.67	48.2100	553,981.11	140,978.44
10,570.0000	ARCOSA INC	545,410.42	96.7400	1,022,541.80	477,131.38
4,327.0000	ARROW ELECTRONICS INC	538,399.16	113.1200	489,470.24	48,928.92-
2,566.0000	ASBURY AUTOMOTIVE GROUP INC	509,586.21	243.0300	623,614.98	114,028.77
19,135.0000	AVIENT CORP	806,107.75	40.8600	781,856.10	24,251.65-
8,492.0000	BELDEN INC	541,475.50	112.6100	956,284.12	414,808.62



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
11,385.0000	BRINK'S CO/THE	614,800.52	92.7700	1,056,186.45	441,385.93
12,460.0000	CBIZ INC	339,907.45	81.8300	1,019,601.80	679,694.35
6,568.0000	CBRE GROUP INC	182,778.44	131.2900	862,312.72	679,534.28
8,536.0000	CMS ENERGY CORP	516,925.14	66.6500	568,924.40	51,999.26
6,792.0000	CSX CORP	220,977.04	32.2700	219,177.84	1,799.20-
54,135.0000	CVB FINANCIAL CORP	1,033,660.64	21.4100	1,159,030.35	125,369.71
1,005.0000	CACI INTERNATIONAL INC	477,738.07	404.0600	406,080.30	71,657.77-
47,475.0000	CADENCE BANK	1,140,733.37	34.4500	1,635,513.75	494,780.38
7,545.0000	CASELLA WASTE SYSTEMS INC	312,943.58	105.8100	798,336.45	485,392.87
11,040.0000	CENTERSPACE	790,424.91	66.1500	730,296.00	60,128.91-
17,125.0000	CENTRAL GARDEN & PET CO	464,002.76	33.0500	565,981.25	101,978.49
2,622.0000	COHERENT CORP	116,253.33	94.7300	248,382.06	132,128.73
7,792.0000	COLUMBIA SPORTSWEAR CO	647,988.08	83.9300	653,982.56	5,994.48
9,635.0000	CONMED CORP	707,869.00	68.4400	659,419.40	48,449.60-
14,759.0000	CORTEVA INC	490,806.05	56.9600	840,672.64	349,866.59
6,750.0000	CROWN HOLDINGS INC	376,556.91	82.6900	558,157.50	181,600.59
10,692.0000	DEVON ENERGY CORP	508,275.01	32.7300	349,949.16	158,325.85-
7,938.0000	DOLLAR GENERAL CORP	881,835.13	75.8200	601,859.16	279,975.97-
6,147.0000	EBAY INC	165,573.82	61.9500	380,806.65	215,232.83



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SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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LOCAL 27-813 LOCAL 1034 INST
LOCAL 813&1034 SEV&RET TRST FD

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
32,750.0000	ELEMENT SOLUTIONS INC	746,099.53	25.4300	832,832.50	86,732.97
7,900.0000	ESCO TECHNOLOGIES INC	442,945.24	133.2100	1,052,359.00	609,413.76
7,365.0000	EURONET WORLDWIDE INC	699,633.57	102.8400	757,416.60	57,783.03
10,415.0000	FEDERAL SIGNAL CORP	379,154.05	92.3900	962,241.85	583,087.80
14,350.0000	FORMFACTOR INC	533,260.46	44.0000	631,400.00	98,139.54
9,894.0000	FORTREA HOLDINGS INC	240,094.33	18.6500	184,523.10	55,571.23-
10,770.0000	HB FULLER CO	572,382.68	67.4800	726,759.60	154,376.92
7,262.0000	GCI LIBERTY INC SR ESCROW	0.00	0.0000	0.00	0.00
24,586.0000	GENTEX CORP	521,958.92	28.7300	706,355.78	184,396.86
11,095.0000	GIBRALTAR INDUSTRIES INC	490,385.62	58.9000	653,495.50	163,109.88
26,085.0000	GLACIER BANCORP INC	1,049,324.29	50.2200	1,309,988.70	260,664.41
5,633.0000	GLOBAL PAYMENTS INC	807,119.00	112.0600	631,233.98	175,885.02-
7,418.0000	GLOBE LIFE INC	580,946.81	111.5200	827,255.36	246,308.55
9,570.0000	HAEMONETICS CORP	789,428.43	78.0800	747,225.60	42,202.83-
2,735.0000	HILTON WORLDWIDE HOLDINGS INC	272,707.05	247.1600	675,982.60	403,275.55
3,225.0000	HUMANA INC	1,040,939.53	253.7100	818,214.75	222,724.78-
4,651.0000	ICF INTERNATIONAL INC	372,916.49	119.2100	554,445.71	181,529.22
5,264.0000	ICU MEDICAL INC	604,936.49	155.1700	816,814.88	211,878.39
9,420.0000	INDEPENDENT BANK CORP	465,589.49	64.1900	604,669.80	139,080.31



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LOCAL 27-813 LOCAL 1034 INST
LOCAL 813&1034 SEV&RET TRST FD

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
3,384.0000	INSTALLED BUILDING PRODUCTS IN	429,268.62	175.2500	593,046.00	163,777.38
9,580.0000	INTEGER HOLDINGS CORP	721,295.05	132.5200	1,269,541.60	548,246.55
5,083.0000	JACOBS SOLUTIONS INC	353,427.41	133.6200	679,190.46	325,763.05
46,370.0000	JANUS INTERNATIONAL GROUP INC	634,935.14	7.3500	340,819.50	294,115.64-
11,460.0000	KNIFE RIVER CORP	519,187.28	101.6400	1,164,794.40	645,607.12
17,510.0000	LA-Z-BOY INC	378,934.13	43.5700	762,910.70	383,976.57
14,510.0000	LAKELAND FINANCIAL CORP	690,641.65	68.7600	997,707.60	307,065.95
2,843.0000	LANCASTER COLONY CORP	401,784.41	173.1400	492,237.02	90,452.61
9,439.0000	LANTHEUS HOLDINGS INC	458,803.10	89.4600	844,412.94	385,609.84
16,350.0000	LEONARDO DRS INC	257,764.77	32.3100	528,268.50	270,503.73
4,790.0000	MGE ENERGY INC	218,455.13	93.9600	450,068.40	231,613.27
36,170.0000	MAGNOLIA OIL & GAS CORP	432,857.18	23.3800	845,654.60	412,797.42
392.0000	MARKEL GROUP INC	351,889.35	1,726.2300	676,682.16	324,792.81
22,475.0000	MATADOR RESOURCES CO	596,624.74	56.2600	1,264,443.50	667,818.76
5,165.0000	MATERION CORP	407,547.51	98.8800	510,715.20	103,167.69
4,720.0000	MOHAWK INDUSTRIES INC	447,614.43	119.1300	562,293.60	114,679.17
12,700.0000	NBT BANCORP INC	659,758.65	47.7600	606,552.00	53,206.65-
29,181.0000	NCR VOYIX CORP	435,685.73	13.8400	403,865.04	31,820.69-
25,324.0000	NISOURCE INC	647,909.31	36.7600	930,910.24	283,000.93



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LOCAL 27-813 LOCAL 1034 INST
LOCAL 813&1034 SEV&RET TRST FD

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
55,530.0000	OLD NATIONAL BANCORP/IN	922,913.34	21.7050	1,205,278.65	282,365.31
7,590.0000	ONE GAS INC	473,949.71	69.2500	525,607.50	51,657.79
9,230.0000	OXFORD INDUSTRIES INC	732,778.29	78.7800	727,139.40	5,638.89-
4,077.0000	PAYCOM SOFTWARE INC	772,878.09	204.9700	835,662.69	62,784.60
30,904.0000	PERMIAN RESOURCES CORP	486,078.06	14.3800	444,399.52	41,678.54-
4,493.0000	PINNACLE FINANCIAL PARTNERS IN	295,693.59	114.3900	513,954.27	218,260.68
6,795.0000	PLEXUS CORP	460,785.16	156.4800	1,063,281.60	602,496.44
32,210.0000	PLYMOUTH INDUSTRIAL REIT INC	768,522.15	17.8000	573,338.00	195,184.15-
23,035.0000	POTLATCHDELTIC CORP	1,114,353.87	39.2500	904,123.75	210,230.12-
19,548.0000	RADIAN GROUP INC	515,325.58	31.7200	620,062.56	104,736.98
7,580.0000	RAMBUS INC	112,687.56	52.8600	400,678.80	287,991.24
24,222.0000	SLM CORP	283,858.44	27.5800	668,042.76	384,184.32
9,194.0000	SS&C TECHNOLOGIES HOLDINGS INC	543,885.41	75.7800	696,721.32	152,835.91
4,110.0000	SELECTIVE INSURANCE GROUP INC	212,341.32	93.5200	384,367.20	172,025.88
18,630.0000	SIMPLY GOOD FOODS CO/THE	448,054.97	38.9800	726,197.40	278,142.43
5,780.0000	CHAMPION HOMES INC	267,928.38	88.1000	509,218.00	241,289.62
9,825.0000	SOUTHSTATE CORP	690,254.73	99.4800	977,391.00	287,136.27
6,219.0000	STANDEX INTERNATIONAL CORP	530,801.71	186.9900	1,162,890.81	632,089.10
5,240.0000	STIFEL FINANCIAL CORP	289,430.27	106.0800	555,859.20	266,428.93



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LOCAL 27-813 LOCAL 1034 INST
LOCAL 813&1034 SEV&RET TRST FD

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
3,802.0000	TAKE-TWO INTERACTIVE SOFTWARE	540,378.85	184.0800	699,872.16	159,493.31
4,101.0000	TARGET CORP	606,426.67	135.1800	554,373.18	52,053.49-
6,825.0000	TIDEWATER INC	584,640.82	54.7100	373,395.75	211,245.07-
23,350.0000	UNITED BANKSHARES INC/WV	900,464.25	37.5500	876,792.50	23,671.75-
TOTAL CORPORATE STOCK - COMMON		48,690,678.60		64,862,451.17	16,171,772.57
<u>PARTNERSHIP/JOINT VENTURE INTER</u>					
17,491.8210	PINEHURST INSTITUTIONAL FUND LIMITED PARTNERSHIP	25,300,281.52	2,760.0125	48,277,646.01	22,977,364.49
21,987,165.0000	BOYD WATTERSON GSA FUND LP	22,985,985.56	1.0000	21,987,165.00	998,820.56-
218,771.0000	ENTRUST SPEC OPP III LTD CL A	156,505.82	1.0000	218,771.00	62,265.18
5,353,104.0000	INVESCO PCO EVERGREEN FD LP	5,353,104.00	1.0000	5,353,104.00	0.00
TOTAL PARTNERSHIP/JOINT VENTURE INTER		53,795,876.90		75,836,686.01	22,040,809.11
<u>COMMON/COLLECTIVE TRUST</u>					
4,705,294.7050	BNYMM AFL-CIO SL SIF STOCK INDEX FUND UC1	94,200,000.00	19.8600	93,447,152.84	752,847.16-
1,696.4799	CLASS X - SERIES - 12/31/2016	139,180.39	4.2193	7,158.00	132,022.39-
1,295,896.3280	LOOMIS MULTISECTR FULL DISCRTN TR B	36,000,000.00	27.9300	36,194,384.44	194,384.44
29,282,809.0000	NURSES AND LOCAL 813 IBT RETIREMENT FUND	30,000,000.00	1.0000	29,282,809.00	717,191.00-
TOTAL COMMON/COLLECTIVE TRUST		160,339,180.39		158,931,504.28	1,407,676.11-



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SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
REGISTERED INVESTMENT COMPANIES					
4,392.0000	ISHARES RUSSELL MID-CAP VALU	404,234.80	129.3400	568,061.28	163,826.48
403,747.0000	ISHARES 5-10Y INV GRADE CORP	20,677,188.61	51.5100	20,797,007.97	119,819.36
497,491.0000	ISHARES 1-5Y INV GRADE CORP	25,419,615.00	51.7000	25,720,284.70	300,669.70
147,704.0000	VANGUARD LONG-TERM CORP BOND	11,366,473.98	74.7800	11,045,305.12	321,168.86-
6,758,517.6800	FIDELITY INV MMTK TREAS 680 VAR RT 12/31/2049 DD 09/22/11	6,758,517.68	100.0000	6,758,517.68	0.00
8,923,020.1300	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	8,923,020.13	100.0000	8,923,020.13	0.00
TOTAL REGISTERED INVESTMENT COMPANIES		73,549,050.20		73,812,196.88	263,146.68
					0.00 C
					263,146.68 I
TOTAL INVESTMENT		473,216,233.35		499,021,837.59	25,805,604.24
					0.00 C
					25,805,604.24 I

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

NURSES AND LOCAL 813 IBT RETIREMENT FUND

01-JAN-24 to 31-DEC-24

Nurses and Local 813 IBT Retirement Plan

EIN: 13-3628026 Plan No. 001

Attachment to Form 5500, Schedule H, Part 4, Item 4i - Schedule of Assets (Held at End of Year) Page 1 of 1

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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MPZSX			0.00	25,189,371.67
1MSGZX			0.00	35,151,482.89
1MEFZX			0.00	35,207,706.91
1MLUZX			0.00	14,667,964.61
			0.00	110,216,526.08
FORFEITURES			279.17	319.23

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 13-1970192

LEGEND

INVESTMENT OPTION:

1MPZSX MassMutual Strat Emerg Mkts I
1MEFZX MassMutual Mid Cap Growth I

1MSGZX MassMutual Small Cap Gr Eq I
1MLUZX MassMutual Mid Cap Value I

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

DECEMBER 31, 2024

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H (FORM 5500) 2024, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 13-3628926

Plan No. 001

Market Value per BNYM custodian report	\$ 499,021,838
Market Value per Empower	110,216,526
Updated Market Values Adjustments to BNYM report:	
Invesco Evergreen LP	(36,333)
Pinehurst Institutional Fund LP	<u>(228,555)</u>
	<u>\$ 608,973,476</u>

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age	Pension Service											
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	6		18									
25 to 29	5		80	82.56	37	165.87	1					
30 to 34	9		71	85.92	108	233.74	23	205.75	4			
35 to 39	3		72	99.35	82	231.47	55	392.90	17		3	
40 to 44	5		53	95.13	74	230.42	35	338.90	52	435.77	31	402.59
45 to 49	5		47	126.97	49	259.00	38	317.26	63	348.54	59	403.87
50 to 54	4		45	134.30	54	250.06	25	318.43	61	398.10	96	482.89
55 to 59	1		42	123.77	46	259.29	27	324.76	69	401.54	92	416.33
60 to 64			23	148.20	40	333.02	25	398.73	48	465.78	75	440.71
65 to 69			10		21	331.58	14		29	383.96	32	380.34
70 & up			3		5		3		9		10	
Total	38	4.52	464	105.05	516	248.17	246	341.27	352	404.65	398	430.94

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 8b(2) – Schedule of Active Participant Data (cont'd)

Age	Pension Service									
	25 to 29		30 to 34		35 to 39		40 & up		Total	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25									24	37.76
25 to 29									123	105.42
30 to 34									215	175.31
35 to 39									232	241.85
40 to 44	3								253	278.91
45 to 49	25	545.26	2						288	318.86
50 to 54	60	377.58	24	517.21	1				370	360.44
55 to 59	54	442.41	75	632.16	72	817.19	6		484	474.47
60 to 64	41	572.60	50	638.98	73	680.10	63	1,000.11	438	571.20
65 to 69	16		15		27	537.36	68	676.38	232	511.69
70 & up	3		7		3		14		57	582.70
Total	202	473.79	173	637.36	176	708.28	151	858.86	2,716	381.14

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 3(d) – Withdrawal Liability Amounts

<u>Payment Date</u>	<u>Periodic Amounts</u>	<u>Lump Sum Amounts</u>	<u>Total Amounts</u>
1/31/2024	\$2,084	\$0	\$2,084
2/29/2024	2,084	0	2,084
3/31/2024	2,084	0	2,084
4/30/2024	2,084	0	2,084
5/31/2024	2,084	0	2,084
6/26/2024	2,084	0	2,084
7/15/2024	0	6,393	6,393

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
1. <u>Amortization Charges</u>				
(a) Plan amendment	1/1/1995	1.00	\$6,415	\$6,415
(b) Assumption change	1/1/1996	2.00	94,551	48,874
(c) Plan amendment	1/1/1996	2.00	74,672	38,599
(d) Plan amendment	1/1/1997	3.00	590,468	210,279
(e) Plan amendment	1/1/1998	4.00	69,304	19,122
(f) Plan amendment #2	1/1/1998	4.00	709,813	195,847
(g) Assumption change	1/1/1999	5.00	171,007	38,979
(h) Plan amendment	1/1/1999	5.00	1,070,649	244,039
(i) Plan amendment	1/1/2000	6.00	612,435	120,081
(j) Plan amendment	1/1/2001	7.00	137,341	23,817
(k) Plan amendment	1/1/2002	8.00	730,976	114,406
(l) Plan amendment	1/1/2003	9.00	478,856	68,690
(m) Plan amendment	1/1/2004	10.00	159,080	21,168
(n) Assumption change	1/1/2006	12.00	630,961	74,242
(o) Plan amendment	1/1/2006	12.00	616,368	72,525
(p) Plan amendment	1/1/2007	13.00	630,830	70,541
(q) Actuarial loss	1/1/2010	1.00	197,433	197,433
(r) Actuarial loss	1/1/2011	2.00	455,598	235,502
(s) Actuarial loss	1/1/2016	7.00	2,186,240	379,125
(t) Change in asset method	1/1/2016	2.00	1,548,256	800,306
(u) Plan amendment	1/1/2016	7.00	2,030,059	352,041
(v) Actuarial loss	1/1/2019	10.00	1,109,803	147,674
(w) Assumption change	1/1/2019	10.00	473,826	63,049
(x) Actuarial loss	1/1/2020	11.00	407,194	50,750
(y) Assumption change	1/1/2020	11.00	1,645,221	205,048
(z) Actuarial loss	1/1/2022	13.00	1,025,704	114,698
(aa) Actuarial loss	1/1/2023	14.00	27,510,273	2,939,870
(ab) Actuarial loss	1/1/2024	15.00	13,712,527	1,407,067
(ac) Assumption change	1/1/2024	15.00	<u>27,845,789</u>	<u>2,857,306</u>
Total			\$86,931,649	\$11,117,493
2. <u>Amortization Credits</u>				
(a) Combine credits	1/1/2024	10.58	<u>\$60,392,106</u>	<u>\$7,730,412</u>
Total			\$60,392,106	\$7,730,412

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (cont'd)

3. <u>Net Amortization Charges and Credits</u>		
(a) Total amortization charges	\$86,931,649	\$11,117,493
(b) Total amortization credits	<u>(60,392,106)</u>	<u>(7,730,412)</u>
(c) Net amortization charges and credits	\$26,539,543	\$3,387,081
4. Credit Balance on January 1, 2024	<u>\$57,858,256</u>	
5. Unfunded Actuarial Accrued Liability: (3) – (4)	<u>(\$31,318,713)</u>	
6. <u>Unfunded Actuarial Accrued Liability</u>		
(a) Actuarial accrued liability	\$657,209,756	
(b) Actuarial value of assets	<u>(688,528,469)</u>	
(c) Unfunded liability	(\$31,318,713)	
(d) Unfunded liability with balance equation minimum	(\$31,318,713)	

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Changes 1-3 were made to better conform with anticipated Fund experience.

1. Valuation interest rate

The valuation interest rate was changed from 7.50% per annum to 7.00% per annum.

2. Withdrawal liability interest rate

The interest rate for withdrawal liability was changed from 7.00% to 6.50% per annum.

3. Benefits not included in the valuation

Participants older than age 70 who are entitled to deferred plan benefits but who have not yet claimed them are excluded from liabilities.

4. Current liability interest rate and mortality table

The interest rate and mortality table used to determine the RPA '94 current liability were changed to comply with the requirements of Code Section 431(c).

N:\Fact\Local 813-1034 Severance\gov forms\2024\Sch MB\Nurses L813 Sch MB attachments v2025 10 09 v01.docx

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rate	Valuation	7.00% per annum
	RPA Current Liability	3.29% per annum
	Withdrawal Liability	6.50% per annum as of December 31, 2023

The assumed long-term rate of return on assets is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.

The assumed long-term rate of return on assets used for withdrawal liability includes an allowance for administrative expenses of 0.50%.

The RPA '94 current liability interest rate complies with Code section 431(c).

Mortality The Pri-2012 Blue Collar Mortality Table for healthy participants and the Pri-2012 Disabled Mortality Table for disabled participants, with fully generational projection using the MP-2021 improvement scale.

The Pri-2012 mortality tables along with accompanying "MP" projection scales, published by the Society of Actuaries, represent the most current and complete benchmarks of U.S. private pension plan mortality experience. The mortality tables, with the fully generational projection, reasonably reflect the projected mortality experience as of the measurement date and provide an allowance for future mortality improvement.

Mortality for all purposes, except for RPA '94 current liability, will be based on the Pri-2012 mortality table (Blue Collar for healthy participants and Disabled for disabled participants) projected generationally using the "MP" projection scale released in the year prior to the valuation year (e.g., for liabilities determined as of December 31, 2021/January 1, 2022, the MP-2021 projection scale will be used). In the event that a projection scale is not released for a particular year, the most recently released scale will be used. The base mortality tables and projection scale are subject to change if deemed appropriate based on historical and current demographic data, estimated future experience and professional judgment.

For RPA'94 Current Liability, the tables specified in IRC Section 431(c)(6)(D)(iv)&(v) were used.

Retirement Rates Actives

813 Benefits:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55-59	8%	65-69	50%

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
60-61	20%	70+	100%
62-64	30		

MNA Benefits:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55-59	5%	63-64	15%
60-61	10	65+	100
62	20		

Other Benefits: Participants are assumed to retire at normal retirement age.

Terminated Vested

Terminated vested participants are assumed to retire at normal retirement age.

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

***Termination
Rates***

813 Benefits: Sample rates are as follows:

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

Other Benefits: Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	10.00%	45	5.00%
25	9.00	50	4.00
30	8.00	55	0.00
35	7.00	60	0.00
40	6.00		

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

***Disability
Rates***

813 Benefits: Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
20	0.05%
25	0.05
30	0.05
35	0.06
40	0.09
45	0.18
50	0.40
55	0.85
60	1.74

Other Benefits: Rates of disablement were not assumed.

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

***Future
Credited
Service***

813 and MNA Benefits: Active participants will earn one pension credit in each year of future employment.

Merged Plan Benefits: All benefits are frozen.

This assumption is based on historical and current data adjusted to reflect estimated future experience and professional judgment.

***Administrative
Expenses***

\$3,000,000 payable at the beginning of the year.

This assumption is based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Marriage

813 Benefits: 75% of participants are assumed to be married.

Norwood Benefits: 70% of participants are assumed to be married.

Other Benefits: 80% of male participants and 50% of female participants are assumed to be married.

Husbands are assumed to be three years older than wives.

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

<i>Form of Payment</i>	813 Benefits: 15% of participants are assumed to elect a life annuity and 85% are assumed to elect a lump sum.
	Good Samaritan Benefits: 50% of participants are assumed to elect a life annuity and 50% are assumed to elect a lump sum.
	Other Benefits: Participants are assumed to elect a life annuity.
	As an approximation of the segment interest rates required by Internal Revenue Code Section 417(e), an interest rate of 3.25% was used to estimate lump sum payments.
	These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.
<i>Future Increases in Maximum Benefits</i>	It is assumed that maximum benefit and plan compensation limitations under Internal Revenue Code will not increase in the future.
<i>Benefits Not Included in the Valuation</i>	Benefits for participants older than age 70 who are entitled to deferred plan benefits but who have not yet claimed them are ignored for valuation purposes.

Actuarial Methods

<i>Cost Method</i>	The Traditional Unit Credit Cost Method is employed in this valuation. Under this method, an “accrued benefit” is calculated as of the beginning of the year and is projected as of the end of the year for each benefit that may be payable in the future. The “accrued benefit” is based on the plan’s accrual formula and upon service as of the beginning or end of the year. The actuarial accrued liability is the present value of the “accrued benefit” as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the “accrued benefit” as of the beginning and the “accrued benefit” projected to the end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
<i>Asset Method</i>	A Five-Year Weighted Average of Asset Gains/Losses Method is used in this valuation. The actuarial value of assets is determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return on market value of assets and actual market investment return) during each of the previous five years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Changes in Actuarial Assumptions and Methods since the Last Valuation

The valuation interest rate was changed from 7.50% per annum to 7.00% per annum. The interest rate used for developing ASC 960 liabilities and withdrawal liability was changed from 7.00% to 6.50%.

Participants older than age 70 who are entitled to deferred plan benefits but who have not yet claimed them are excluded from liabilities.

The interest rate and mortality table used to determine the RPA '94 Current Liability were changed to comply with the requirements of IRC Code Section 431(c).

There were no other changes in the actuarial assumptions or methods since the last valuation.

Modeling Disclosure in Accordance with Actuarial Standards of Practice No. 56

FACT utilizes ProVal, an actuarial valuation program leased from Winklevoss Technologies, to calculate liabilities, normal costs and projected benefit payments. Winklevoss Technologies employs actuaries who are experts in the development of actuarial software and ProVal is utilized by many actuarial consulting firms worldwide.

We have used ProVal in accordance with its original intended purpose. Our staff customizes the ProVal software to value the benefits described in this report. The results from ProVal are reviewed as they relate to the Plan, and we have not identified any material inconsistencies in the results that would affect the contents of this actuarial valuation report.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 3 – Contributions Made to the Plan for the Plan Year

Employer contributions, unless otherwise noted, are paid in substantially equal monthly installments pursuant to collective bargaining agreements. The interest credited to the Funding Standard Account for those paid in substantially equal monthly installments is therefore assumed to be equivalent to a July 1 contribution date.

The source of contributions for the Plan Year ending December 31, 2024, was a draft Fund auditor's report and schedules provided by the Fund office.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	\$5,054,465	\$6,748,446	\$44,888,499	\$56,691,410
2025	4,433,989	8,366,659	43,536,832	56,337,480
2026	4,793,055	10,062,908	42,121,766	56,977,729
2027	5,184,080	11,784,339	40,647,476	57,615,895
2028	5,708,764	13,157,584	39,114,210	57,980,558
2029	6,078,210	14,433,597	37,528,236	58,040,043
2030	6,504,408	15,534,244	35,892,622	57,931,274
2031	6,759,376	16,400,023	34,218,926	57,378,325
2032	6,945,486	17,108,480	32,505,549	56,559,515
2033	7,144,299	17,680,558	30,761,286	55,586,143
2034	7,284,956	18,076,543	28,991,881	54,353,380
2035	7,422,981	18,401,029	27,203,514	53,027,524
2036	7,480,795	18,608,793	25,403,115	51,492,703
2037	7,573,600	18,648,328	23,599,425	49,821,353
2038	7,500,845	18,579,093	21,802,164	47,882,102
2039	7,510,796	18,402,389	20,021,629	45,934,814
2040	7,338,603	18,158,207	18,268,815	43,765,625
2041	7,337,738	17,822,801	16,555,128	41,715,667
2042	7,198,586	17,378,614	14,892,200	39,469,400
2043	7,108,514	16,921,809	13,291,481	37,321,804
2044	7,036,465	16,378,787	11,763,969	35,179,221
2045	6,870,605	15,786,180	10,319,959	32,976,744
2046	6,700,259	15,117,686	8,968,623	30,786,568
2047	6,545,226	14,415,335	7,717,757	28,678,318
2048	6,334,284	13,682,856	6,573,322	26,590,462
2049	6,150,379	12,910,641	5,539,094	24,600,114
2050	5,937,926	12,141,155	4,616,488	22,695,569
2051	5,702,978	11,353,598	3,804,366	20,860,942
2052	5,541,443	10,572,596	3,099,273	19,213,312
2053	5,323,663	9,790,168	2,495,651	17,609,482
2054	5,029,793	9,016,411	1,986,224	16,032,428
2055	4,771,579	8,270,397	1,562,538	14,604,514
2056	4,557,698	7,546,650	1,215,387	13,319,735
2057	4,275,001	6,827,638	935,223	12,037,862
2058	4,080,762	6,173,019	712,583	10,966,364
2059	3,841,362	5,533,531	538,397	9,913,290
2060	3,598,682	4,935,084	404,214	8,937,980
2061	3,369,195	4,377,337	302,386	8,048,918
2062	3,138,930	3,864,714	226,174	7,229,818

Plan Name: Nurses and Local 813 IBT Retirement Plan**EIN/PN:** 13-3628926/001**Plan Sponsor:** Board of Trustees of Nurses and Local 813 IBT Retirement Plan

***Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments
(cont'd)***

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2063	\$2,912,456	\$3,397,777	\$169,823	\$6,480,056
2064	2,701,376	2,977,412	128,563	5,807,351
2065	2,498,195	2,601,608	98,556	5,198,359
2066	2,304,243	2,267,785	76,794	4,648,822
2067	2,125,211	1,972,966	60,989	4,159,166
2068	1,958,123	1,713,912	49,427	3,721,462
2069	1,802,043	1,487,272	40,865	3,330,180
2070	1,656,105	1,289,703	34,415	2,980,223
2071	1,519,481	1,117,960	29,445	2,666,886
2072	1,391,416	968,963	25,513	2,385,892
2073	1,271,229	839,837	22,316	2,133,382

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

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

<u>Plan Year</u>	<u>Employer Contributions</u>	<u>Withdrawal Liability Payments</u>	<u>Total</u>
2024	\$17,570,791	\$25,088	\$17,595,879
2025	15,631,759	25,088	15,656,847
2026	15,631,759	25,088	15,656,847
2027	15,631,759	25,088	15,656,847
2028	15,631,759	25,088	15,656,847
2029	15,631,759	25,088	15,656,847
2030	15,631,759	25,088	15,656,847
2031	15,631,759	25,088	15,656,847
2032	15,631,759	25,088	15,656,847
2033	15,631,759	25,088	15,656,847

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

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.	PUB Nos. 1210 - 0110 1210 - 0000 2024 This Form is Open to Public Inspection
Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		
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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	1b Three-digit plan number (PIN) ▶ <u>001</u>	
	1c Effective date of plan <u>09/18/1962</u>	
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 OF NURSES AND LOCAL 813 IBT RETIR 48-18 VAN DAM STREET, SUITE 201 LONG ISLAND CITY NY 11101-3107	2b Employer Identification Number (EIN) <u>13-3628926</u>	
	2c Plan Sponsor's telephone number <u>(718) 937-7150</u>	
	2d Business code (see instructions) <u>623000</u>	
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 <u>Julie Pinkham</u> Julie Pinkham (Oct 10, 2025 10:50:53 EDT)	10/13/2025	JULIE PINKHAM
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE <u>Paul M Cervino</u> Paul M Cervino (Oct 10, 2025 10:54:51 EDT)	10/13/2025	PAUL CERVINO
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. 240811		



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE : 19,078,715.21									
K72F71727702	464288638	ISHARES 5-10Y INV GRADE CORP	B	481,147.000	4,811.47	24,558,705.17	0.00	0.00	0.00
K72F71727702	464288646	ISHARES 1-5Y INV GRADE CORP	B	588,991.000	5,889.91	30,028,645.95	0.00	0.00	0.00
K72F71728102	922908744	VANGUARD VALUE ETF	S	222,129.000	5,485.65	0.00	37,514,834.64	25,085,126.80	12,429,707.84
K72F10010002	996087094	BNY MELLON CASH RESERVE	B	105,054,410.820	0.00	105,054,410.82	0.00	0.00	0.00
		0.100% 12/31/2049 DD 06/26/97							
K72F10010002	996087094	BNY MELLON CASH RESERVE	S	105,054,410.820	0.00	0.00	105,054,410.82	105,054,410.82	0.00
		0.100% 12/31/2049 DD 06/26/97							
K72F71727502	996226858	FIDELITY INV MMKT TREAS 680	B	29,725,074.240	0.00	29,725,074.24	0.00	0.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680	B	136,565,527.280	0.00	136,565,527.28	0.00	0.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727502	996226858	FIDELITY INV MMKT TREAS 680	S	31,466,018.370	0.00	0.00	31,466,018.37	31,466,018.37	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680	S	65,712,820.760	0.00	0.00	65,712,820.76	65,712,820.76	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680	S	68,231,126.600	0.00	0.00	68,231,126.60	68,231,126.60	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680	B	34,537,433.650	0.00	34,537,433.65	0.00	0.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680	S	36,000,000.000	0.00	0.00	36,000,000.00	36,000,000.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727602	996226858	FIDELITY INV MMKT TREAS 680	B	22,424,979.910	0.00	22,424,979.91	0.00	0.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727602	996226858	FIDELITY INV MMKT TREAS 680	S	22,000,000.000	0.00	0.00	22,000,000.00	22,000,000.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727202	996226858	FIDELITY INV MMKT TREAS 680	B	35,718,162.820	0.00	35,718,162.82	0.00	0.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727902	996226858	FIDELITY INV MMKT TREAS 680	B	21,715,370.410	0.00	21,715,370.41	0.00	0.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727202	996226858	FIDELITY INV MMKT TREAS 680	S	35,100,000.000	0.00	0.00	35,100,000.00	35,100,000.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F71727902	996226858	FIDELITY INV MMKT TREAS 680	S	21,700,000.000	0.00	0.00	21,700,000.00	21,700,000.00	0.00
		VAR RT 12/31/2049 DD 09/22/11							
K72F10010002	999592116	DREYFUS TREASURY SECURITIES CM	B	23,307,063.310	0.00	23,307,063.31	0.00	0.00	0.00
		5.271% 12/31/2035 DD 04/09/97							
K72F10010002	999592116	DREYFUS TREASURY SECURITIES CM	S	19,999,908.510	0.00	0.00	19,999,908.51	19,999,908.51	0.00
		5.271% 12/31/2035 DD 04/09/97							
K72F10107502	99VVBSEP7	BNYMM AFL-CIO SL SIF	B	4,705,294.705	0.00	94,200,000.00	0.00	0.00	0.00
		STOCK INDEX FUND UC1							
K72F01350302	99VVC7VC2	LOOMIS MULTISECTR FULL DISCRTN	B	1,295,896.328	0.00	36,000,000.00	0.00	0.00	0.00



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

		Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		19,078,715.21								
		TR B								
K72F01357102	99VVC8MJ5	NURSES AND LOCAL 813 IBT RETIREMENT FUND		B	30,000,000.000	0.00	30,000,000.00	0.00	0.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2024 - 12/31/2024

LOCAL 27-813 LOCAL 1034 INST

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		19,078,715.21					
2	464288638	ISHARES 5-10Y INV GRADE CORP	528,747.000	27,057,438.61	0.00	0.00	0.00
1	464288638	ISHARES 5-10Y INV GRADE CORP	125,000.000	0.00	6,562,505.02	6,380,250.00	182,255.02
2	464288646	ISHARES 1-5Y INV GRADE CORP	647,491.000	33,067,095.00	0.00	0.00	0.00
1	464288646	ISHARES 1-5Y INV GRADE CORP	150,000.000	0.00	7,816,372.65	7,647,480.00	168,892.65
4	912828P46	U S TREASURY NOTE 1.625% 02/15/2026 DD 02/15/16	19,325,000.000	18,299,897.46	0.00	0.00	0.00
3	912828P46	U S TREASURY NOTE 1.625% 02/15/2026 DD 02/15/16	5,675,000.000	0.00	5,489,267.58	5,360,624.72	128,642.86
3	91282CEP2	U S TREASURY NOTE 2.875% 05/15/2032 DD 05/15/22	18,100,000.000	16,323,500.00	0.00	0.00	0.00
1	91282CEP2	U S TREASURY NOTE 2.875% 05/15/2032 DD 05/15/22	3,775,000.000	0.00	3,471,083.01	3,399,215.91	71,867.10
3	91282CHZ7	U S TREASURY NOTE 4.625% 09/30/2030 DD 09/30/23	18,150,000.000	18,439,863.29	0.00	0.00	0.00
1	91282CHZ7	U S TREASURY NOTE 4.625% 09/30/2030 DD 09/30/23	4,500,000.000	0.00	4,634,121.09	4,568,330.97	65,790.12
3	922908744	VANGUARD VALUE ETF	3,911.000	644,256.37	0.00	0.00	0.00
1	922908744	VANGUARD VALUE ETF	222,129.000	0.00	37,514,834.64	25,085,126.80	12,429,707.84
27	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	106,641,401.520	106,641,401.52	0.00	0.00	0.00
27	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	106,641,401.520	0.00	106,641,401.52	106,641,401.52	0.00
580	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	350,427,272.050	350,427,272.05	0.00	0.00	0.00
185	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	350,948,804.120	0.00	350,948,804.12	350,948,804.12	0.00
146	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	75,087,772.630	75,087,772.63	0.00	0.00	0.00
46	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	74,755,688.060	0.00	74,755,688.06	74,755,688.06	0.00
1	99VVBSEP7	BNYMM AFL-CIO SL SIF STOCK INDEX FUND UC1	4,705,294.710	94,200,000.00	0.00	0.00	0.00
1	99VVC7VC2	LOOMIS MULTISECTR FULL DISCRTN TR B	1,295,896.330	36,000,000.00	0.00	0.00	0.00
1	99VVC8MJ5	NURSES AND LOCAL 813 IBT RETIREMENT FUND	30,000,000.000	30,000,000.00	0.00	0.00	0.00

TRANSACTIONS FOR REVIEW (5% REPORTABLE)**NURSES AND LOCAL 813 IBT RETIREMENT FUND****01-JAN-24 to 31-DEC-24****03-FEB-25 04:53:30**

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1MOSZX	0.00	0.000000	0	(22,306,758.94)	(101,965.208234)	1	0.00	SERIES
1MPHZX	0.00	0.000000	0	(45,277,681.64)	(211,817.330905)	1	0.00	SERIES
1MSTZX	3,864,907.40	30,424.166929	2	(4,351,776.65)	(34,234.237666)	2	(4,342,468.03)	SERIES
1MSPZX	0.00	0.000000	0	(11,183,981.47)	(82,904.730000)	1	0.00	SERIES
1S6110F	0.00	0.000000	0	(47,740,971.06)	(292,484.938400)	1	0.00	SERIES
5% TRANSACTIONS								
1MPHZX	0.00	0.000000	0	(45,277,681.64)	(211,817.330905)	1	0.00	26-MAR-24
1S6110F	0.00	0.000000	0	(47,740,971.06)	(292,484.938400)	1	0.00	26-MAR-24
1MOSZX	0.00	0.000000	0	(22,306,758.94)	(101,965.208234)	1	0.00	25-NOV-24

LEGEND

INVESTMENT OPTION:

1MOSZX MassMutual Overseas I
1MSTZX MassMutual Short Duration Bd I
1S6110F Long Duration Bond (Empower)

1MPHZX MassMutual High Yield I
1MSPZX MassMutual Total Return Bond I

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning	01/01/2024	and ending	12/31/2024
▶ Round off amounts to nearest dollar.			
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan Nurses and Local 813 IBT Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees of Nurses and Local 813 IBT Retirement Plan	D Employer Identification Number (EIN) 13-3628926

E Type of plan:	(1) ☒ Multiemployer Defined Benefit	(2) ☐ Money Purchase (see instructions)
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1a Enter the valuation date:	Month <u>1</u> Day <u>1</u> Year <u>2024</u>
b Assets	
(1) Current value of assets	1b(1) 613,487,264
(2) Actuarial value of assets for funding standard account	1b(2) 688,528,469
c (1) Accrued liability for plan using immediate gain methods	1c(1) 657,209,756
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 657,209,756
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 973,841,801
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 14,482,492
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 56,692,513
(3) Expected plan disbursements for the plan year	1d(3) 56,691,410

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

SIGN HERE		<u>10.10.2025</u>
Jay K. Egelberg	Signature of actuary	Date
	Type or print name of actuary	23-04981
First Actuarial Consulting, Inc.		Most recent enrollment number
	Firm name	(212) 395-9555
1501 Broadway		Telephone number (including area code)
Suite 1728		
New York	NY 10036-5601	
	Address of the firm	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	618,451,304
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	6,679	513,981,261
(2) For terminated vested participants	5,332	314,488,703
(3) For active participants:		
(a) Non-vested benefits		3,825,261
(b) Vested benefits		141,546,576
(c) Total active	2,716	145,371,837
(4) Total	14,727	973,841,801
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.51 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/02/2024	416,703				
04/30/2024	1,191,986				
06/30/2024	1,191,986				
07/01/2024	11,210,189				
			Totals ▶	3(b)	14,010,864
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)
					18,897

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	104.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	3,000,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	13,712,527	1,407,067
4	27,845,789	2,857,306
4	-40,328,391	-4,138,169

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	8,785,552

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	86,931,649	11,117,493
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 1,393,213**e** Total charges. Add lines 9a through 9d..... **9e** 21,296,258**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 57,858,256**g** Employer contributions. Total from column (b) of line 3..... **9g** 14,010,864

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	60,392,106	7,730,412

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 5,110,910**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)..... **9j(1)** 118,091,941**(2)** "RPA '94" override (90% current liability FFL) **9j(2)** 189,238,102**(3)** FFL credit **9j(3)** 0**k (1)** Waived funding deficiency **9k(1)** 0**(2)** Other credits **9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) **9l** 84,710,442**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 63,414,184**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year **9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date **9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))..... **9o(2)(b)** 0**(3)** Total as of valuation date **9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No