

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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 06/28/1954
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) TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND 107 TWIN OAKS DRIVE SYRACUSE, NY 13206107 TWIN OAKS DRIVE SYRACUSE, NY 13206
2b	Employer Identification Number (EIN) 15-6025166
2c	Plan Sponsor's telephone number
2d	Business code (see instructions) 238220

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.	10/10/2025	MICHAEL D. NANNO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	D Employer Identification Number (EIN) 15-6025166	

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
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	523885-E1		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
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(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	4285495
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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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	
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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	
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c Additions: (1) Contributions deposited during the year	7c(1)	2500000
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(2) Dividends and credits.....	7c(2)	
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(3) Interest credited during the year.....	7c(3)	95097
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(4) Transferred from separate account	7c(4)	
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(5) Other (specify below)..... ▶	7c(5)	
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(6) Total additions	7c(6)	2595097
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2595097
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
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(2) Administration charge made by carrier.....	7e(2)	
--	--------------	--

(3) Transferred to separate account	7e(3)	
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(4) Other (specify below)..... ▶	7e(4)	
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(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2595097
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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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	D Employer Identification Number (EIN) 15-6025166	

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
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	804082G	702	09/01/2023	08/31/2024

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 10295	(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
CH BENEFITS INC
100 S SALINA ST #370
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10295			

(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	205902
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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	D Employer Identification Number (EIN) 15-6025166	

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 THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3146, C4429	253	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

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	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	11233
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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	D Employer Identification Number (EIN) 15-6025166	

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
FIRST UNUM LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	629979	229	05/31/2024	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
1871	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
AP BENEFIT ADVISORS, LLC
7789 OSWEGO RD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1871			4

(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) ▶

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	12477
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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	D Employer Identification Number (EIN) 15-6025166	

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 THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10491	819	08/01/2023	07/31/2024

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 72248	(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 AP BENEFIT ADVISORS, LLC 7789 OSWEGO RD LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72248			

(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) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	602065
(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)	602065
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 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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	D Employer Identification Number (EIN) 15-6025166	

Part I	Service Provider Information (see instructions)
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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	
BAIRD ADVISORS	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202
39-6037917	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ASB CAPITAL MANAGEMENT LLC	7501 WISCONSIN AVENUE, SUITE 1500W BETHESDA, MD 20814
80-0618452	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ULLICO INVESTMENT ADVISORS, INC.	8403 COLESVILLE ROAD SILVER SPRING, MD 20910

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

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

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

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

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

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

UMR, INC.

PO BOX 1087
WAUSAU, WI 54402

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	224028	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MICHAEL NANNO

107 TWIN OAKS DRIVE
SYRACUSE, NY 13206

15-6025166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEATHER TURK

107 TWIN OAKS DRIVE
SYRACUSE, NY 13206

15-6025166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85030	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)

MANNING AND NAPIER

290 WOODCLIFF DRIVE
FAIRPORT, NY 14450

16-1363447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	PARTY IN INTEREST	84000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SUSAN COLBERT

107 TWIN OAKS DRIVE
SYRACUSE, NY 13206

15-6025166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75138	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVEONSP

40 LA RIVIERE, SUITE 310
BUFFALO, NY 14202

47-3603390

(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	66355	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)

RIGHT RX, LLC

707 MIAMISBURG-CENTERVILLE RD 406
DAYTON, OH 45459

38-3794947

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	63454	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEENAN & ASSOCIATES

2355 CRENSHAW BLVD. SUITE 200
TORRANCE, CA 90501

95-2798626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	61562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY DAGGETT

107 TWIN OAKS DRIVE
SYRACUSE, NY 13206

15-6025166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60035	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)

JOSEPH W. MCCARTHY & ASSOCIATES

7644 ROUTE 31 WEST
BALDWINVILLE, NY 13027

16-1120588

(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	NONE	48257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLITMAN & KING

443 NORTH FRANKLIN STREET
SYRACUSE, NY 13204

16-1047304

(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	NONE	41554	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JBM COMPUTER CONSULTANTS INC.

20 N AMERICA DR.
WEST SENECA, NY 14224

(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?
49	NONE	30302	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)

DARCANGELO & CO., LLP

120 LOMOND COURT
UTICA, NY 13502

13-2550103

(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	NONE	27000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBIN GREEN

107 TWIN OAKS DRIVE
SYRACUSE, NY 13206

15-6025166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	16073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIVIA TURK

107 TWIN OAKS DRIVE
SYRACUSE, NY 13206

15-6025166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	14310	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)

MARCO CONSULTING

550 W. WASHINGTON BLVD. SUITE 900
CHICAGO, IL 60601-2501

36-3555074

(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	NONE	13000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONADIO & CO., LLP

432 NORTH FRANKLIN STREET 60
SYRACUSE, NY 13204

16-1131146

(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	NONE	9735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M&T/WILMINGTON TRUST

ONE MT PLAZA
BUFFALO, NY 14203

16-0538020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	5341	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND	D Employer Identification Number (EIN) 15-6025166	

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	1372108	1432999
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1775573	1538719
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	166880	174937
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2595591	4666181
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	7266434	9903439
(5) Partnership/joint venture interests	1c(5)	2490683	7218766
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19547286	19695379
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1690399	4285495
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	916	23453
f Total assets (add all amounts in lines 1a through 1e).....	1f	36905870	48939368
Liabilities			
g Benefit claims payable	1g	685411	1029256
h Operating payables	1h	338034	396006
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1023445	1425262
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	35882425	47514106

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)	14619863	
(B) Participants	2a(1)(B)	188177	
(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)		14808040
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	164468	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	95097	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		259565
(2) Dividends: (A) Preferred stock.....			
(B) Common stock	2b(2)(B)	221889	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	843557	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5442062	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate			
(B) Other	2b(5)(B)	644571	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		15143
d Total income. Add all income amounts in column (b) and enter total	2d		17234906

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13216994	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13216994
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)	320511	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27000	
(5) Investment advisory and investment management fees	2i(5)	111028	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	4000	
(8) Legal fees	2i(8)	44563	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	536309	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1043411
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14260405

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2974501
l Transfers of assets:			
(1) To this plan	2l(1)		8657180
(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: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

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?	☒		500000
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?		☒	
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 _____.

D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

**Independent Auditor's Report
on Supplemental Schedules Required by ERISA**

To the Board of Trustees of
Plumbers & Steamfitters Local 81 Insurance Fund

Our audit of Plumbers & Steamfitters Local 81 Insurance Fund as of and for the year ended December 31, 2024 was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary 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 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 generally accepted auditing standards.

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

In our opinion, the 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

D'Arcangelo + Co., LLP

October 13, 2025

Utica, New York



D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

To the Board of Trustees of
Plumbers & Steamfitters Local 81 Insurance Fund

Opinion

We have audited the accompanying financial statements of Plumbers & Steamfitters Local 81 Insurance Fund an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly in all material respects, the net assets available for benefits and benefit obligations of Plumbers & Steamfitters Local 81 Insurance Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Plumbers & Steamfitters Local 81 Insurance Fund 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.

Emphasis of a Matter - Merger

As discussed in Note 13 to the financial statements, effective January 1, 2024 the Local 73 Health and Welfare Fund was merged into the Plumbers & Steamfitters Local 81 Insurance Fund and the transferred net assets have been recognized in the accounts of the Plumbers & Steamfitters Local 81 Insurance Fund. Our opinion is not modified with respect to this matter.

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 Plumbers & Steamfitters Local 81 Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Plumbers & Steamfitters Local 81 Insurance Fund'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 Plumbers & Steamfitters Local 81 Insurance Fund'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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of insurance premiums and self-insured claims and schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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.

D'Arcangelo & Co., LLP

October 13, 2025

Utica, New York

PLUMBERS AND STEAMFITTERS LOCAL 81 INSURANCE FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN YEAR ENDING 12/31/24

EIN: 15-6025166
PLAN: 501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	M&T Account 1042000	See Attached	8,364,974	10,940,207 A
	M&T Account 1045621	See Attached	6,612,880	6,550,244 B
	Baird Core Plus Bond Fund	Mutual Fund	20,689,130	18,961,584
	KEY BANK	MONEY MARKET	4,197,368	4,197,368
	Ullico Infrastructure Tax-Exempt Fund LP	Limited Partnership	5,000,000	5,119,857
			<u>44,864,352</u>	<u>45,769,260</u>

* Denotes Party-In-Interest

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WILMINGTON TRUST

1042000 - PLUMBERS & STEAM 267-HLTH INS-M&N

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
MONEY MARKET FUNDS							
302,973.180 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 971811C605	302,973.18	302,973.18 1.0000	2.8	1,089.58	4.3	12,998
	TOTAL MONEY MARKET FUNDS	302,973.18	302,973.18	2.8	1,089.58	4.3	12,998
	TOTAL CASH & CASH EQUIVALENTS	302,973.18	302,973.18	2.8	1,089.58	4.3	12,998
EQUITIES							
COMMON EQUITY SECURITIES							
MATERIALS							
2,848.000 12/31/24	AIR LIQUIDE SA - UNSPONSORED ADR CUSIP: 009126202	106,134.17	91,848.00 32.2500	0.8	0.00	1.4	1,312
1,150.000 12/31/24	ALBEMARLE CORP COM CUSIP: 012653101	108,829.25	98,992.00 86.0800	0.9	465.75	1.9	1,863
4,428.000 12/31/24	SOCIEDAD QUIMICA MINERA SPONS ADR CUSIP: 833635105	170,742.37	161,002.08 36.3600	1.5	0.00	3.8	6,044
	TOTAL MATERIALS	385,705.79	351,842.08	3.2	465.75	2.6	9,220
INDUSTRIALS							
745.000 12/31/24	BAE SYSTEMS PLC ADR CUSIP: 05523R107	29,545.42	42,584.20 57.1600	0.4	0.00	2.6	1,122
876.000 12/31/24	CANADIAN NATIONAL RAILWAY COMPANY CUSIP: 136375102	105,355.21	88,922.76 101.5100	0.8	0.00	2.3	2,057
3,722.000 12/31/24	COPART INC CUSIP: 217204106	153,006.93	213,605.58 57.3900	1.9	0.00	0.0	0
5,521.000 12/31/24	CSX CORP COMMON CUSIP: 126408103	185,646.79	178,162.67 32.2700	1.6	0.00	1.5	2,650
292.000 12/31/24	HEICO CORPORATION - CLASS A CUSIP: 422806208	45,372.14	54,335.36 186.0800	0.5	0.00	0.1	64

continued



WILMINGTON TRUST

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As of December 31, 2024

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
1,906.000 12/31/24	MASCO CORP CUSIP: 574599106	102,629.36	138,318.42	1.3	0.00	1.6	2,210
229.000 12/31/24	NORFOLK SOUTHERN CORP CUSIP: 655844108	53,295.44	53,746.30	0.5	0.00	2.3	1,236
239.000 12/31/24	NORTHROP GRUMMAN CORP CUSIP: 666807102	107,932.59	112,160.31	1.0	0.00	1.8	1,969
988.000 12/31/24	ROLLINS INCORPORATED CUSIP: 775711104	44,616.37	45,793.80	0.4	0.00	1.4	652
251.000 12/31/24	SERVENOW INC CUSIP: 81762P102	92,853.47	266,090.12	2.4	0.00	0.0	0
6,742.000 12/31/24	SMC CORPORATION SPONS ADR CUSIP: 78445W306	141,127.22	130,659.96	1.2	0.00	1.2	1,624
1,473.000 12/31/24	TECHTRONIC IND SPONS ADR CUSIP: 87873R101	102,347.57	96,643.53	0.9	0.00	1.9	1,882
341.000 12/31/24	UNION PACIFIC CORP COM CUSIP: 907818108	72,394.46	77,761.64	0.7	0.00	2.3	1,827
866.000 12/31/24	WEST FRASER TIMBER CO LTD CUSIP: 952845105	67,437.98	74,952.30	0.7	277.12	1.5	1,108
	TOTAL INDUSTRIALS	1,303,560.95	1,573,736.95	14.4	277.12	1.2	18,407
	COMMUNICATION SERVICES						
1,878.000 12/31/24	ALPHABET INC CL A CUSIP: 02079K305	175,690.05	355,505.40	3.3	0.00	0.4	1,502
993.000 12/31/24	ELECTRONICS ARTS COM CUSIP: 285512109	106,857.39	145,275.90	1.3	0.00	0.5	754
798.000 12/31/24	META PLATFORMS, INC-A CUSIP: 30303M102	231,016.84	467,236.98	4.3	0.00	0.3	1,596
	TOTAL COMMUNICATION SERVICES	513,564.28	968,018.28	8.8	0.00	0.4	3,853

continued



ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CONSUMER DISCRETIONARY							
2,513.000 12/31/24	AMAZON.COM INC CUSIP: 023135106	298,030.28	551,327.07 219.3900	5.0	0.00	0.0	0
261.000 12/31/24	HERMES INTL UNSPONS ADR CUSIP: 42751Q105	55,763.04	62,386.83 239.0300	0.6	0.00	0.5	328
1,171.000 12/31/24	LVMH MOET HENNESSY - UNSPON ADR CUSIP: 502441306	160,244.39	153,037.99 130.6900	1.4	0.00	1.7	2,614
48.000 12/31/24	MERCADOLIBRE INC CUSIP: 58733R102	39,509.94	81,621.12 1700.4400	0.8	0.00	0.0	0
TOTAL CONSUMER DISCRETIONARY		553,547.65	848,373.01	7.8	0.00	0.3	2,943
CONSUMER STAPLES							
3,269.000 12/31/24	COCA COLA CO COM CUSIP: 191216100	164,880.50	203,527.94 62.2600	1.9	0.00	3.1	6,341
6,360.000 12/31/24	SONY GROUP CORPORATION SPONS ADR CUSIP: 835699307	126,994.28	134,577.60 21.1600	1.2	0.00	0.4	519
TOTAL CONSUMER STAPLES		291,874.78	338,105.54	3.1	0.00	2.0	6,861
FINANCIALS							
206.000 12/31/24	BLACKROCK INC CUSIP: 09290D101	174,837.01	211,172.66 1025.1100	1.9	0.00	2.0	4,202
3,359.000 12/31/24	DEUTSCHE BOERSE AG CUSIP: 251542106	57,820.48	77,290.59 23.0100	0.7	0.00	1.2	893
1,564.000 12/31/24	EXPERIAN GROUP LTD-SPON ADR CUSIP: 30215C101	64,290.42	66,829.72 42.7300	0.6	0.00	1.3	875
802.000 12/31/24	FISERV INC CUSIP: 337738108	122,364.19	164,746.84 205.4200	1.5	0.00	0.0	0
1,623.000 12/31/24	HDFC BANK LIMITED - ADR CUSIP: 40415F101	102,476.54	103,644.78 63.8600	0.9	0.00	0.9	960
334.000 12/31/24	INTERCONTINENTAL EXCHANGE, INC CUSIP: 45866F104	35,118.94	49,769.34 149.0100	0.5	0.00	1.2	601

continued



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As of December 31, 2024

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
255,000 12/31/24	JPMORGAN CHASE & CO CUSIP: 46625H100	33,022.10	61,126.05 239.7100	0.6	0.00	2.1	1,275
658,000 12/31/24	MASTERCARD INC CL A CUSIP: 57636Q104	96,669.94	346,483.06 526.5700	3.2	0.00	0.6	2,000
282,000 12/31/24	MOODYS CORP CUSIP: 615369105	68,475.19	133,490.34 473.3700	1.2	0.00	0.7	958
141,000 12/31/24	MSCI INC - CL A CUSIP: 55354G100	66,847.91	84,601.41 600.0100	0.8	0.00	1.1	902
747,000 12/31/24	NASDAQ, INC. CUSIP: 631103108	54,873.47	57,750.57 77.3100	0.5	0.00	1.2	717
208,000 12/31/24	S&P GLOBAL INC CUSIP: 78409V104	55,629.04	103,590.24 498.0300	0.9	0.00	0.7	757
1,821,000 12/31/24	TRANSUNION CUSIP: 89400J107	172,025.01	168,824.91 92.7100	1.5	0.00	0.4	764
966,000 12/31/24	VISA INC CUSIP: 92826C839	134,044.69	305,294.64 316.0400	2.8	0.00	0.8	2,279
TOTAL FINANCIALS		1,238,494.93	1,934,615.15	17.7	0.00	0.9	17,189
HEALTH CARE							
1,040,000 12/31/24	ALCON INC CUSIP: H01301128	65,124.17	88,285.60 84.8900	0.8	0.00	0.3	274
2,821,000 12/31/24	ASTRAZENECA GROUP PLC SPONSORED ADR CUSIP: 046353108	197,229.39	184,831.92 65.5200	1.7	0.00	2.2	4,104
255,000 12/31/24	INTUITIVE SURGICAL INC CUSIP: 46120E602	39,459.63	133,099.80 521.9600	1.2	0.00	0.0	0
1,011,000 12/31/24	JOHNSON & JOHNSON CUSIP: 478160104	136,085.64	146,210.82 144.6200	1.3	0.00	3.4	5,014
1,926,000 12/31/24	LONZA GROUP AG-UNSPONSORED ADR CUSIP: 54338V101	96,902.11	113,210.28 58.7800	1.0	0.00	0.2	242
5,638,000 12/31/24	ROCHE HLDG LTD SPONSORED ADR CUSIP: 771195104	179,153.50	196,653.44 34.8800	1.8	0.00	2.4	4,775

continued



ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
310.000 12/31/24	THERMO FISHER SCIENTIFIC INC CUSIP: 883556102	124,831.52	161,271.30 520.2300	1.5	120.90	0.3	483
233.000 12/31/24	UNITEDHEALTH GROUP INC CUSIP: 91324P102	101,143.04	117,865.38 505.8600	1.1	0.00	1.7	1,957
194.000 12/31/24	VERTEX PHARMACEUTICALS INC CUSIP: 92532F100	35,997.34	78,123.80 402.7000	0.7	0.00	0.0	0
TOTAL HEALTH CARE		975,926.34	1,219,552.34	11.1	120.90	1.4	16,852
INFORMATION TECHNOLOGY							
604.000 12/31/24	APPLIED MATERIALS INC COM CUSIP: 038222105	87,975.95	98,228.52 162.6300	0.9	0.00	1.0	966
478.000 12/31/24	ATLASSIAN CORPORATION CL A CUSIP: 049468101	77,474.70	116,335.64 243.3800	1.1	0.00	0.0	0
691.000 12/31/24	CADENCE DESIGN SYS INC CUSIP: 127387108	196,683.31	207,617.86 300.4600	1.9	0.00	0.0	0
969.000 12/31/24	EPAM SYSTEMS INC CUSIP: 29414B104	183,655.08	226,571.58 233.8200	2.1	0.00	0.0	0
546.000 12/31/24	GLOBANT SA CUSIP: L44385109	94,696.91	117,073.32 214.4200	1.1	0.00	0.0	0
7,089.000 12/31/24	INFINEON TECHNOLOGIES AG ADR CUSIP: 45662N103	264,810.78	229,896.27 32.4300	2.1	0.00	0.8	1,765
894.000 12/31/24	L3 HARRIS TECHNOLOGIES INC CUSIP: 502431109	182,436.49	187,990.32 210.2800	1.7	0.00	2.2	4,148
681.000 12/31/24	MICROSOFT CORP CUSIP: 594918104	143,180.73	287,041.50 421.5000	2.6	0.00	0.8	2,260
2,039.000 12/31/24	NVIDIA CORP COM CUSIP: 67066G104	165,972.08	273,817.31 134.2900	2.5	0.00	0.0	81
712.000 12/31/24	SALESFORCE INC CUSIP: 79466L302	152,402.50	238,042.96 334.3300	2.2	284.80	0.5	1,139

continued



WILMINGTON TRUST

1042000 - PLUMBERS & STEAM 267-HLTH INS-M&N

As of December 31, 2024

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
954,000 12/31/24	TAIWAN SEMICONDUCTOR SPON ADR CUSIP: 874039100	105,966.24	188,405.46 197.4900	1.7	458.31	1.0	1,865
	TOTAL INFORMATION TECHNOLOGY	1,655,254.77	2,171,020.74	19.8	743.11	0.6	12,226
	UTILITIES						
2,908,000 12/31/24	EVERGY INC CUSIP: 30034W106	155,060.81	178,987.40 61.5500	1.6	0.00	4.3	7,764
	TOTAL UTILITIES	155,060.81	178,987.40	1.6	0.00	4.3	7,764
	REAL ESTATE						
1,335,000 12/31/24	CBRE GROUP INC CUSIP: 12504L109	166,948.46	175,272.15 131.2900	1.6	0.00	0.0	0
962,000 12/31/24	EXTRA SPACE STORAGE INC REIT CUSIP: 30225T102	164,148.36	143,915.20 149.6000	1.3	0.00	4.3	6,233
	TOTAL REAL ESTATE	331,096.82	319,187.35	2.9	0.00	1.9	6,233
	TOTAL COMMON EQUITY SECURITIES	7,404,087.12	9,903,438.84	90.5	1,606.88	1.0	101,551
	DOMESTIC EQUITY MUTUAL FUNDS						
36,170.496 12/31/24	MANNING & NAPIER DISC VAL-W CUSIP: 56382R456	276,714.80	273,448.95 7.5600	2.5	0.00	3.0	8,246
	TOTAL DOMESTIC EQUITY MUTUAL FUNDS	276,714.80	273,448.95	2.5	0.00	3.0	8,246
	GLOBAL FUNDS						
14,287.577 12/31/24	MANNING & NAPIER OVERSEA-W CUSIP: 56382R399	381,198.88	460,345.73 32.2200	4.2	0.00	2.0	9,258
	TOTAL GLOBAL FUNDS	381,198.88	460,345.73	4.2	0.00	2.0	9,258
	TOTAL EQUITIES	8,062,000.80	10,637,233.52	97.2	1,606.88	1.1	119,057
	TOTAL INVESTMENT PORTFOLIO	8,364,973.98	10,940,206.70	100.0	2,696.46	1.2	132,055

continued



1042000 - PLUMBERS & STEAM 267-HLTH INS-M&N

As of December 31, 2024

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
	ENDING ACCRUAL FOR PERIOD		2,696.46				

TOTAL VALUE

10,942,903.16

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WILMINGTON TRUST

1045621 - PLUMBERS & STEAM 267-HLTH INS FD

As of December 31, 2024

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ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
MONEY MARKET FUNDS							
165,840.150 4/04/12	WILMINGTON US GOVT MONEY MKT CL INST CUSIP: 97181C605	165,840.15	165,840.15 1.0000	2.5	611.94	4.3	7,114
TOTAL MONEY MARKET FUNDS		165,840.15	165,840.15	2.5	611.94	4.3	7,114
TOTAL CASH & CASH EQUIVALENTS		165,840.15	165,840.15	2.5	611.94	4.3	7,114
FIXED INCOME							
TAXABLE FIXED INCOME FUNDS							
4,285,495.360 12/31/24	PRUDENTIAL GUARANTEED DEPOSIT ACCT CUSIP: 400990AB3	4,285,495.36	4,285,495.36 1.0000	65.4	0.00	0.0	0
TOTAL TAXABLE FIXED INCOME FUNDS		4,285,495.36	4,285,495.36	65.4	0.00	0.0	0
TOTAL FIXED INCOME		4,285,495.36	4,285,495.36	65.4	0.00	0.0	0
OTHER ASSETS							
OTHER ASSETS							
1,673.865 12/31/24	ASB REAL ESTATE INVESTMENT CUSIP: 99Y799EF4	2,161,544.43	2,098,908.91 1253.9296	32.0	0.00	0.0	0
TOTAL OTHER ASSETS		2,161,544.43	2,098,908.91	32.0	0.00	0.0	0
TOTAL OTHER ASSETS		2,161,544.43	2,098,908.91	32.0	0.00	0.0	0
TOTAL INVESTMENT PORTFOLIO		6,612,879.94	6,550,244.42	100.0	611.94	0.1	7,115
ENDING ACCRUAL FOR PERIOD			611.94				
TOTAL VALUE			6,550,856.36				

PLUMBERS &
STEAMFITTERS LOCAL 81
INSURANCE FUND

For the Year Ended
December 31, 2024

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULES

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

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D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

To the Board of Trustees of
Plumbers & Steamfitters Local 81 Insurance Fund

Opinion

We have audited the accompanying financial statements of Plumbers & Steamfitters Local 81 Insurance Fund an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly in all material respects, the net assets available for benefits and benefit obligations of Plumbers & Steamfitters Local 81 Insurance Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Plumbers & Steamfitters Local 81 Insurance Fund 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.

Emphasis of a Matter - Merger

As discussed in Note 13 to the financial statements, effective January 1, 2024 the Local 73 Health and Welfare Fund was merged into the Plumbers & Steamfitters Local 81 Insurance Fund and the transferred net assets have been recognized in the accounts of the Plumbers & Steamfitters Local 81 Insurance Fund. Our opinion is not modified with respect to this matter.

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 Plumbers & Steamfitters Local 81 Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Plumbers & Steamfitters Local 81 Insurance Fund'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 Plumbers & Steamfitters Local 81 Insurance Fund'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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of insurance premiums and self-insured claims and schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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.

D'Arcangelo & Co., LLP

October 13, 2025

Utica, New York

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at Fair Value		
Invested Cash	\$ 4,666,181	\$ 2,595,591
Corporate Equity Securities	9,903,439	7,266,434
Mutual Funds	19,695,379	19,547,286
Collective Trusts	7,218,766	2,490,683
Stable Value Fund	<u>4,285,495</u>	<u>1,690,399</u>
Total Investments at Fair Value	<u>45,769,260</u>	<u>33,590,393</u>
Receivables		
Employers' Contributions	1,538,719	1,775,573
Stop-Loss	37,735	100,457
Other Receivables	9,635	9,847
Accrued Interest and Dividends	3,308	6,568
Due from Affiliated Funds	<u>98,735</u>	<u>27,787</u>
Total Receivables	<u>1,688,132</u>	<u>1,920,232</u>
Other Assets		
Uninvested Cash	1,432,999	1,372,108
Prepaid Expenses	25,524	22,221
Property - Net of Accumulated Depreciation	<u>23,453</u>	<u>916</u>
Total Other Assets	<u>1,481,976</u>	<u>1,395,245</u>
Total Assets	<u>48,939,368</u>	<u>36,905,870</u>
Liabilities		
Accounts Payable	168,876	142,575
Reciprocity Payable	211,875	149,750
Due to Affiliated Fund	<u>15,255</u>	<u>45,709</u>
Total Liabilities	<u>396,006</u>	<u>338,034</u>
Net Assets Available for Benefits	<u>\$ 48,543,362</u>	<u>\$ 36,567,836</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 1,086,712	\$ 1,347,561
Interest and Dividends	<u>1,325,011</u>	<u>923,289</u>
Total Investment Income	2,411,723	2,270,850
Investment Expenses	<u>(111,028)</u>	<u>(79,641)</u>
Net Investment Income	2,300,695	2,191,209
Employers' Contributions	14,619,863	10,886,309
Participant Contributions	188,177	141,001
Madoff Related Recoveries	<u>15,143</u>	<u>12,520</u>
Total Additions	<u>17,123,878</u>	<u>13,231,039</u>
Deductions		
Benefits Paid		
Insurance Premiums	910,093	712,447
Self-Insured Claims	<u>11,963,056</u>	<u>9,269,454</u>
Total Benefits Paid	12,873,149	9,981,901
Administrative Expenses	<u>932,383</u>	<u>635,707</u>
Total Deductions	<u>13,805,532</u>	<u>10,617,608</u>
Net Increase	3,318,346	2,613,431
Transfer in From Plan Merger	8,657,180	0
Net Assets Available for Benefits, Beginning of Year	<u>36,567,836</u>	<u>33,954,405</u>
Net Assets Available for Benefits, End of Year	<u>\$ 48,543,362</u>	<u>\$ 36,567,836</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

STATEMENTS OF BENEFIT OBLIGATIONS

December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Health Claims Payable and Claims Incurred But Not Reported	<u>\$ 1,029,256</u>	<u>\$ 685,411</u>
Accumulated Eligibility Credits	<u>27,849,707</u>	<u>18,419,286</u>
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Retired Participants	1,030,000	150,000
Participants Not Yet Eligible	<u>10,300,000</u>	<u>7,980,000</u>
Total	<u>11,330,000</u>	<u>8,130,000</u>
Total Benefit Obligations	<u>\$ 40,208,963</u>	<u>\$ 27,234,697</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable		
Balance at Beginning of Year	\$ 685,411	\$ 973,988
Claims Reported and Approved for Payment	12,306,901	8,980,877
Claims Paid	<u>(11,963,056)</u>	<u>(9,269,454)</u>
Balance at End of Year	<u>1,029,256</u>	<u>685,411</u>
Accumulated Eligibility Credits		
Balance at Beginning of Year	18,419,286	17,646,778
Net Increase	<u>9,430,421</u>	<u>772,508</u>
Balance at End of Year	<u>27,849,707</u>	<u>18,419,286</u>
Postretirement Benefit Obligations, Net of Amounts		
Currently Payable		
Balance at Beginning of Year	8,130,000	13,570,000
Increase (Decrease) in Benefits Earned Net of Benefits Paid	59,900	(5,460,100)
Increase for Changes in Actuarial Assumptions	20,100	20,100
Increase for Plan Changes	<u>3,120,000</u>	<u>0</u>
Balance at End of Year	<u>11,330,000</u>	<u>8,130,000</u>
Total Benefit Obligations at the End of the Year	<u>\$ 40,208,963</u>	<u>\$ 27,234,697</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

The Plumbers & Steamfitters Local 81 Insurance Fund (the Fund) is a multi-employer, collectively bargained health and welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Its purpose is to provide various benefits to members whose employers are subject to union agreements requiring contributions to the Fund. The Fund office is located in Syracuse, New York. Contributing employers primarily represent plumbers and steamfitters in central New York State. Approximately 33 percent of employer contributions are derived from the Fund's three largest employers.

Basis of Accounting

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

Contributions Receivable

Contributions receivable from participating employers are valued at cost and are accrued based upon reports received subsequent to the year end, which include contributions due in the current year. Contributions receivable are considered fully collectible at year end, and no allowance for uncollectible accounts has been recorded.

Basis of Presentation

The Fund follows Financial Accounting Standards Board authoritative literature on Accounting and Reporting by Health and Welfare Benefit Plans for reporting purposes. The provisions require that the Fund include all claims related liabilities in a statement of benefit obligations at year end and changes in benefit obligations for the year then ended.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Property

Property consisting of office furniture, equipment, and leasehold improvements is recorded at cost. Depreciation is determined using the straight-line method over estimated useful lives of the assets ranging from 5 to 40 years. The policy is to capitalize and depreciate assets costing \$500 or more. Depreciation expense totaled \$4,360 and \$224 for the years ending December 31, 2024 and 2023, respectively.

Investment Valuation and Income Recognition

Investments are recorded 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. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the statements of changes in net assets available for benefits includes the Fund's gains and losses on investments bought and sold as well as held during the year.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan Benefit Obligations

Plan benefit obligations at December 31, 2024 and 2023, for health claims payable and incurred but not reported, accumulated eligibility credits, and postretirement obligations have been estimated based on the current benefit experience of the Plan. Such estimated amounts are reported in the accompanying statements of benefit obligations.

Benefit obligations for incurred but not reported claims are estimates based upon tracking actual payments made subsequent to year end, which were incurred in the current year. Benefit obligations for accumulated eligibility credits include the sum of all Personal Account balances and credit for the portion of premiums deducted from these accounts in advance of the eligibility period.

Leases

The lease of the Fund Office is from a related party with no stated term. The Fund does not include short term leases within the statements of net assets available for benefits since it has elected the practical expedient to not include these leases within the operating right of use asset and lease liabilities.

NOTE 2 DESCRIPTION OF PLAN

The following brief description of the Plumbers & Steamfitters Local 81 Insurance Fund provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a self-insured health and welfare benefit plan employing third-party administrators for the processing of medical, hospital, dental, and prescription drug claims. In addition, the Plan obtains stop loss insurance coverage for claims in excess of deductible amounts. The Plan also obtains insurance through insurance companies for life insurance and accidental death and dismemberment.

Participant Accounts

Each participant also has an individual account to which all employer contributions on behalf of the participant and certain benefit distributions are recorded. Participant contributions accumulate and are used to pay the quarterly premium for insurance fund benefits.

Eligibility

Eligibility for benefits is based on covered employment. Bargaining unit employees who are employed by contributing employers, shall be covered quarterly, as determined by having sufficient credited dollars from the individual accounts to make the required quarterly premium. Participants may self pay up to two consecutive quarters to the fund if they have insufficient funds in their individual account. Premiums are deducted on the first day of each quarter.

Benefits

Under the Plan, eligible participants and their dependents are provided with certain hospital, surgical, major medical, preventative care, dental, and prescription drug benefits. The Plan also provides eligible participants with life, accidental death and dismemberment, and disability benefits. Members should refer to the Plan Document for specific coverage and eligibility requirements.

In addition, participants may use their participant accounts to pay certain out-of-pocket medical costs. Use of the participant account for this purpose is allowable only for monies in excess of a \$6,000 reserve in the account.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 2 DESCRIPTION OF PLAN (Continued)

Funding Policy

The Plan is funded by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The contributions are allocated to the individual accounts on a dollar basis.

<u>Contract Period</u>	<u>Zone</u>	<u>Per Hour Rate</u>
5/1/2022 – 4/30/2023	South – Syracuse/Ithaca	\$10.90
	North 1 – Jefferson/St. Lawrence	\$6.25
	North 2 – Oswego/Cayuga	\$6.25
5/1/2023 – 4/30/2024	South – Syracuse/Ithaca	\$10.90
	North 1 – Jefferson/St. Lawrence	\$7.75
	North 2 – Oswego/Cayuga	\$7.75
5/1/2024 – 4/30/2025	South – Syracuse/Ithaca	\$11.00
	North 1 – Jefferson/St. Lawrence	\$8.50
	North 2 – Oswego/Cayuga	\$8.50

The established contribution rates are anticipated to be sufficient to maintain the benefits provided by the Plan.

The Plumbers & Steamfitters Local 81 Collective Bargaining Agreement utilize for the Northern Zones a tier rate system based on balances in a participant's personal account on January 1st and July 1st each year. The tier rate system is as follows:

- Tier 1 – 50% of the Annuity Fund's rate is directed to the Health Fund personal accounts for Northern Zones participants. This tier applies to participants who have less than 9 months in reserve of health premiums built up in their personal accounts at the elected single or family premium rates in effect.
- Tier 2 – 100% of the Annuity Fund's rate goes into the Annuity Fund and 100% of the Health Fund's rate goes into the Health Fund. This tier applies to participants who have at least 9 months, but less than 24 months in reserve of health premiums built up in their personal accounts at the elected single or family premium rates in effect.
- Tier 3 – 35% of the Health Fund's rate is directed into the Annuity Fund. This tier applies to participants who have at least 24 months, but less than 48 months in reserve of health premiums built up in their personal accounts at the elected single or family premium rates in effect.
- Tier 4 – 80% of the Health Fund's rate is directed into the Annuity Fund. This tier applies to participants who have at least a 48 month reserve of health premiums built up in their personal accounts at the elected single or family rates in effect.

Priorities on Termination of Plan

In the event of termination of the Plan, the assets remaining in the Fund will be used to pay necessary administrative costs and remaining benefits, until all assets are depleted. If all assets are expended, no further benefits would be provided by the Fund. Upon termination of this Plan, participants and beneficiaries will have no further rights or vested interests in the Plan.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.

Level 2: Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in active markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Invested Cash and Money Market Accounts: Valued at cost which approximates fair value.

Corporate Equity Securities: Valued at the closing price reported in the active market in which the individual security is traded.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trusts: The Fund's investment in these collective trusts is valued at the net asset value of units of participation held by the Fund at year end based on the collective trust's underlying assets.

Stable Value Fund: The Stable Value Fund is an interest rate based fund. The Fund is valued by the sponsoring insurance company and establishes fair value by applying the stated contractual interest rate against the balance.

All assets have been valued using a market approach, except for the Realty Collective Trust as described above.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Fund 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.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Fund's assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

		2024			
		Fair Value Measurements at Reporting Date Using the Above Criteria			
Investments	Total	(Level 1)	(Level 2)	(Level 3)	
Invested Cash	\$ 4,666,181	\$ 4,666,181	\$ 0	\$ 0	
Corporate Equity Securities	9,903,439	9,903,439	0	0	
Mutual Funds	19,695,379	19,695,379	0	0	
Collective Trusts (a)	7,218,766	0	0	0	
Stable Value Fund	4,285,495	4,285,495	0	0	
Total	\$ 45,769,260	\$ 38,550,494	\$ 0	\$ 0	

		2023			
		Fair Value Measurements at Reporting Date Using the Above Criteria			
Investments	Total	(Level 1)	(Level 2)	(Level 3)	
Invested Cash	\$ 2,595,591	\$ 2,595,591	\$ 0	\$ 0	
Corporate Equity Securities	7,266,434	7,266,434	0	0	
Mutual Funds	19,547,286	19,547,286	0	0	
Collective Trusts (a)	2,490,683	0	0	0	
Stable Value Fund	1,690,399	1,690,399	0	0	
Total	\$ 33,590,393	\$ 31,099,710	\$ 0	\$ 0	

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of the net assets available for benefits.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2024 and 2023:

	Fair Value		Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023			
ASB Allegiance					
Real Estate Fund	\$ 2,098,909	\$ 2,490,683	\$ 0	As Requested	60 days
Ullico Infrastructure				Initial 4 Year	
Tax Exempt Fund	\$ 5,119,857	\$ 0	\$ 0	Restriction	45 days

The investment strategy of the ASB Allegiance Real Estate Fund is to prioritize long-term growth in net operating income by targeting superior submarkets within major metropolitan areas demonstrating high tenant demand. The strategy includes investing in mixed-use real estate including office, residential, retail, and industrial real estate.

The investment strategy of the Ullico Infrastructure Tax-Exempt Fund makes investments in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. Certain investments are made through a U.S. blocker corporation established to reduce the recognition of UBTI as defined by IRS Section 512. The Master Fund seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility. There is no assurance that the Fund will achieve its investment objective.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

The Fund has investment advisory agreements with Manning & Napier Advisors, Inc. and Segal Marco Advisors. Investments covered under the agreement are held in various custodial accounts as outlined below.

NOTE 4 INVESTMENTS

The Fund has an investment advisory agreement with Segal Marco Advisors. A summary of investments held at December 31, 2024 and 2023, is as follows:

	2024	2023
Key Bank Money Market Fund	\$ 4,197,368	\$ 2,060,701
Wilmington Trust	15,391,542	11,537,549
Baird Funds	18,961,584	17,501,460
ASB Allegiance Real Estate Fund	2,098,909	2,490,683
Ullico	5,119,857	0
Total Investments at Fair Value	<u>\$ 45,769,260</u>	<u>\$ 33,590,393</u>

On December 11, 2008, Bernard L. Madoff, an investment manager, was charged with criminal and civil securities fraud including investment advisor fraud, money laundering, filing false statements, and theft. On March 12, 2009, Bernard Madoff admitted to eleven felony counts which stem from a Ponzi scheme developed by Bernard Madoff utilizing client assets held at Bernard L. Madoff Securities LLC (Madoff). As a result, the Fund suffered significant losses in its investments held directly at Madoff, as well as Beacon Associates LLC II (Beacon) which indirectly owned assets held at Madoff. Investments held directly at Madoff were written down to zero value for all periods presented. Investments held indirectly with Beacon were revalued based upon estimates provided by Beacon Andover Group.

As of December 31, 2024, the Fund has received a total cumulative amount of \$1,671,696 in distributions out of their Madoff direct approved claim of \$2,350,000 from the Madoff Bankruptcy Trustee Settlement.

The Fund received and recognized Madoff related recoveries during the years ended December 31, 2024 and 2023 as follows:

	2024	2023
Madoff Bankruptcy Trustee Settlements	\$ 9,635	\$ 9,846
Beacon Fund Distributions	5,508	2,674
Total Madoff Related Recoveries	<u>\$ 15,143</u>	<u>\$ 12,520</u>

NOTE 5 PROPERTY

Total property cost and accumulated depreciation at December 31, 2024 and 2023, were as follows:

	2024	2023
Furniture and Equipment	\$ 144,014	\$ 102,655
Leasehold Improvements	17,486	17,486
Total Property	161,500	120,141
Less: Accumulated Depreciation	(138,047)	(119,225)
Net Property	<u>\$ 23,453</u>	<u>\$ 916</u>

NOTE 6 RELATED-PARTY TRANSACTIONS

The Fund has common trustees and members and shares certain administrative costs with Plumbers & Steamfitters Local 267 Pension Fund (Pension Fund) and Plumbers & Steamfitters Local 81 Annuity Fund (Annuity Fund). The Insurance Fund acts as common paymaster and bills the Pension and Annuity Funds for personnel costs.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 6 RELATED-PARTY TRANSACTIONS (Continued)

The allocation of these costs is based upon actual time spent for each employee and is summarized as follows:

	2024	2023
Insurance Fund	\$ 282,214	\$ 160,715
Pension Fund	189,042	159,606
Local 73 Retirement Fund	81,963	0
Annuity Fund	72,608	32,878
Total	\$ 625,827	\$ 353,199

At December 31, 2023, the Fund was owed \$17,859 from the Pension Fund and \$9,928 from the Annuity Fund for reimbursement of these personnel costs and administrative expenses.

At December 31, 2024, the Fund was owed \$78,037 from the Pension Fund and \$20,698 from the Annuity Fund for reimbursement of these personnel costs and administrative expenses.

At December 31, 2023, the Fund owed \$433 to the Pension Fund and \$45,276 to the Annuity Fund for overpayment of these personnel costs that occurred during the plan year.

At December 31, 2024, the Fund owed \$15,255 to the Annuity Fund for overpayment of these personnel costs that occurred during the plan year.

The Fund has common trustees and members who share certain administrative costs with Local 73 Health and Welfare Fund. The Local 73 Health and Welfare Fund acts as a common paymaster, and bills for any related funds for shared personnel costs and related expenses. The Fund reimbursed Local 73 Health and Welfare Fund for these costs \$0 and \$57,419 for the years ended December 31, 2024 and 2023, respectively.

In October 2016, the 107 Twin Oaks Drive building was purchased by the Plumbers and Steamfitters Local 267 Pension Fund. In November 2016, the Fund entered into a five-year term lease agreement and began paying rent for use of office space in the building to the Pension Fund in the amount of \$596 on a monthly basis. Total rent paid by the Insurance Fund to the Pension Fund was \$7,874 and \$7,152 for the years ended December 31, 2024 and 2023, respectively. The lease term expired in October 2021 but continues on a month to month basis.

The Fund has a common checking account in which employer contributions covering all benefit funds are deposited, and subsequently distributed to the appropriate benefit funds. At December 31, 2024 and 2023, all amounts had been transferred to the appropriate funds, and there were no amounts owed to the other funds.

NOTE 7 PENSION PLANS

The Fund contributes to a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its employees. The risks of participating in multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Fund chooses to stop participating in its multiemployer plan, the Fund may be required to pay that plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 7 PENSION PLANS (Continued)

The Fund's participation in this multiemployer defined benefit pension plan for the years ended December 31, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Fund received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

Pension Fund	EIN/Pension Plan Number	Protection Act Zone Status		FIP/RP Status Pending/Implemented	Contributions		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2024	2023		2024	2023		
Plumbers and Steamfitters Local 267 Pension Fund	15-0347955/001	Green	Green	Yes	\$ 42,723	\$ 49,707	No	5/1/2025
Local 73 Retirement Fund	16-1103194/002	Red	Red	Implemented	\$ 63,274	\$ 0	No	5/1/2025

The Fund also contributes to a noncontributory defined contribution plan (Plumbers and Steamfitters Local 81 Annuity Fund), which also covers specific full-time employees of the Fund. The funding of this multi-employer plan is based on an hourly rate for all hours worked. Contributions to this plan were \$25,584 and \$17,424 in 2024 and 2023, respectively.

NOTE 8 TAX STATUS

The Plan obtained a determination letter, dated September 1, 1985, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 9 PARTY IN INTEREST

A party-in-interest is defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan or an employer whose employees are covered by the Plan. The Plan pays expenses related to Plan operations and investment activity to various service providers. Therefore, payments to such service providers by the Plan qualify as party-in-interest transactions.

Certain Plan investments are in Manning & Napier mutual funds. Manning & Napier Advisors, Inc. is an investment advisor to the Plan and as such, is a party in interest. Investments in Manning & Napier mutual funds represented approximately 2% of the Plan's net assets available for benefits at both December 31, 2024 and 2023.

NOTE 10 CONCENTRATIONS OF CREDIT RISK

Contributions Receivable - Contributing employers primarily represent plumbers and steamfitters in central New York State. Contributions are pursuant to collective bargaining agreements, and no collateral is required. However, in most situations a bond must be posted as stipulated in the collective bargaining agreement.

Investments - The Fund may invest in various types of investment securities. Investment securities are exposed to various market risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 10 CONCENTRATIONS OF CREDIT RISK (Continued)

Benefit Obligations – The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023.

	2024	2023
Net Assets Available for Benefits Per the Financial Statements	\$ 48,543,362	\$ 36,567,836
Health Claims Payable and Claims Incurred But Not Reported	(1,029,256)	(685,411)
Net Assets Available for Benefits Per the Form 5500	\$ 47,514,106	\$ 35,882,425

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

	2024	2023
Benefits Paid to Participants Per the Financial Statements	\$ 12,873,149	\$ 9,981,901
Increase (Decrease) in Benefits Payable	343,845	(288,577)
Benefits Paid to Participants Per the Form 5500	\$ 13,216,994	\$ 9,693,324

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

NOTE 12 BENEFIT OBLIGATIONS

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to retired participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from retired participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets.

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

For measurement purposes, an 7% annual rate of increase followed by 6.6%, 6.2%, 5.8%, 5.4% for the next four years and an ultimate trend rate (after five years) of 5.0% in the per capita cost of covered health care benefits was assumed for December 31, 2024 and 2023.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 12 BENEFIT OBLIGATIONS (Continued)

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

	2024	2023
Weighted-Average Discount Rate	7.00%	7.00%
Average Retirement Age	59.50	59.50
Mortality	RP-2014 Mortality Table	RP-2014 Mortality Table

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the preceding tables. If the assumed rates increased by one percentage point in each year, it would decrease the obligation by \$883,740 and \$650,400 as of December 31, 2024 and 2023, respectively.

Other Plan Obligations

Plan obligations at December 31 for health claims incurred by active participants, but not reported at that date, and for accumulated eligibility of participants are estimated based upon the current benefit experience of the Fund. Such estimated amounts are reported in the Plan's benefit obligations. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

NOTE 13 MERGER

The Fund, formerly named Plumbers & Steamfitters Local 267 Insurance Fund, merged with Local 73 Health and Welfare Fund located in Oswego, New York effective January 1, 2024 and the Fund was renamed Plumbers & Steamfitters Local 81 Insurance Fund. The merger is a result of the former Plumbers and Steamfitters Local Union No. 267 and Local Union No. 73 merging to form UA Local 81 on August 1, 2020. A summary of net assets transferred at close of business on December 31, 2023 is as follows:

Investments, at Fair Value	\$ 7,867,751
Employer's Contributions Receivables	454,295
Other Receivables	108,408
Due from Affiliated Funds	21,810
Office Equipment, Net	26,897
Cash	285,008
Accounts Payable and Accrued Expenses	(99,024)
Reciprocals Payable	(7,592)
Due to Affiliated Funds	(373)
Total Net Assets Transferred	<u>\$ 8,657,180</u>

NOTE 14 SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued.

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

SCHEDULES OF INSURANCE PREMIUMS AND SELF-INSURED CLAIMS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Insurance Premiums		
Accidental Death and Dismemberment	\$ 18,286	\$ 14,848
Life Insurance	200,009	182,975
Stop-Loss Premiums	<u>691,798</u>	<u>514,624</u>
Total Insurance Premiums	<u>\$ 910,093</u>	<u>\$ 712,447</u>
Self-Insured Claims		
Major Medical	\$ 5,932,912	\$ 3,810,531
Hospital - Inpatient	2,444,915	1,305,023
Hospital - Outpatient	1,893,031	1,830,382
Dental	308,684	307,315
Personal Account Distributions	1,282,712	879,338
Telemedicine	37,342	30,476
Prescription Drugs	1,263,577	1,345,524
Stop-Loss Insurance Reimbursements	(1,178,700)	(248,144)
UMR Reimbursements	(23,229)	(3,223)
Disability	<u>1,812</u>	<u>12,232</u>
Total Self-Insured Claims	<u>\$ 11,963,056</u>	<u>\$ 9,269,454</u>

See Independent Auditor's Report

PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administrative Expenses		
UMR Administration Fees	\$ 257,057	\$ 224,260
Prescription Drug Administration Fees	63,454	47,994
ACA Reinsurance Fees	2,148	0
Salaries and Wages	368,660	206,493
Payroll Taxes	45,714	26,819
Employee Benefits	211,453	119,887
Administrative Reimbursement - Local 73 Health Fund	0	57,419
Actuarial Fees	4,000	4,000
Investment Consulting Fees	17,623	9,750
Legal Fees	44,563	33,533
Audit and Accounting Fees	27,000	20,500
Payroll Audit Fees	48,257	13,334
Other Consulting Fees	9,735	15,750
Rent and Occupancy Costs	7,874	7,152
Computer Consulting and Expenses	50,240	47,103
Insurance	19,995	12,334
Office Supplies and Expense	24,230	11,969
Postage	6,239	1,515
Trustee Meetings and Conferences	9,645	1,459
Membership Dues	750	2,258
Depreciation	<u>4,360</u>	<u>224</u>
Total Administrative Expenses	1,222,997	863,753
Less: Reimbursed Personnel Costs	<u>(290,614)</u>	<u>(228,046)</u>
Net Administrative Expenses	<u>\$ 932,383</u>	<u>\$ 635,707</u>

See Independent Auditor's Report

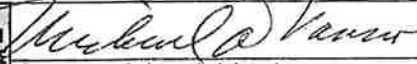
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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. 1510-0110 1510-0089 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.)
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 PLUMBERS & STEAMFITTERS LOCAL 81 INSURANCE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 06/28/1954
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)
2b	Employer Identification Number (EIN) 15-6025166
2c	Plan Sponsor's telephone number
2d	Business code (see instructions) 238220
107 TWIN OAKS DRIVE SYRACUSE NY 13206	

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

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

SIGN HERE		10/10/2025	MICHAEL D. NANNO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/2025	GREGORY R. LANCETTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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:**4b** EIN
15-6025166**4d** PN
501**a** Sponsor's name **TRUSTEES OF PLUMBERS & STEAMFITTERS****c** Plan Name **PLUMBERS & STEAMFITTERS LOCAL 267 INSURANCE FUND****5** Total number of participants at the beginning of the plan year**5** 1186**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**6a(1)** 1186**a(2)** Total number of active participants at the end of the plan year**6a(2)** 1191**b** Retired or separated participants receiving benefits**6b** 140**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 1331**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f****g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)**6g(1)****(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 72**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**4A 4B 4D 4F 4L****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

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 5
- (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 _____

PLUMBERS AND STEAMFITTERS LOCAL 81 INSURANCE FUND
SUPPLEMENTAL INFORMATION EIN: 15-6025166 PLAN NUMBER: 501
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity incase of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
M&T Account #1042000	See Attached Schedule							C
M&T Account #1045621	See Attached Schedule							D
Ullico Infrastructure Tax-Exempt Fund LP	Limited Partnership	5,000,000	-	-	-	5,000,000	5,000,000	-
Baird Core Plus Bond-Institutional	Mutual Fund	4,500,000	-	-	-	4,500,000	4,500,000	-
Baird Core Plus Bond-Institutional	Mutual Fund	-	5,000,000	-	-	5,000,000	5,000,000	-



WILMINGTON
TRUST

Attachment C



1042000 - PLUMBERS & STEAM 267-HLTH INS-M&N

January 01, 2024 through December 31, 2024

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
	BEGINNING MARKET VALUE	8,467,854.37					
	COMPARATIVE VALUE (5%)	423,392.72					
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
1042000	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 06/21/24 B	1,179,000	1.000	0	1,179,000.4	1,179,000	
1042000	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 06/24/24 S	1,070,852	1.000	0	1,070,852 *	1,070,852	0
GRAND TOTAL				0	2,249,852	2,249,852	0



WILMINGTON
TRUST

1042000 - PLUMBERS & STEAM 267-HLTH INS-M&N

January 01, 2024 through December 31, 2024 Page 191 of 239

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 444859102 - HUMANA INC COM 01/10/24 B	92	457.799	2	42,120-	42,120	
1042000	ISSUE: 444859102 - HUMANA INC COM 01/30/24 B	76	369.898	2	28,114-	28,114	
1042000	ISSUE: 794661302 - SALESFORCE INC 02/02/24 S	85	287.461	2	24,432	22,367	2,065
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/07/24 S	48	54.756	1	2,627	2,987	-360
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/09/24 S	25	51.834	1	1,295	1,556	-260
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/12/24 S	138	53.533	4	7,384	8,587	-1,203
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/13/24 S	7	52.317	0	366	436	-70
1042000	ISSUE: 12503M108 - CBOE GLOBAL MARKETS INC 03/01/24 S	101	188.082	3	18,994	18,035	959
1042000	ISSUE: 12503M108 - CBOE GLOBAL MARKETS INC 03/04/24 S	143	189.261	4	27,060	25,534	1,526
1042000	ISSUE: 775711104 - ROLLINS INCORPORATED 04/10/24 B	738	45.208	18	33,382-	33,382	
1042000	ISSUE: 775711104 - ROLLINS INCORPORATED 04/11/24 B	215	44.871	5	9,653-	9,653	

continued

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

BROKER: GOLDMAN SACHS & CO.



WILMINGTON TRUST

1042000 - PLUMBERS & STEAM 267-HLTH INS-M&N

January 01, 2024 through December 31, 2024 Page 192 of 239

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 09061G101 - BIOMARIN PHARMACEUTICAL INC 05/14/24 S	287	79.848	7	22,909	27,673	-4,764
1042000	ISSUE: 66987V109 - NOVARTIS AG ADR 05/22/24 S	44	101.949	1	4,485	4,443	42
1042000	ISSUE: 771195104 - ROCHE HLDG LTD SPONSORED ADR 05/22/24 B	340	31.700	9	10,786-	10,786	
1042000	ISSUE: 771195104 - ROCHE HLDG LTD SPONSORED ADR 05/23/24 B	453	31.843	11	14,436-	14,436	
1042000	ISSUE: 771195104 - ROCHE HLDG LTD SPONSORED ADR 05/24/24 B	3,401	31.660	85	107,761-	107,761	
1042000	ISSUE: 294148104 - EPAM SYSTEMS INC 06/21/24 B	14	184.698	0	2,586-	2,586	
1042000	ISSUE: 285512109 - ELECTRONICS ARTS COM 08/09/24 S	364	146.430	11	53,290	49,919	3,371
1042000	ISSUE: 641069406 - NESTLE SA SPONSORED ADR 08/09/24 S	102	102.922	3	10,495	11,608	-1,113
1042000	ISSUE: 89400J107 - TRANSUNION 08/12/24 B	188	84.751	5	15,938-	15,938	
1042000	ISSUE: 89400J107 - TRANSUNION 08/13/24 B	246	87.680	6	21,575-	21,575	
1042000	ISSUE: 89400J107 - TRANSUNION 08/14/24 B	366	90.581	9	33,162-	33,162	
1042000	ISSUE: 89400J107 - TRANSUNION 08/15/24 B	297	92.774	7	27,561-	27,561	
1042000	ISSUE: 89400J107 - TRANSUNION 08/16/24 B	84	93.233	2	7,834-	7,834	

continued



WILMINGTON TRUST

1042000 - PLUMBERS & STEAM 267-HLTH INS-M&N

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 256746108 - DOLLAR TREE INC 09/19/24 S	522	74.189	14	38,713	55,962	-17,250
1042000	ISSUE: 718172109 - PHILIP MORRIS INTL INC 09/19/24 S	570	119.834	16	68,289	51,088	17,201
1042000	ISSUE: 718172109 - PHILIP MORRIS INTL INC 09/20/24 S	433	119.894	12	51,902	38,809	13,093
1042000	ISSUE: 012653101 - ALBEMARLE CORP COM 10/31/24 B	408	94.626	10	38,617	38,617	
1042000	ISSUE: 461202103 - INTUIT INC COM 11/08/24 S	164	683.240	7	112,044	102,556	9,488
1042000	ISSUE: 81762P102 - SERVICENOW INC 11/08/24 S	59	1,014.507	3	59,853	42,259	17,594
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/18/24 B	55	38.613	1	2,125	2,125	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/20/24 B	151	38.470	4	5,813	5,813	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/22/24 B	263	38.191	7	10,051	10,051	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/25/24 B	32	38.663	1	1,238	1,238	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/26/24 B	299	38.098	7	11,399	11,399	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/27/24 B	84	38.160	2	3,208	3,208	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/29/24 B	3	37.779	0	113	113	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
				282	931,610	891,291	40,321
	SUB-TOTAL						
	BROKER: BOFA SECURITIES, INC.						
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/09/24 S	572	51.437	15	29,407	35,593	-6,185
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/12/24 S	418	53.471	11	22,340	26,010	-3,670
1042000	ISSUE: 422806208 - HEICO CORPORATION - CLASS A 04/10/24 B	110	153.986	3	16,941	16,941	
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 04/10/24 B	33	230.157	1	7,596	7,596	
1042000	ISSUE: 422806208 - HEICO CORPORATION - CLASS A 04/11/24 B	86	155.927	2	13,412	13,412	
1042000	ISSUE: 422806208 - HEICO CORPORATION - CLASS A 04/12/24 B	96	156.423	2	15,019	15,019	
1042000	ISSUE: 81762P102 - SERVICENOW INC 05/13/24 B	63	727.017	2	45,804	45,804	
1042000	ISSUE: 09247X101 - BLACKROCK INC 05/14/24 B	77	799.632	2	61,574	61,574	
1042000	ISSUE: 09247X101 - BLACKROCK INC 05/15/24 B	5	813.579	0	4,068	4,068	
1042000	ISSUE: 874039100 - TAIWAN SEMICONDUCTOR SPON ADR 06/12/24 S	75	172.841	2	12,961	7,800	5,161
1042000	ISSUE: 952845105 - WEST FRASER TIMBER CO LTD 06/18/24 B	398	77.885	10	31,008	31,008	

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1042000	ISSUE: 952845105 - WEST FRASER TIMBER CO LTD 06/20/24 B	175	77.840	4	13,626-	13,626	
1042000	ISSUE: 02079K305 - ALPHABET INC CL A 06/21/24 B	201	179.870	3	36,157-	36,157	
1042000	ISSUE: 037833100 - APPLE INC 06/21/24 B	77	210.810	1	16,234-	16,234	
1042000	ISSUE: 049468101 - ATLIASSIAN CORPORATION CL A 06/21/24 B	175	162.031	3	28,358-	28,358	
1042000	ISSUE: 09247X101 - BLACKROCK INC 06/21/24 B	18	788.674	0	14,196-	14,196	
1042000	ISSUE: 126408103 - CSX CORP COMMON 06/21/24 B	727	33.410	11	24,300-	24,300	
1042000	ISSUE: 136375102 - CANADIAN NATIONAL RAILWAY COMPANY 06/21/24 B	195	116.765	3	22,772+	22,772	
1042000	ISSUE: 191216100 - COCA COLA CO COM 06/21/24 B	424	62.805	6	26,636-	26,636	
1042000	ISSUE: 21036P108 - CONSTELLATION BRANDS INC CL A 06/21/24 B	80	263.110	1	21,050-	21,050	
1042000	ISSUE: 217204106 - COPART INC 06/21/24 B	276	54.250	4	14,977+	14,977	
1042000	ISSUE: 285512109 - ELECTRONICS ARTS COM 06/21/24 B	310	138.577	5	42,963-	42,963	
1042000	ISSUE: 294148104 - EPAM SYSTEMS INC 06/21/24 B	99	184.676	2	18,285-	18,285	
1042000	ISSUE: 30034W106 - EVERGY INC 06/21/24 B	502	52.828	8	26,527-	26,527	

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1042000	ISSUE: 30303M102 - META PLATFORMS, INC-A 06/21/24 B	101	494.577	2	49,954-	49,954	
1042000	ISSUE: 337738108 - FISERV INC 06/21/24 B	161	148.995	2	23,991-	23,991	
1042000	ISSUE: 40415F101 - HDFC BANK LIMITED - ADR 06/21/24 B	391	63.440	6	24,811-	24,811	
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 06/21/24 B	753	49.632	11	37,384-	37,384	
1042000	ISSUE: 444859102 - HUMANA INC COM 06/21/24 B	106	356.666	2	37,808-	37,808	
1042000	ISSUE: 45168D104 - IDEXX LABS COMMON 06/21/24 B	34	492.115	1	16,732-	16,732	
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 06/21/24 B	872	36.356	13	31,716-	31,716	
1042000	ISSUE: 45866F104 - INTERCONTINENTAL EXCHANGE, INC 06/21/24 B	184	137.225	3	25,252-	25,252	
1042000	ISSUE: 461202103 - INTUIT INC COM 06/21/24 B	23	627.244	0	14,427-	14,427	
1042000	ISSUE: 478160104 - JOHNSON & JOHNSON 06/21/24 B	185	148.910	3	27,551-	27,551	
1042000	ISSUE: 54338V101 - LONZA GROUP AG-UNSPONSORED ADR 06/21/24 B	296	53.365	4	15,800-	15,800	
1042000	ISSUE: 574599106 - MASCO CORP 06/21/24 B	406	67.210	6	27,293-	27,293	
1042000	ISSUE: 57636Q104 - MASTERCARD INC CL A 06/21/24 B	103	452.790	2	46,639-	46,639	

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1042000	ISSUE: 595112103 - MICRON TECHNOLOGY INC COM 06/21/24 B	199	139.480	3	27,760-	27,760	
1042000	ISSUE: 609207105 - MONDELEZ INTERNATIONAL INC 06/21/24 B	303	66.507	5	20,156-	20,156	
1042000	ISSUE: 641069406 - NESTLE SA SPONSORED ADR 06/21/24 B	249	104.845	4	26,110-	26,110	
1042000	ISSUE: 655844108 - NORFOLK SOUTHERN CORP 06/21/24 B	50	224.590	1	11,230-	11,230	
1042000	ISSUE: 666807102 - NORTHROP GRUMMAN CORP 06/21/24 B	45	432.450	1	19,461-	19,461	
1042000	ISSUE: 78409V104 - S&P GLOBAL INC 06/21/24 B	47	439.510	1	20,658-	20,658	
1042000	ISSUE: 79466L302 - SALESFORCE INC 06/21/24 B	198	244.530	3	48,420-	48,420	
1042000	ISSUE: 81762P102 - SERVICE NOW INC 06/21/24 B	35	745.000	1	26,076-	26,076	
1042000	ISSUE: 835699307 - SONY GROUP CORPORATION SPONS ADR 06/21/24 B	187	80.595	3	15,074-	15,074	
1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 06/21/24 B	179	58.978	3	10,560-	10,560	
1042000	ISSUE: 883556102 - THERMO FISHER SCIENTIFIC INC 06/21/24 B	72	565.020	1	40,683-	40,683	
1042000	ISSUE: 907818108 - UNION PACIFIC CORP COM 06/21/24 B	65	225.682	1	14,670-	14,670	
1042000	ISSUE: 91324P102 - UNITEDHEALTH GROUP INC 06/21/24 B	84	483.770	1	40,638-	40,638	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 92826C839 - VISA INC 06/21/24 B	108	275.625	2	29,769-	29,769	
1042000	ISSUE: 952845105 - WEST FRASER TIMBER CO LTD 06/21/24 B	45	77.766	1	3,501-	3,501	
1042000	ISSUE: 294148104 - EPAM SYSTEMS INC 06/24/24 B	158	184.828	4	29,207-	29,207	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/18/24 B	436	38.835	11	16,943-	16,943	
	SUB-TOTAL			202	1,346,485	1,351,180	-4,694

BROKER: MORGAN STANLEY & CO LLC

1042000	ISSUE: 45168D104 - IDEXX LABS COMMON 01/17/24 S	38	514.589	1	19,553	21,092	-1,539
1042000	ISSUE: 45168D104 - IDEXX LABS COMMON 01/18/24 S	11	519.899	0	5,719	6,106	-387
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/07/24 S	667	54.650	17	36,435	41,504	-5,070
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/08/24 S	279	52.604	7	14,669	17,361	-2,691
1042000	ISSUE: 037833100 - APPLE INC 05/07/24 B	728	184.300	18	134,189-	134,189	
1042000	ISSUE: 337738108 - FISERV INC 05/08/24 B	577	153.244	14	88,436-	88,436	
1042000	ISSUE: 55354G100 - MSCI INC - CL A 05/08/24 B	51	473.731	1	24,162-	24,162	

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1042000	ISSUE: 337738108 - FISERV INC 05/09/24 B	63	153.611	2	9,679-	9,679	
1042000	ISSUE: 45866F104 - INTERCONTINENTAL EXCHANGE, INC 09/18/24 S	926	162.016	27	149,999	119,928	30,071
1042000	ISSUE: 023135106 - AMAZON.COM INC 09/19/24 B	582	190.407	15	110,831-	110,831	
1042000	ISSUE: 67066G104 - NVIDIA CORP COM 09/19/24 B	370	119.160	9	44,098-	44,098	
1042000	ISSUE: 444859102 - HUMANA INC COM 10/03/24 S	446	240.569	14	107,280	183,100	-75,821
1042000	ISSUE: 285512109 - ELECTRONICS ARTS COM 11/22/24 S	247	165.750	7	40,933	33,874	7,059
	SUB-TOTAL			132	785,983	834,360	-48,377

BROKER: BMO CAPITAL MARKETS CORP.

1042000	ISSUE: 30215C101 - EXPERIAN GROUP LTD-SPON ADR 01/23/24 B	148	40.919	4	6,060-	6,060	
1042000	ISSUE: 30215C101 - EXPERIAN GROUP LTD-SPON ADR 01/24/24 B	261	41.247	7	10,772-	10,772	
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/13/24 S	358	51.682	9	18,493	22,277	-3,783
1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 03/15/24 B	21	65.830	1	1,383-	1,383	
1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 03/18/24 B	52	65.782	1	3,422-	3,422	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 03/19/24 B	17	65.924	0	1,121-	1,121	
1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 03/20/24 B	26	65.450	1	1,702-	1,702	
1042000	ISSUE: 15117X105 - CELLNEX TELECOM UNSPONS ADR 05/07/24 S	282	17.679	7	4,978	5,538	-560
1042000	ISSUE: 15117X105 - CELLNEX TELECOM UNSPONS ADR 05/08/24 S	26	17.610	1	457	511	-53
1042000	ISSUE: 15117X105 - CELLNEX TELECOM UNSPONS ADR 05/09/24 S	691	17.807	17	12,287	13,571	-1,284
1042000	ISSUE: 29444U700 - EQUINIX INC REIT 05/09/24 S	9	779.247	0	7,013	7,313	-300
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 05/09/24 B	262	39.680	7	10,403-	10,403	
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 05/10/24 B	21	40.939	1	860-	860	
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 05/13/24 B	212	40.184	5	8,524-	8,524	
1042000	ISSUE: 09061G101 - BIOMARIN PHARMACEUTICAL INC 05/15/24 S	49	80.787	1	3,957	4,725	-767
1042000	ISSUE: 771195104 - ROCHE HLDG LTD SPONSORED ADR 05/21/24 B	226	32.389	6	7,325-	7,325	
1042000	ISSUE: 771195104 - ROCHE HLDG LTD SPONSORED ADR 05/22/24 B	255	31.764	6	8,106-	8,106	
1042000	ISSUE: 007192107 - ADMIRAL GROUP PLC UNSPONS ADR 07/22/24 S	14	33.811	0	473	476	-3

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1042000	ISSUE: 641069406 - NESTLE SA SPONSORED ADR 07/22/24 S	468	106.810	13	49,974	53,260	-3,286
1042000	ISSUE: 007192107 - ADMIRAL GROUP PLC UNSPONS ADR 07/23/24 S	168	33.890	4	5,689	5,710	-21
1042000	ISSUE: 007192107 - ADMIRAL GROUP PLC UNSPONS ADR 07/24/24 S	12	34.041	0	408	408	0
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 07/26/24 B	110	14.242	3	1,569	1,569	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 07/26/24 B	21	14.290	1	301	301	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 07/30/24 B	23	14.190	1	327	327	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 07/31/24 B	103	14.232	3	1,468	1,468	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 08/01/24 B	79	14.024	2	1,110	1,110	
1042000	ISSUE: 641069406 - NESTLE SA SPONSORED ADR 08/09/24 S	139	103.036	4	14,318	15,819	-1,501
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 08/12/24 B	67	35.431	9	2,383	2,383	
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 08/12/24 B	83	33.137	2	2,752	2,752	
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 08/14/24 B	30	35.890	4	1,081	1,081	
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 08/14/24 B	131	33.546	3	4,398	4,398	

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1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 08/29/24 S	184	45.288	5	8,328	9,309	-981
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 08/30/24 S	48	45.263	1	2,171	2,428	-257
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 09/03/24 S	30	44.856	1	1,345	1,518	-173
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 09/04/24 S	131	45.027	3	5,895	6,628	-732
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 09/05/24 S	42	45.404	1	1,906	2,125	-219
1042000	ISSUE: 502441306 - LVMH MOET HENNESSY - UNSPON ADR 09/06/24 B	177	136.846	77	24,299-	24,299	
1042000	ISSUE: 615369105 - MOODYS CORP 09/13/24 S	206	477.286	8	98,313	80,455	17,858
1042000	ISSUE: 78409V104 - S&P GLOBAL INC 09/13/24 S	143	519.561	6	74,292	62,975	11,316
1042000	ISSUE: 256746108 - DOLLAR TREE INC 09/20/24 S	16	72.393	0	1,158	1,715	-557
1042000	ISSUE: 256746108 - DOLLAR TREE INC 09/23/24 S	4	71.923	0	288	429	-141
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 09/25/24 B	601	38.307	84	23,106-	23,106	
1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 09/25/24 B	5	73.981	0	370-	370	
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 09/26/24 B	69	38.790	9	2,686-	2,686	

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1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 09/26/24 B	13	77.671	0	1,010-	1,010	
1042000	ISSUE: 87873R101 - TECHTRONIC IND SPONS ADR 09/27/24 B	28	78.400	1	2,196-	2,196	
1042000	ISSUE: 478160104 - JOHNSON & JOHNSON 10/17/24 S	369	164.176	11	60,570	57,450	3,120
1042000	ISSUE: 21036P108 - CONSTELLATION BRANDS INC CL A 10/18/24 S	267	241.088	8	64,362	65,216	-854
1042000	ISSUE: 78445W306 - SMC CORPORATION SPONS ADR 10/18/24 B	249	21.435	6	5,344-	5,344	
1042000	ISSUE: 78445W306 - SMC CORPORATION SPONS ADR 10/21/24 B	298	21.586	7	6,440-	6,440	
1042000	ISSUE: 78445W306 - SMC CORPORATION SPONS ADR 10/22/24 B	305	21.058	8	6,430-	6,430	
1042000	ISSUE: 78445W306 - SMC CORPORATION SPONS ADR 10/23/24 B	502	20.585	13	10,346-	10,346	
1042000	ISSUE: 78445W306 - SMC CORPORATION SPONS ADR 10/24/24 B	86	20.529	2	1,768-	1,768	
1042000	ISSUE: 78445W306 - SMC CORPORATION SPONS ADR 10/25/24 B	558	21.021	14	11,744-	11,744	
1042000	ISSUE: 42751Q105 - HERMES INTL UNSPONS ADR 11/12/24 B	261	212.988	173	55,763-	55,763	
1042000	ISSUE: 107180101 - BRENNITAG AG UNSPONS ADR 11/13/24 S	70	12.164	2	850	993	-143
1042000	ISSUE: 107180101 - BRENNITAG AG UNSPONS ADR 11/14/24 S	128	12.239	3	1,563	1,815	-252

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1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 11/15/24 S	43	12.650	1	543	610	-67
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/22/24 B	554	38.203	14	21,178-	21,178	
SUB-TOTAL				581	687,378	671,021	16,359
BROKER: BARCLAYS CAPITAL LE							
1042000	ISSUE: 760125104 - RENTOKIL INITIAL PLC SPONS ADR 01/03/24 S	239	26.435	6	6,312	6,838	-526
1042000	ISSUE: 760125104 - RENTOKIL INITIAL PLC SPONS ADR 01/04/24 S	233	26.561	6	6,183	6,666	-483
1042000	ISSUE: 126650100 - CVS HEALTH CORPORATION 01/10/24 S	610	79.214	16	48,305	48,166	140
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 04/03/24 B	129	223.849	3	28,880-	28,880	
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 04/04/24 B	106	227.285	3	24,095-	24,095	
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 04/08/24 B	66	230.116	2	15,189-	15,189	
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 04/09/24 B	63	231.811	2	14,606-	14,606	
1042000	ISSUE: 217204106 - COPART INC 04/23/24 B	404	54.058	10	21,849-	21,849	
1042000	ISSUE: 29444U700 - EQUINIX INC REIT 04/23/24 S	38	758.554	1	28,824	30,876	-2,053

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 595112103 - MICRON TECHNOLOGY INC COM 05/22/24 S	604	127.316	17	76,881	51,545	25,336
1042000	ISSUE: 874039100 - TAIWAN SEMICONDUCTOR SPON ADR 05/22/24 S	389	155.847	11	60,613	40,456	20,157
1042000	ISSUE: 049468101 - ATLIASSIAN CORPORATION CL A 06/21/24 B	179	161.815	4	28,969	28,969	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 07/29/24 B	553	14.201	14	7,867	7,867	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 07/30/24 B	510	14.191	13	7,250	7,250	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 07/31/24 B	846	14.238	21	12,066	12,066	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 08/01/24 B	1,140	14.086	29	16,087	16,087	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 08/02/24 B	750	14.307	19	10,749	10,749	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 08/05/24 B	781	14.145	20	11,067	11,067	
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 08/06/24 B	640	13.914	16	8,921	8,921	
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 08/13/24 B	612	35.546	81	21,834	21,834	
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 08/14/24 B	593	35.916	79	21,377	21,377	
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 08/15/24 B	157	35.787	21	5,639	5,639	

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 08/29/24 S	491	45.406	13	22,281	24,841	-2,559
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 08/30/24 S	486	45.046	13	21,879	24,588	-2,708
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 09/03/24 S	145	44.827	4	6,496	7,336	-840
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 09/04/24 S	678	45.089	18	30,553	34,301	-3,749
1042000	ISSUE: 423012301 - HEINEKEN NV SPONS ADR 09/05/24 S	352	45.442	9	15,986	17,808	-1,822
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 11/13/24 S	3,299	12.186	84	40,119	46,779	-6,659
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 11/14/24 S	522	12.271	13	6,392	7,402	-1,010
1042000	ISSUE: 107180101 - BRENNTAG AG UNSPONS ADR 11/15/24 S	695	12.611	18	8,747	9,855	-1,108
	SUB-TOTAL			566	636,016	613,902	22,116

BROKER: JP MORGAN SECURITIES LLC

1042000	ISSUE: 760125104 - RENTOKIL INITIAL PLC SPONS ADR 01/03/24 S	295	26.430	7	7,789	8,440	-651
1042000	ISSUE: 760125104 - RENTOKIL INITIAL PLC SPONS ADR 01/04/24 S	377	26.587	10	10,014	10,786	-772
1042000	ISSUE: 45168D104 - IDEXX LABS COMMON 01/18/24 S	1	518.327	0	518	555	-37

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 29444U700 - EQUINIX INC REIT 01/30/24 B	39	838.544	1	32,704-	32,704	
1042000	ISSUE: 444859102 - HUMANA INC COM 01/30/24 B	117	373.767	3	43,734-	43,734	
1042000	ISSUE: 67066G104 - NVIDIA CORP COM 01/30/24 B	138	631.486	3	87,148-	87,148	
1042000	ISSUE: 91324P102 - UNITEDHEALTH GROUP INC 01/30/24 B	67	503.443	2	33,732-	33,732	
1042000	ISSUE: 302491303 - FMC CORPORATION COMMON NEW 02/05/24 B	662	60.052	17	39,771-	39,771	
1042000	ISSUE: 136375102 - CANADIAN NATIONAL RAILWAY COMPANY 02/07/24 B	142	129.231	4	18,354-	18,354	
1042000	ISSUE: 136375102 - CANADIAN NATIONAL RAILWAY COMPANY 02/08/24 B	223	128.285	6	28,613-	28,613	
1042000	ISSUE: 904767704 - UNILEVER PLC SPONSORED ADR 03/08/24 S	463	49.227	12	22,780	22,446	334
1042000	ISSUE: 775711104 - ROLLINS INCORPORATED 04/10/24 B	35	45.174	1	1,582-	1,582	
1042000	ISSUE: 78410G104 - SBA COMMUNICATIONS CORP CL A REIT 05/06/24 S	252	191.490	7	48,249	63,930	-15,681
1042000	ISSUE: 15117X105 - CELLNEX TELECOM UNSPONS ADR 05/07/24 S	2,049	17.588	52	35,986	40,242	-4,256
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 05/07/24 S	105	197.634	3	20,749	23,861	-3,112
1042000	ISSUE: 15117X105 - CELLNEX TELECOM UNSPONS ADR 05/08/24 S	410	17.618	10	7,213	8,052	-839

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 29444U700 - EQUINIX INC REIT 05/08/24 S	123	692.225	4	85,140	99,942	-14,802
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 05/08/24 S	89	195.602	2	17,406	20,225	-2,818
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 05/09/24 S	91	195.363	2	17,776	20,679	-2,904
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 05/13/24 B	872	40.348	22	35,205-	35,205	
1042000	ISSUE: 45662N103 - INFINEON TECHNOLOGIES AG ADR 05/14/24 B	276	40.226	7	11,109-	11,109	
1042000	ISSUE: 09061G101 - BIOMARIN PHARMACEUTICAL INC 05/16/24 S	380	77.109	10	29,292	36,640	-7,348
1042000	ISSUE: G5960L103 - MEDTRONIC PLC 05/30/24 S	278	80.714	8	22,431	22,902	-471
1042000	ISSUE: 049468101 - ATLASSIAN CORPORATION CL A 06/21/24 B	124	162.453	3	20,147-	20,147	
1042000	ISSUE: 502441306 - LVMH MOET HENNESSY - UNSPON ADR 09/06/24 B	923	136.331	401	126,234-	126,234	
1042000	ISSUE: 256746108 - DOLLAR TREE INC 09/20/24 S	786	71.874	21	56,472	84,265	-27,794
1042000	ISSUE: 89400J107 - TRANSUNION 09/20/24 B	585	104.739	15	61,287-	61,287	
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 09/25/24 B	259	38.367	36	9,973-	9,973	
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 09/26/24 B	227	38.888	32	8,860-	8,860	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 009126202 - AIR LIQUIDE SA - UNSPONSORED ADR 09/27/24 B	233	39.321	33	9,195-	9,195	
1042000	ISSUE: 30225T102 - EXTRA SPACE STORAGE INC REIT 10/08/24 B	260	170.872	7	44,433-	44,433	
1042000	ISSUE: 21036P108 - CONSTELLATION BRANDS INC CL A 10/17/24 S	64	241.064	2	15,426	15,632	-206
1042000	ISSUE: 21036P108 - CONSTELLATION BRANDS INC CL A 10/18/24 S	50	241.372	2	12,067	12,213	-146
1042000	ISSUE: 641069406 - NESTLE SA SPONSORED ADR 10/24/24 S	759	98.167	21	74,488	86,377	-11,889
1042000	ISSUE: 127387108 - CADENCE DESIGN SYS INC 11/01/24 B	415	281.729	10	116,928-	116,928	
1042000	ISSUE: 45168D104 - IDEXX LABS COMMON 11/06/24 S	156	416.927	6	65,035	84,449	-19,414
1042000	ISSUE: 337738108 - FISERV INC 11/08/24 S	205	211.814	6	43,415	31,278	12,138
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/25/24 B	321	38.966	8	12,516-	12,516	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/26/24 B	279	38.176	7	10,658-	10,658	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/27/24 B	427	38.404	11	16,409-	16,409	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/29/24 B	363	38.456	9	13,969-	13,969	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 12/02/24 B	302	39.225	8	11,854-	11,854	

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SUB-TOTAL

BROKER: LIQUIDNET INC

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 05/08/24 S	103	195.537	3	20,138	23,406	-3,269
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 05/09/24 S	65	195.384	2	12,698	14,771	-2,073
1042000	ISSUE: 81762P102 - SERVICECENOW INC 05/13/24 B	20	725.523	1	14,511-	14,511	
1042000	ISSUE: 09247X101 - BLACKROCK INC 05/14/24 B	31	800.213	1	24,807-	24,807	
1042000	ISSUE: 95284S105 - WEST FRASER TIMBER CO LTD 06/18/24 B	85	77.714	2	6,608-	6,608	
1042000	ISSUE: 95284S105 - WEST FRASER TIMBER CO LTD 06/20/24 B	163	77.857	4	12,695-	12,695	
1042000	ISSUE: L4438S109 - GLOBANT SA 06/24/24 B	48	173.753	1	8,341-	8,341	
1042000	ISSUE: 29414B104 - EPAM SYSTEMS INC 06/24/24 B	99	183.786	2	18,197-	18,197	
1042000	ISSUE: L4438S109 - GLOBANT SA 06/25/24 B	16	172.282	0	2,757-	2,757	
1042000	ISSUE: 29414B104 - EPAM SYSTEMS INC 06/25/24 B	122	181.815	3	22,185-	22,185	
1042000	ISSUE: 502431109 - L3 HARRIS TECHNOLOGIES INC 07/22/24 S	54	235.849	2	12,734	11,373	1,361
1042000	ISSUE: 285512109 - ELECTRONICS ARTS COM 08/09/24 S	69	146.382	2	10,098	9,463	636
1042000	ISSUE: 444859102 - HUMANA INC COM 08/09/24 S	69	350.945	2	24,213	28,327	-4,114

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 89400J107 - TRANSUNION 08/12/24 B	55	84.851	1	4,668-	4,668	
1042000	ISSUE: 631103108 - NASDAQ, INC. 09/18/24 B	44	72.869	1	3,207-	3,207	
1042000	ISSUE: 256746108 - DOLLAR TREE INC 09/19/24 S	155	74.575	4	11,555	16,617	-5,062
1042000	ISSUE: 718172109 - PHILIP MORRIS INTL INC 09/19/24 S	88	120.213	2	10,576	7,887	2,689
1042000	ISSUE: 718172109 - PHILIP MORRIS INTL INC 09/20/24 S	123	119.990	3	14,755	11,024	3,731
1042000	ISSUE: 30225T102 - EXTRA SPACE STORAGE INC REIT 10/08/24 B	121	170.525	3	20,637-	20,637	
1042000	ISSUE: 30225T102 - EXTRA SPACE STORAGE INC REIT 10/09/24 B	45	170.548	1	7,676-	7,676	
1042000	ISSUE: 30225T102 - EXTRA SPACE STORAGE INC REIT 10/10/24 B	143	170.029	4	24,318-	24,318	
1042000	ISSUE: 12504L109 - CBRE GROUP INC 10/21/24 B	90	124.665	2	11,222-	11,222	
1042000	ISSUE: 012653101 - ALBEMARLE CORP COM 10/31/24 B	131	94.561	3	12,391-	12,391	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/20/24 B	253	38.616	6	9,776-	9,776	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/21/24 B	65	38.525	2	2,506-	2,506	
SUB-TOTAL				83	473,240	494,420	-21,179

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
BROKER: CITIGROUP GLOBAL MARKETS INC							
1042000	ISSUE: 12503M108 - CBOE GLOBAL MARKETS INC 02/06/24 S	86	180.410	2	15,513	15,356	157
1042000	ISSUE: 81762P102 - SERVICE NOW INC 02/06/24 S	40	778.046	1	31,121	28,260	2,861
1042000	ISSUE: 904767704 - UNILEVER PLC SPONSORED ADR 03/08/24 S	666	49.216	17	32,761	32,288	473
1042000	ISSUE: 904767704 - UNILEVER PLC SPONSORED ADR 03/11/24 S	797	49.311	20	39,281	38,639	642
1042000	ISSUE: 904767704 - UNILEVER PLC SPONSORED ADR 03/12/24 S	243	49.558	6	12,036	11,781	256
1042000	ISSUE: 907818108 - UNION PACIFIC CORP COM 04/23/24 B	89	236.436	2	21,045-	21,045	
1042000	ISSUE: 037833100 - APPLE INC 06/20/24 S	195	211.898	6	41,314	35,943	5,371
1042000	ISSUE: 595112103 - MICRON TECHNOLOGY INC COM 06/20/24 S	631	149.245	18	94,155	53,850	40,306
1042000	ISSUE: 29414B104 - EPAM SYSTEMS INC 06/25/24 B	71	182.041	2	12,927-	12,927	
1042000	ISSUE: 502431109 - L3 HARRIS TECHNOLOGIES INC 07/22/24 S	73	235.435	2	17,184	15,375	1,809
1042000	ISSUE: 256746108 - DOLLAR TREE INC 07/23/24 B	1,483	107.183	37	158,989-	158,989	
1042000	ISSUE: 609207105 - MONDELEZ INTERNATIONAL INC 07/25/24 S	1,403	67.042	38	94,023	99,993	-5,970

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 037833100 - APPLE INC 08/09/24 S	122	213.031	4	25,986	22,896	3,090
1042000	ISSUE: 444859102 - HUMANA INC COM 08/09/24 S	61	349.218	2	21,300	25,043	-3,743
1042000	ISSUE: 46625H100 - JPMORGAN CHASE & CO 08/09/24 S	202	204.127	6	41,227	34,360	6,867
1042000	ISSUE: 30303M102 - META PLATFORMS, INC-A 09/03/24 B	111	520.247	3	57,750-	57,750	
1042000	ISSUE: 45866F104 - INTERCONTINENTAL EXCHANGE, INC 09/19/24 S	238	159.830	7	38,033	30,824	7,209
1042000	ISSUE: 126408103 - CSX CORP COMMON 09/20/24 B	2,451	34.492	61	84,601-	84,601	
1042000	ISSUE: 09247X101 - BLACKROCK INC 09/23/24 B	52	936.699	1	48,710-	48,710	
1042000	ISSUE: 09247X101 - BLACKROCK INC 09/24/24 B	23	933.974	1	21,482-	21,482	
1042000	ISSUE: 12504L109 - CBRE GROUP INC 10/17/24 B	668	124.854	17	83,419-	83,419	
1042000	ISSUE: 21036P108 - CONSTELLATION BRANDS INC CL A 10/17/24 S	302	240.460	10	72,609	73,765	-1,155
1042000	ISSUE: 67066G104 - NVIDIA CORP COM 10/17/24 B	125	139.320	3	17,418-	17,418	
1042000	ISSUE: 12504L109 - CBRE GROUP INC 10/18/24 B	373	125.628	9	46,869-	46,869	
1042000	ISSUE: 12504L109 - CBRE GROUP INC 10/21/24 B	15	124.102	0	1,862-	1,862	

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	ISSUE: 12504L109 - CBRE GROUP INC 10/21/24 B	189	124.718	5	23,576-	23,576	
1042000	ISSUE: 038222105 - APPLIED MATERIALS INC COM 11/12/24 B	212	189.201	5	40,116-	40,116	
1042000	ISSUE: 023135106 - AMAZON.COM INC 11/14/24 S	249	212.351	8	52,868	39,853	13,015
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/20/24 B	451	38.861	11	17,538-	17,538	
	SUB-TOTAL			304	1,265,713	1,194,528	71,188

BROKER: BERNSTEIN INSTITUTIONAL SERVICE

1042000	ISSUE: 191216100 - COCA COLA CO COM 04/23/24 S	381	60.365	10	22,989	22,452	537
1042000	ISSUE: 609207105 - MONDELEZ INTERNATIONAL INC 04/23/24 S	222	70.037	6	15,542	16,079	-537
1042000	ISSUE: 101137107 - BOSTON SCIENTIFIC CORP COM 05/06/24 S	775	72.584	20	56,233	44,803	11,430
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 05/07/24 S	6	197.435	0	1,184	1,363	-179
1042000	ISSUE: 337738108 - FISERV INC 05/08/24 B	138	152.958	3	21,112-	21,112	
1042000	ISSUE: 55354G100 - MSCI INC - CL A 05/08/24 B	90	474.267	2	42,686-	42,686	
1042000	ISSUE: 91879Q109 - VAIL RESORTS INC 05/08/24 S	39	195.425	1	7,621	8,863	-1,242

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1042000	ISSUE: 09061G101 - BIOMARIN PHARMACEUTICAL INC 05/15/24 S	8	80.735	0	646	771	-126
1042000	ISSUE: L44385109 - GLOBANT SA 06/21/24 B	129	171.418	3	22,116-	22,116	
1042000	ISSUE: L44385109 - GLOBANT SA 06/24/24 B	168	174.565	4	29,331-	29,331	
1042000	ISSUE: L44385109 - GLOBANT SA 06/25/24 B	174	173.599	4	30,211-	30,211	
1042000	ISSUE: L44385109 - GLOBANT SA 06/26/24 B	11	176.392	0	1,941-	1,941	
1042000	ISSUE: 29414B104 - EPAM SYSTEMS INC 06/26/24 B	68	182.185	2	12,390-	12,390	
1042000	ISSUE: 038222105 - APPLIED MATERIALS INC COM 07/16/24 S	482	245.236	15	118,188	78,118	40,071
1042000	ISSUE: 502431109 - L3 HARRIS TECHNOLOGIES INC 07/22/24 S	52	235.050	2	12,221	10,952	1,269
1042000	ISSUE: 609207105 - MONDELEZ INTERNATIONAL INC 07/25/24 S	141	67.531	4	9,518	10,049	-531
1042000	ISSUE: 502441306 - LVMH MOET HENNESSY - UNSPON ADR 09/06/24 B	71	136.352	31	9,712-	9,712	
1042000	ISSUE: 67066G104 - NVIDIA CORP COM 09/09/24 B	164	105.506	4	17,307-	17,307	
1042000	ISSUE: 595112103 - MICRON TECHNOLOGY INC COM 09/18/24 S	1,092	88.320	30	96,416	103,968	-7,553
1042000	ISSUE: 631103108 - NASDAQ, INC. 09/18/24 B	375	73.020	9	27,392-	27,392	

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1042000	ISSUE: 217204106 - COPART INC 09/19/24 B	47	51.500	1	2,422-	2,422	
1042000	ISSUE: 217204106 - COPART INC 09/19/24 B	1,409	51.824	35	73,055-	73,055	
1042000	ISSUE: 631103108 - NASDAQ, INC. 09/19/24 B	328	73.982	8	24,274-	24,274	
1042000	ISSUE: 91324P102 - UNITEDHEALTH GROUP INC 09/19/24 S	192	576.006	8	110,585	98,399	12,186
1042000	ISSUE: 217204106 - COPART INC 09/20/24 B	374	51.712	9	19,350-	19,350	
1042000	ISSUE: 883556102 - THERMO FISHER SCIENTIFIC INC 09/20/24 B	82	612.090	2	50,193-	50,193	
1042000	ISSUE: 127387108 - CADENCE DESIGN SYS INC 11/04/24 B	276	288.943	7	79,755-	79,755	
1042000	ISSUE: 038222105 - APPLIED MATERIALS INC COM 11/12/24 B	68	188.690	2	12,833-	12,833	
1042000	ISSUE: 594918104 - MICROSOFT CORP 11/12/24 B	144	418.169	4	60,220-	60,220	
1042000	ISSUE: 833635105 - SOCIEDAD QUIMICA MINERA SPONS ADR 11/22/24 B	90	38.310	2	3,450-	3,450	
SUB-TOTAL				228	990,893	935,567	55,326
GRAND TOTAL				3,209	8,503,979	8,473,598	30,391

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST							
1042000	01/02/24 B	104,624	1.000	0	104,624-	104,624	
1042000	01/05/24 B	21,103	1.000	0	21,103-	21,103	
1042000	01/08/24 B	16,197	1.000	0	16,197-	16,197	
1042000	01/11/24 B	471	1.000	0	471-	471	
1042000	01/12/24 B	6,807	1.000	0	6,807-	6,807	
1042000	01/16/24 B	733	1.000	0	733-	733	
1042000	01/18/24 B	1,609	1.000	0	1,609-	1,609	
1042000	01/19/24 B	19,553	1.000	0	19,553-	19,553	
1042000	01/22/24 B	8,835	1.000	0	8,835-	8,835	
1042000	01/31/24 B	480	1.000	0	480-	480	
1042000	02/08/24 B	58,170	1.000	0	58,170-	58,170	
1042000	02/09/24 B	21,074	1.000	0	21,074-	21,074	
1042000	02/13/24 B	30,703	1.000	0	30,703-	30,703	
1042000	02/14/24 B	36,280	1.000	0	36,280-	36,280	
1042000	02/15/24 B	18,859	1.000	0	18,859-	18,859	
1042000	02/16/24 B	10,986	1.000	0	10,986-	10,986	
1042000	02/20/24 B	242	1.000	0	242-	242	
1042000	02/22/24 B	537	1.000	0	537-	537	
1042000	03/01/24 B	1,399	1.000	0	1,399-	1,399	
1042000	03/06/24 B	14,232	1.000	0	14,232-	14,232	
1042000	03/11/24 B	435	1.000	0	435-	435	
1042000	03/12/24 B	55,818	1.000	0	55,818-	55,818	
1042000	03/13/24 B	39,988	1.000	0	39,988-	39,988	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	03/14/24 B	12,697	1.000	0	12,697-	12,697	
1042000	03/15/24 B	891	1.000	0	891-	891	
1042000	03/22/24 B	986	1.000	0	986-	986	
1042000	03/25/24 B	2,722	1.000	0	2,722-	2,722	
1042000	03/26/24 B	293	1.000	0	293-	293	
1042000	03/27/24 B	6	1.000	0	6-	6	
1042000	03/28/24 B	424	1.000	0	424-	424	
1042000	04/01/24 B	131,142	1.000	0	131,142-	131,142	
1042000	04/09/24 B	1,578	1.000	0	1,578-	1,578	
1042000	04/11/24 B	611	1.000	0	611-	611	
1042000	04/18/24 B	127	1.000	0	127-	127	
1042000	04/22/24 B	2,650	1.000	0	2,650-	2,650	
1042000	04/25/24 B	24,461	1.000	0	24,461-	24,461	
1042000	04/26/24 B	416	1.000	0	416-	416	
1042000	04/30/24 B	526	1.000	0	526-	526	
1042000	05/01/24 B	1,141	1.000	0	1,141-	1,141	
1042000	05/08/24 B	90,826	1.000	0	90,826-	90,826	
1042000	05/10/24 B	27,962	1.000	0	27,962-	27,962	
1042000	05/13/24 B	29,692	1.000	0	29,692-	29,692	
1042000	05/13/24 B	48,249	1.000	0	48,249-	48,249	
1042000	05/16/24 B	179	1.000	0	179-	179	
1042000	05/17/24 B	36,845	1.000	0	36,845-	36,845	
1042000	05/17/24 B	22,909	1.000	0	22,909-	22,909	
1042000	05/20/24 B	29,533	1.000	0	29,533-	29,533	
1042000	05/24/24 B	49,202	1.000	0	49,202-	49,202	
1042000	05/24/24 B	137,494	1.000	0	137,494-	137,494	
1042000	05/28/24 B	43,973	1.000	0	43,973-	43,973	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	05/29/24 B	521	1.000	0	521-	521	
1042000	05/31/24 B	22,657	1.000	0	22,657-	22,657	
1042000	05/31/24 B	58,049	1.000	0	58,049-	58,049	
1042000	06/03/24 B	5,205	1.000	0	5,205-	5,205	
1042000	06/03/24 B	895	1.000	0	895-	895	
1042000	06/04/24 B	1,738	1.000	0	1,738-	1,738	
1042000	06/07/24 B	415	1.000	0	415-	415	
1042000	06/10/24 B	583	1.000	0	583-	583	
1042000	06/10/24 B	678	1.000	0	678-	678	
1042000	06/11/24 B	87	1.000	0	87-	87	
1042000	06/12/24 B	676	1.000	0	676-	676	
1042000	06/13/24 B	13,686	1.000	0	13,686-	13,686	
1042000	06/14/24 B	281	1.000	0	281-	281	
1042000	06/17/24 B	335	1.000	0	335-	335	
1042000	06/18/24 B	1,514	1.000	0	1,514-	1,514	
1042000	06/21/24 B	1,179,000	1.000	0	1,179,000*	1,179,000	
1042000	06/24/24 B	95,161	1.000	0	95,161-	95,161	
1042000	06/28/24 B	964	1.000	0	964-	964	
1042000	07/01/24 B	3,507	1.000	0	3,507-	3,507	
1042000	07/08/24 B	1,578	1.000	0	1,578-	1,578	
1042000	07/11/24 B	407	1.000	0	407-	407	
1042000	07/12/24 B	656	1.000	0	656-	656	
1042000	07/15/24 B	366	1.000	0	366-	366	
1042000	07/15/24 B	418	1.000	0	418-	418	
1042000	07/17/24 B	118,188	1.000	0	118,188-	118,188	
1042000	07/18/24 B	148	1.000	0	148-	148	
1042000	07/19/24 B	594	1.000	0	594-	594	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	07/23/24 B	121,156	1.000	0	121,156-	121,156	
1042000	07/23/24 B	10,765	1.000	0	10,765-	10,765	
1042000	07/25/24 B	4,157	1.000	0	4,157-	4,157	
1042000	07/26/24 B	104,050	1.000	0	104,050-	104,050	
1042000	08/09/24 B	434	1.000	0	434-	434	
1042000	08/12/24 B	200,928	1.000	0	200,928-	200,928	
1042000	08/15/24 B	703	1.000	0	703-	703	
1042000	08/20/24 B	309	1.000	0	309-	309	
1042000	08/21/24 B	961	1.000	0	961-	961	
1042000	08/22/24 B	123	1.000	0	123-	123	
1042000	08/23/24 B	690	1.000	0	690-	690	
1042000	08/27/24 B	26	1.000	0	26-	26	
1042000	08/30/24 B	30,835	1.000	0	30,835-	30,835	
1042000	09/03/24 B	25,894	1.000	0	25,894-	25,894	
1042000	09/05/24 B	36,448	1.000	0	36,448-	36,448	
1042000	09/06/24 B	18,307	1.000	0	18,307-	18,307	
1042000	09/11/24 B	319	1.000	0	319-	319	
1042000	09/12/24 B	532	1.000	0	532-	532	
1042000	09/13/24 B	368	1.000	0	368-	368	
1042000	09/16/24 B	172,980	1.000	0	172,980-	172,980	
1042000	09/18/24 B	728	1.000	0	728-	728	
1042000	09/19/24 B	215,816	1.000	0	215,816-	215,816	
1042000	09/20/24 B	25,975	1.000	0	25,975-	25,975	
1042000	10/01/24 B	2,880	1.000	0	2,880-	2,880	
1042000	10/03/24 B	15	1.000	0	15-	15	
1042000	10/04/24 B	107,280	1.000	0	107,280-	107,280	
1042000	10/08/24 B	285	1.000	0	285-	285	

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	10/09/24 B	471	1.000	0	471-	471	
1042000	10/11/24 B	240,381	1.000	0	240,381-	240,381	
1042000	10/15/24 B	362	1.000	0	362-	362	
1042000	10/18/24 B	161,951	1.000	0	161,951-	161,951	
1042000	10/25/24 B	74,488	1.000	0	74,488-	74,488	
1042000	10/28/24 B	106	1.000	0	106-	106	
1042000	10/31/24 B	319	1.000	0	319-	319	
1042000	11/07/24 B	65,035	1.000	0	65,035-	65,035	
1042000	11/08/24 B	434	1.000	0	434-	434	
1042000	11/12/24 B	220,396	1.000	0	220,396-	220,396	
1042000	11/14/24 B	850	1.000	0	850-	850	
1042000	11/14/24 B	40,119	1.000	0	40,119-	40,119	
1042000	11/15/24 B	60,823	1.000	0	60,823-	60,823	
1042000	11/18/24 B	19,345	1.000	0	19,345-	19,345	
1042000	11/20/24 B	309	1.000	0	309-	309	
1042000	11/25/24 B	6,807	1.000	0	6,807-	6,807	
1042000	12/05/24 B	97	1.000	0	97-	97	
1042000	12/06/24 B	1,037	1.000	0	1,037-	1,037	
1042000	12/09/24 B	191	1.000	0	191-	191	
1042000	12/09/24 B	445	1.000	0	445-	445	
1042000	12/10/24 B	1,417	1.000	0	1,417-	1,417	
1042000	12/11/24 B	189	1.000	0	189-	189	
1042000	12/12/24 B	807	1.000	0	807-	807	
1042000	12/13/24 B	1,269	1.000	0	1,269-	1,269	
1042000	12/16/24 B	1,961	1.000	0	1,961-	1,961	
1042000	12/17/24 B	489	1.000	0	489-	489	
1042000	12/18/24 B	681	1.000	0	681-	681	

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	12/20/24 B	3,196	1.000	0	3,196-	3,196	
1042000	12/23/24 B	1,051	1.000	0	1,051-	1,051	
1042000	12/27/24 B	419	1.000	0	419-	419	
1042000	12/30/24 B	457	1.000	0	457-	457	
1042000	12/30/24 B	109	1.000	0	109-	109	
1042000	12/31/24 B	2,217	1.000	0	2,217-	2,217	
		SUB-TOTAL OF BUYS # 137		0	4,566,169	4,566,169	
1042000	01/03/24 S	235,100	1.000	0	235,100	235,100	0
1042000	01/25/24 S	32,197	1.000	0	32,197	32,197	0
1042000	01/26/24 S	31,930	1.000	0	31,930	31,930	0
1042000	02/01/24 S	240,469	1.000	0	240,469	240,469	0
1042000	02/06/24 S	31,782	1.000	0	31,782	31,782	0
1042000	02/07/24 S	47,952	1.000	0	47,952	47,952	0
1042000	02/12/24 S	13,163	1.000	0	13,163	13,163	0
1042000	03/01/24 S	23,777	1.000	0	23,777	23,777	0
1042000	03/05/24 S	54,407	1.000	0	54,407	54,407	0
1042000	03/19/24 S	742	1.000	0	742	742	0
1042000	03/20/24 S	8,262	1.000	0	8,262	8,262	0
1042000	03/21/24 S	12,076	1.000	0	12,076	12,076	0
1042000	03/22/24 S	9,461	1.000	0	9,461	9,461	0
1042000	03/25/24 S	10,337	1.000	0	10,337	10,337	0
1042000	04/02/24 S	559	1.000	0	559	559	0
1042000	04/05/24 S	38,142	1.000	0	38,142	38,142	0
1042000	04/08/24 S	48,151	1.000	0	48,151	48,151	0
1042000	04/10/24 S	21,397	1.000	0	21,397	21,397	0
1042000	04/11/24 S	18,627	1.000	0	18,627	18,627	0
1042000	04/12/24 S	60,880	1.000	0	60,880	60,880	0

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	04/15/24 S	22,325	1.000	0	22,325	22,325	0
1042000	04/16/24 S	14,774	1.000	0	14,774	14,774	0
1042000	05/09/24 S	71,692	1.000	0	71,692	71,692	0
1042000	05/10/24 S	52,076	1.000	0	52,076	52,076	0
1042000	05/14/24 S	70,722	1.000	0	70,722	70,722	0
1042000	05/15/24 S	103,207	1.000	0	103,207	103,207	0
1042000	05/16/24 S	97,308	1.000	0	97,308	97,308	0
1042000	05/23/24 S	14,051	1.000	0	14,051	14,051	0
1042000	05/23/24 S	28,016	1.000	0	28,016	28,016	0
1042000	05/28/24 S	14,436	1.000	0	14,436	14,436	0
1042000	05/29/24 S	82,860	1.000	0	82,860	82,860	0
1042000	06/20/24 S	35,811	1.000	0	35,811	35,811	0
1042000	06/21/24 S	26,321	1.000	0	26,321	26,321	0
1042000	06/24/24 S	1,070,852	1.000	0	1,070,852 *	1,070,852	0
1042000	06/25/24 S	113,330	1.000	0	113,330	113,330	0
1042000	06/26/24 S	54,859	1.000	0	54,859	54,859	0
1042000	06/26/24 S	12,927	1.000	0	12,927	12,927	0
1042000	06/27/24 S	14,331	1.000	0	14,331	14,331	0
1042000	06/28/24 S	91,460	1.000	0	91,460	91,460	0
1042000	07/02/24 S	647	1.000	0	647	647	0
1042000	07/24/24 S	147,235	1.000	0	147,235	147,235	0
1042000	07/29/24 S	1,870	1.000	0	1,870	1,870	0
1042000	07/30/24 S	7,867	1.000	0	7,867	7,867	0
1042000	07/31/24 S	7,051	1.000	0	7,051	7,051	0
1042000	08/01/24 S	12,427	1.000	0	12,427	12,427	0
1042000	08/02/24 S	17,196	1.000	0	17,196	17,196	0
1042000	08/05/24 S	10,749	1.000	0	10,749	10,749	0

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	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1042000	08/06/24 S	11,067	1.000	0	11,067	11,067	0
1042000	08/07/24 S	8,921	1.000	0	8,921	8,921	0
1042000	08/13/24 S	25,741	1.000	0	25,741	25,741	0
1042000	08/14/24 S	43,410	1.000	0	43,410	43,410	0
1042000	08/14/24 S	20,127	1.000	0	20,127	20,127	0
1042000	08/15/24 S	85,093	1.000	0	85,093	85,093	0
1042000	08/16/24 S	69,074	1.000	0	69,074	69,074	0
1042000	08/16/24 S	703	1.000	0	703	703	0
1042000	08/19/24 S	15,361	1.000	0	15,361	15,361	0
1042000	09/04/24 S	49,909	1.000	0	49,909	49,909	0
1042000	09/09/24 S	33,881	1.000	0	33,881	33,881	0
1042000	09/09/24 S	124,851	1.000	0	124,851	124,851	0
1042000	09/10/24 S	15,448	1.000	0	15,448	15,448	0
1042000	09/23/24 S	90,476	1.000	0	90,476	90,476	0
1042000	09/24/24 S	47,530	1.000	0	47,530	47,530	0
1042000	09/25/24 S	21,482	1.000	0	21,482	21,482	0
1042000	09/26/24 S	33,051	1.000	0	33,051	33,051	0
1042000	09/27/24 S	3,696	1.000	0	3,696	3,696	0
1042000	09/27/24 S	26,221	1.000	0	26,221	26,221	0
1042000	09/30/24 S	9,720	1.000	0	9,720	9,720	0
1042000	09/30/24 S	24,929	1.000	0	24,929	24,929	0
1042000	10/02/24 S	690	1.000	0	690	690	0
1042000	10/09/24 S	65,070	1.000	0	65,070	65,070	0
1042000	10/10/24 S	25,022	1.000	0	25,022	25,022	0
1042000	10/11/24 S	74,056	1.000	0	74,056	74,056	0
1042000	10/21/24 S	43,661	1.000	0	43,661	43,661	0
1042000	10/22/24 S	53,820	1.000	0	53,820	53,820	0

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1042000	10/23/24 S	37,927	1.000	0	37,927	37,927	0
1042000	10/24/24 S	30,853	1.000	0	30,853	30,853	0
1042000	10/25/24 S	22,934	1.000	0	22,934	22,934	0
1042000	10/28/24 S	26,516	1.000	0	26,516	26,516	0
1042000	11/01/24 S	106,915	1.000	0	106,915	106,915	0
1042000	11/04/24 S	116,928	1.000	0	116,928	116,928	0
1042000	11/05/24 S	79,755	1.000	0	79,755	79,755	0
1042000	11/13/24 S	168,932	1.000	0	168,932	168,932	0
1042000	11/18/24 S	32,207	1.000	0	32,207	32,207	0
1042000	11/19/24 S	19,068	1.000	0	19,068	19,068	0
1042000	11/21/24 S	33,127	1.000	0	33,127	33,127	0
1042000	11/22/24 S	2,506	1.000	0	2,506	2,506	0
1042000	11/26/24 S	13,754	1.000	0	13,754	13,754	0
1042000	11/27/24 S	22,057	1.000	0	22,057	22,057	0
1042000	11/29/24 S	19,391	1.000	0	19,391	19,391	0
1042000	12/02/24 S	12,227	1.000	0	12,227	12,227	0
1042000	12/03/24 S	11,854	1.000	0	11,854	11,854	0
1042000	12/10/24 S	191	1.000	0	191	191	0
SUB-TOTAL OF SALES # 92				0	4,915,963	4,915,963	0
SUB-TOTAL				0	9,582,132	9,582,132	0
GRAND TOTAL				0	9,582,132	9,582,132	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

Attachment D



WILMINGTON
TRUST



1045621 - PLUMBERS & STEAM 267-HLTH INS FD
January 01, 2024 through December 31, 2024

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
	BEGINNING MARKET VALUE	5,566,945.00					
	COMPARATIVE VALUE (5%)	278,347.25					
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
1045621	ISSUE: 277911491 - EATON VANCE FLOATING-RATE FD-I 01/17/24 S	150,914	8.420	0	1,270,694 *	1,270,694	0
1045621	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 01/18/24 B	1,270,694	1.000	0	1,270,694 *	1,270,694	
1045621	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 01/18/24 S	1,250,000	1.000	0	1,250,000 *	1,250,000	0
1045621	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 06/18/24 B	8,179,302	1.000	0	8,179,302 *	8,179,302	
1045621	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 06/21/24 S	3,679,000	1.000	0	3,679,000 *	3,679,000	0
1045621	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 07/05/24 S	4,500,000	1.000	0	4,500,000 *	4,500,000	0
GRAND TOTAL					20,149,690	20,149,690	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

continued



WILMINGTON TRUST

1045621 - PLUMBERS & STEAM 267-HLTH INS FD

January 01, 2024 through December 31, 2024

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REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1045621	ISSUE: 277911491 - EATON VANCE FLOATING-RATE FD-I						
	01/17/24 S	150,914	8.420	0	1,270,694 *	1,270,694	0
	SUB-TOTAL OF SALES # 1			0	1,270,694	1,270,694	0
	SUB-TOTAL			0	1,270,694	1,270,694	0
	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST						
1045621	01/02/24 B	503	1.000	0	503-	503	
1045621	01/18/24 B	1,270,694	1.000	0	1,270,694-*	1,270,694	
1045621	02/01/24 B	544	1.000	0	544-	544	
1045621	02/02/24 B	5,230	1.000	0	5,230-	5,230	
1045621	03/01/24 B	575	1.000	0	575-	575	
1045621	04/01/24 B	618	1.000	0	618-	618	
1045621	05/01/24 B	599	1.000	0	599-	599	
1045621	06/03/24 B	621	1.000	0	621-	621	
1045621	06/18/24 B	8,179,302	1.000	0	8,179,302-*	8,179,302	
1045621	07/01/24 B	10,380	1.000	0	10,380-	10,380	
1045621	08/01/24 B	3,193	1.000	0	3,193-	3,193	
1045621	09/03/24 B	681	1.000	0	681-	681	
1045621	10/01/24 B	642	1.000	0	642-	642	
1045621	10/04/24 B	6,905	1.000	0	6,905-	6,905	
1045621	11/01/24 B	654	1.000	0	654-	654	
1045621	12/02/24 B	613	1.000	0	613-	613	
	SUB-TOTAL OF BUYS # 16			0	9,481,754	9,481,754	
1045621	01/03/24 S	361	1.000	0	361	361	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1045621	01/18/24 S	1,250,000	1.000	0	1,250,000 *	1,250,000	0
1045621	04/02/24 S	270	1.000	0	270	270	0
1045621	06/21/24 S	3,679,000	1.000	0	3,679,000 *	3,679,000	0
1045621	07/02/24 S	541	1.000	0	541	541	0
1045621	07/05/24 S	4,500,000	1.000	0	4,500,000 *	4,500,000	0
1045621	10/02/24 S	407	1.000	0	407	407	0
SUB-TOTAL OF SALES # 7				0	9,430,579	9,430,579	0
SUB-TOTAL				0	18,912,333	18,912,333	0
GRAND TOTAL				0	20,183,027	20,183,027	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***