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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/18/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN

48-18 VAN DAM STREET, SUITE 201
LONG ISLAND CITY, NY 11101-3107

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LONG ISLAND CITY, NY 11101-3107

2b Employer Identification Number (EIN)
13-3628926

2c Plan Sponsor's telephone number
718-937-7150

2d Business code (see instructions)
623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	JULIE PINKHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	NEAL SCHELBERG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	13994
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)**	2162
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2037
b	Retired or separated participants receiving benefits	**6b**	6442
c	Other retired or separated participants entitled to future benefits	**6c**	4662
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13141
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	584
f	Total. Add lines **6d** and **6e**.	**6f**	13725
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)**	
g(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**	27

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

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN

D Employer Identification Number (EIN)
13-3628926

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OHAMA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	G000ASF2	1959	05/01/2024	04/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
41478	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

KEVIN M HARRINGTON
770 DEDHAM ST.
CANTON, MA 02021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41478			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] 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	829560
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN

D Employer Identification Number (EIN)
13-3628926

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	611956072
(2)	Actuarial value of assets for funding standard account	**1b(2)**	668114402
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	659836319
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	659836319
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	880872996
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	11227398
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	58688486
(3)	Expected plan disbursements for the plan year	**1d(3)**	58678888

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 10/13/2026

JAY K. EGELBERG — Type or print name of actuary

23-04981 — Most recent enrollment number

FIRST ACTUARIAL CONSULTING, INC. — Firm name

212-395-9555 — Telephone number (including area code)

1501 BROADWAY, SUITE 1728
NEW YORK, NY 10036-5601

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	612753283
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		6862	496326883
(2) For terminated vested participants		4991	271315955
(3) For active participants:			
(a) Non-vested benefits			2622958
(b) Vested benefits			110607200
(c) Total active		2162	113230158
(4) Total		14015	880872996
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	69.56 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	10502331				
			Totals ► **3(b)**	10502331	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 60660

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	101.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	2.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	6.5 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	3000000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	30362967	3115599

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	7921679

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	111484114		14029246
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	1536565
e Total charges. Add lines 9a through 9d			**9e**	23487490
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	63414184
g Employer contributions. Total from column (b) of line 3			**9g**	10502331
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	56348013		7730412
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	5347703
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	127561238		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	127435230		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	86994630
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	63507140
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN

D Employer Identification Number (EIN)
13-3628926

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

EMPOWER ANNUITY INS. CO. OF AMERICA

84-0467907

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

HUDSON EDGE INVESTMENT PARTNERS

27-4114943

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

INVESCO SENIOR SECURED MANAGEMENT

13-3573730

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

BNY MELLON

25-6078093

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

CORBIN CAPITAL PARTNERS LP

30-0299433

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

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

ABS INVESTMENT MANAGEMENT LLC

13-4205457

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

WESTPORT CAPITAL PARTNERS, LLC

20-3834766

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

MGG INVESTMENT GROUP

47-1415826

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

ARENA CAPITAL ADVISORS

46-4305266

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

CONNOR, CLARK & LUNN FINANCIAL GRP.

50 OLD FIELD POINT ROAD
GREENWICH, CT 06830

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

GCM GROSVENOR LP

20-3979494

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

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

LOCAL 813 PENSION TRUST FUND

13-1975659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	1306746	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSKAUER ROSE, LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	561055	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BOYD WATTERSON ASSET MGMT, LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	239113	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

COHEN, WEISS & SIMON, LLP

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	287106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATALANTA SOSNOFF CAPITAL

13-3098640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	264049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST ACTUARIAL CONSULTING INC

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	263000	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)

SILVERCREST ASSET MANAGEMENT GROUP

13-4194623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	236959	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 50 99	NONE	174108	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NEW ENGLAND PENSION CONSULTANTS

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	140000	Yes [ ] No [X]	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)

QUAN-VEST CONSULTANTS, INC.

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	135000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INSIGHT NORTH AMERICA LLC

82-0983489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	97176	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	75716	Yes [ ] No [X]	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)

STERLING CAPITAL MANAGEMENT LLC

42-1658828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	57460	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	35221	Yes [ ] No [X]

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

NOVAK FRANCELLA

61-1436956

(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	19188	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	17929

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO / MARKEL 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	4080

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RLI INSURANCE 620 8TH AVENUE 22ND FL NEW YORK, NY 10018 37-0915434	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	6142

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ENCORE 1065 6TH AVE. 4TH FLOOR NEW YORK, NY 10018 13-5150451	COMMISSION FOR PLACEMENT OF FIDUCIARY EXCESS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	888

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN

D Employer Identification Number (EIN)
13-3628926

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES MULTISECTOR FULL DISC

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-007	C	34652122

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO SL STOCK INDEX FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-340	C	56948355

a Name of MTIA, CCT, PSA, or 103-12 IE: CC&L Q EMERGING MARKETS EQUITY CIF

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6783575-001	C	24997377

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN

D Employer Identification Number (EIN)
13-3628926

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1148905	8658601
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1771320	1164355
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1132563	2259508
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15681538	15389154
(2) U.S. Government securities	1c(2)	92545603	39957254
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	33033396	151979101
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	64862451	66138397
(5) Partnership/joint venture interests	1c(5)	56586745	139809995
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	129641537	116597854
(10) Value of interest in pooled separate accounts	1c(10)	110216526	0
(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)	58130659	17626654
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	48275021	53151785

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	116770	25414
1f Total assets (add all amounts in lines 1a through 1e)	1f	613143034	612758072
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	284117	648957
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	105634	371817
1k Total liabilities (add all amounts in lines 1g through1j)	1k	389751	1020774
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	612753283	611737298

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)	9705120	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9705120
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	650531	
(B) U.S. Government securities	2b(1)(B)	1999081	
(C) Corporate debt instruments	2b(1)(C)	4712543	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1154563	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8516718
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	13734	
(B) Common stock	2b(2)(B)	698325	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1424267	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2136326
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	394421398	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	395500718	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1079320
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10252928	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10252928

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		27571832
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1245907
(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)		1641978
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		57499675
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52061119	
(2) To insurance carriers for the provision of benefits	2e(2)	789293	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		52850412
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)	1306746	
(3) Recordkeeping fees	2i(3)	19188	
(4) IQPA audit fees	2i(4)	75716	
(5) Investment advisory and investment management fees	2i(5)	2168980	
(6) Bank or trust company trustee/custodial fees	2i(6)	37124	
(7) Actuarial fees	2i(7)	263000	
(8) Legal fees	2i(8)	848161	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	19200	
(11) Other expenses	2i(11)	927133	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5665248
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		58515660
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1015985
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CALIBRE CPA GROUP, PLLC **(2)** EIN: 47-0900880

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		7500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		53151785
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589914.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN

D Employer Identification Number (EIN)
13-3628926

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 104

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer RITE-WAY INTERNAL

b EIN 11-2206391 **c** Dollar amount contributed by employer 52575

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 75.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer CARDELLA TRUCKING

b EIN 13-2622209 **c** Dollar amount contributed by employer 198823

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 75.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BROWN UNIVERSITY HOSPITAL

b EIN 05-0258809 **c** Dollar amount contributed by employer 1511532

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer CITY WIDE CONTAINER

b EIN 11-3207838 **c** Dollar amount contributed by employer 59925

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 75.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer STERICYCLE, INC.

b EIN 36-3640402 **c** Dollar amount contributed by employer 120843

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2028

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.50
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer IESI COPORATION (WASTE CONNECTIONS)

b EIN 13-3960687 **c** Dollar amount contributed by employer 111466

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 75.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer MASSACHUSETTS NURSES ASSOCIATION

b EIN 04-3389528 **c** Dollar amount contributed by employer 519297

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer LIBERTY CONTRACTING

b EIN 22-2981137 **c** Dollar amount contributed by employer 78775

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 75.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer LAWRENCE GENERAL HOSPITAL

b EIN 04-2103586 **c** Dollar amount contributed by employer 2107886

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 01 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer BOSTON MEDICAL CENTER

b EIN 04-3314093 **c** Dollar amount contributed by employer 4819003

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 5% OF EMPLOYEE'S COMPENSA

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	4808
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	5949
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	12676

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.99
b The corresponding number for the second preceding plan year	**15b**	0.98

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	3
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	20188029

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 35.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 41.0 %
High-Yield Debt: 8.0 % Real Assets: 6.0 % Cash or Cash Equivalents: 1.0 % Other: 9.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[ ] 0-5 years [X] 5-10 years [ ] 10-15 years [ ] 15 years or more

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

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

NURSES AND LOCAL 813 IBT RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

NURSES AND LOCAL 813 IBT RETIREMENT PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

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CALIBRE
462 SEVENTH AVENUE
16TH FLOOR
NEW YORK, NY 10018
T: 212.695.1300 | F: 212.695.1591

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Nurses and Local 813 IBT Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 2025 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

New York, NY
September 11, 2026

NURSES AND LOCAL 813 IBT RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments, at fair value		
Cash equivalents	$ 15,389,154	$ 15,681,538
U.S. Government securities	39,957,254	92,545,603
Corporate bonds	151,979,101	33,033,396
Common stock	66,138,397	64,862,451
Registered investment companies	17,626,654	58,130,659
Hedge funds of funds	53,151,785	48,275,021
Collective trust funds	116,597,854	129,641,537
Limited partnerships	139,809,995	56,586,745
Pooled separate accounts	-	110,216,526
Total investments, at fair value	600,650,194	608,973,476
Receivables		
Employer contributions	1,164,355	1,771,320
Interest and dividends	2,183,263	1,132,563
Total receivables	3,347,618	2,903,883
Cash	8,658,601	1,148,905
Prepaid expenses and other assets	101,659	116,770
Total assets	612,758,072	613,143,034
Liabilities		
Accounts payable and accrued expenses	648,957	284,117
Due to affiliated entity for shared expenses	371,817	105,634
Total liabilities	1,020,774	389,751
Net assets available for benefits	$ 611,737,298	$ 612,753,283

See accompanying notes to financial statements.

NURSES AND LOCAL 813 IBT RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 37,141,511	$ 29,807,978
Interest and dividends	10,653,044	10,952,382
	47,794,555	40,760,360
Less: investment expenses	2,206,104	2,362,581
Net investment income	45,588,451	38,397,779
Employer contributions	9,644,460	9,844,035
Withdrawal liability income	60,660	-
Total additions	55,293,571	48,241,814
Deductions		
Benefits paid to participants	52,061,119	49,983,183
Life insurance premiums	789,293	824,035
Administrative expenses	3,459,144	3,132,617
Total deductions	56,309,556	53,939,835
Net change	(1,015,985)	(5,698,021)
Net assets available for benefits		
Beginning of year	612,753,283	618,451,304
End of year	$ 611,737,298	$ 612,753,283

See accompanying notes to financial statements.

NURSES AND LOCAL 813 IBT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF PLAN

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

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

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

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Funding Policy - Funding to provide the benefits is made through monthly contributions by participating Local 813 employers on behalf of each covered employee as provided for in the applicable prevailing CBAs with the Local 813 Union. Funding is also provided through the collection of withdrawal liability obligations from former Local 813 contributing employers. Funding for the MNA represented participants is made through contributions to the Plan based on a percentage of specified wages as required under the applicable CBAs with the MNA. Annual funding for the Legacy Plans was actuarially determined in accordance with the Participation Agreement between Steward and the Plan. Contributions by participants are not permitted under the Plan. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2025 and 2024.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

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

NOTE 3. ACTUARIAL INFORMATION

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

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

The significant actuarial assumptions used in the valuation as of December 31, 2024 are as follows:

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

NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

Retirement Rates:

813 Benefits

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

MNA Benefits

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

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

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

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

Termination Rates:

813 Benefits: Sample rates are as follows:

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

Other Benefits: Sample rates are as follows:

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

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

The actuarial present value of accumulated plan benefits as of December 31, 2024 is shown below:

Actuarial present value of accumulated plan benefits	
Actuarial present value of vested benefits:	
Participants currently receiving benefits	$ 410,756,964
Participants entitled to deferred benefits	196,392,552
Other participants	79,481,566
Total vested benefits	686,631,082
Actuarial present value of non-vested benefits	1,812,646
Total actuarial present value of accumulated plan benefits	$ 688,443,728

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

Actuarial present value of accumulated plan benefits - January 1, 2024	$ 686,286,070
Changes during year due to	
Decrease in discount period at 6.50%	42,983,354
Benefits paid	(50,807,218)
Additional benefits earned, including experience gains and losses	9,981,522
Total change	2,157,658
Actuarial present value of accumulated plan benefits - December 31, 2024	$ 688,443,728

Since information on the accumulated plan benefits at December 31, 2025, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2025, and changes in its financial status for the year then ended. As permitted under accounting standards, the financial statements present the complete financial status of the Plan as of December 31, 2024.

Pension Protection Act Filings

For each of the years ended December 31, 2025 and 2024, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither Endangered nor Critical Status (Green Zone) as defined in the Pension Protection Act of 2006 (PPA), as amended.

NOTE 4. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Registered investment companies - Valued at quoted market prices reported on the national securities exchange in which the securities are traded.

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

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

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

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

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
Description	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 15,389,154	$ 15,389,154	$ -	$ -
U.S. Government securities	39,957,254	27,167,068	12,790,186	-
Corporate bonds	151,979,101	-	151,979,101	-
Common stock	66,138,397	66,138,397	-	-
Registered investment companies	17,626,654	17,626,654	-	-
Total assets in fair value hierarchy	291,090,560	$ 126,321,273	$ 164,769,287	$ -
Investments measured at NAV*	309,559,634			
Total assets at fair value	$ 600,650,194			

	Assets at Fair Value as of December 31, 2024			
Description	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 15,681,538	$ 15,681,538	$ -	$ -
U.S. Government securities	92,545,603	85,679,066	6,866,537	-
Corporate bonds	33,033,396	-	33,033,396	-
Common stock	64,862,451	64,862,451	-	-
Registered investment companies	58,130,659	58,130,659	-	-
Total assets in fair value hierarchy	264,253,647	$ 224,353,714	$ 39,899,933	$ -
Investments measured at NAV*	344,719,829			
Total assets at fair value	$ 608,973,476			

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

Fair Value of Investments that Calculate NAV

The following table on the next page summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. Each investment fund, with the exception of the hedge funds of funds and limited partnerships, is measured at fair value by using the NAV practical expedient and also files U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these funds are not required. There were no unfunded commitments towards the investment funds that file as a DFE at December 31, 2025 and 2024.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Fair Value 12/31/25	Fair Value 12/31/24	Redemption Frequency	Redemption Notice Period
Hedge Funds of Funds:				
EnTrust Capital Diversified Fund (a)	$ 10,041	$ 7,158	See (a) below	See (a) below
EnTrust Special Opps. Fund III Ltd. (b)	190,111	218,771	See (b) below	See (b) below
Pinehurst Institutional Fund LP (c)	52,951,633	48,049,092	Quarterly	100 days
	53,151,785	48,275,021		
Collective Trust Funds:				
BNYM AFL-CIO SL Stock Index Fund	56,948,355	93,447,153	Daily	1 day
Loomis Sayles Multisector Bond Fund	34,652,122	36,194,384	Daily	3 days
CC&L Q Emerging Markets Equity CIF	24,997,377	-	Daily	2 days
	116,597,854	129,641,537		
Limited Partnerships:				
ABS Emerging Markets Strategic Portfolio LP (d)	18,111,835	-	Monthly	60 days
Arena Short Duration High Yield Fund LP (e)	24,545,514	-	Monthly	30 days
Boyd Watterson GSA Fund, LP (f)	21,917,560	21,987,165	Quarterly	60 days
Boyd Watterson Tactical CLO Fund, LP (g)	11,141,457	-	Quarterly	60 days
GCM Grosvenor Infrastructure Adv. Fund II, LP (h)	2,912,804	-	See note (h)	See note (h)
Invesco PCO Evergreen Fund, LP (i)	6,513,635	5,316,771	Semi Annually	180 days
Hudson Edge Trinity St. Intl. Equity Fund, LP (j)	33,393,659	29,282,809	Monthly	30 days
MGG SF Evergreen Fund Cayman, LP (k)	12,191,094	-	Quarterly	90 days
Westport Special Core Plus Fund III, LP (l)	9,082,437	-	See note (l)	See note (l)
	139,809,995	56,586,745		
Pooled Separate Accounts:				
Mass Mutual Small Cap Growth	-	35,151,483	Daily	1-3 days
Mass Mutual Strategic Emerging Markets	-	25,189,372	Daily	1-3 days
Mass Mutual Mid Cap Growth	-	35,207,707	Daily	1-3 days
Mass Mutual Mid Cap Value	-	14,667,964	Daily	1-3 days
	-	110,216,526		
Total	$ 309,559,634	$ 344,719,829		

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

(b) Entrust Special Opportunities Fund III Ltd invests in a select group of funds and investment vehicles that are generally expected to be illiquid. Investments include, but not limited to, global distressed corporate securities, activist equities, value equities, reorganization equities, municipal bonds, high yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, direct lending and sovereign debt, real estate, venture capital, and private equity-type structures. The Plan is currently liquidating its position in this investment.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

(c) Pinehurst Institutional Fund LP (Pinehurst) invests in a pool of collective investment vehicles and individually managed accounts that invest in equity and debt securities of U.S. and non-U.S. corporations, U.S. government securities, non-U.S. government securities, futures contracts, options, options on futures, other derivatives including swaps, forward contracts, currencies and physical commodities, partnership interests, money market instruments, and derivative securities. At December 31, 2025 and 2024, the Plan had no unfunded commitments towards Pinehurst.

(d) ABS Emerging Markets Strategic Portfolio, LP (ABS) invests in emerging markets in Latin America, Europe, Middle East, Africa, and Asia. Their core approach is a focus on local specialists who have a geographical and cultural advantage in identifying alpha opportunities within these highly diverse markets. Investments include mainly equities in these emerging markets. At December 31, 2025 and 2024, the Plan had no unfunded commitments toward ABS.

(e) Arena Short Duration High Yield Fund LP (Arena) invests in short duration high yield corporate bonds and leveraged loans. Their core approach seeks to identify market inefficiencies and generate strong risk-adjusted returns. At December 31, 2025, the Plan had no unfunded commitments toward Arena.

(f) Boyd Watterson GSA Fund, LP (Boyd Watterson) invests in diversified commercial property primarily leased to the United States federal government either through the General Services Administration (GSA) or other federal government agencies. At December 31, 2025 and 2024, the Plan had no unfunded commitments towards Boyd Watterson.

(g) Boyd Watterson Tactical CLO Fund, LP (Boyd Watterson Tactical) invests primarily in Collateralized Loan Obligations which are a pool of senior secured loans, typically floating rate, to businesses that are rated below investment grade. At December 31, 2025, the Plan had no unfunded commitments towards Boyd Watterson Tactical.

(h) GCM Grosvenor Infrastructure Advantage Fund II (GCM Grosvenor) seeks to originate and execute infrastructure projects that leverage the inclusion of union labor as a contributing factor to enabling attractive risk adjusted returns. At December 31, 2025 and 2024, the Plan had no unfunded commitments towards GCM Grosvenor. The fund is structured as a closed-end limited partnership, and redemptions are not permitted during the life of the fund.

(i) Invesco PCO Evergreen Fund, LP (Invesco) invests in direct lending loans enhanced by stressed credit opportunities. The direct lending investments target senior secured loans to sponsored middle market companies which can offer attractive stable, high current income potential with minimal volatility, while the stressed credit strategy targets catalyst-driven, senior secured credit investments purchased at discount to par and intrinsic business value which can offer higher return potential. At December 31, 2025 and 2024, the Plan had unfunded commitments of $8,494,494, and $9,855,405, respectively towards Invesco.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

(j) Hudson Edge Trinity Street International Equity Fund, LP (HGK) invests in undervalued international stocks where there is a pricing discrepancy, with an emphasis on capital preservation. Most of the investments will consist of companies that are mid-market capitalization to large capitalization companies. However, emerging markets and small capitalization stocks will, from time to time, will be represented in the portfolio. At December 31, 2025, the Plan had no unfunded commitments towards HGK.

(k) MGG SF Evergreen Fund Cayman, LP (MGG Evergreen) invests primarily in debt securities in middle-market businesses, primarily operating in the United States of America. The majority of their underlying investments are in businesses with between $10-$50 million of earnings where securities invested in primarily consist of first-lien senior secured structures. At December 31, 2025, the Plan had an unfunded commitment of $2,929,553 towards MGG Evergreen.

(l) Westport Special Core Plus Fund III, LP (Westport) specializes exclusively on real estate investing, with the goal of generating consistent and attractive risk-adjusted returns through a wide range of investments and across all market cycles. The Investment fund is a commitment style fund and does not have redemption rights. At December 31, 2025, the Plan had an unfunded commitment of $4,200,000 towards Westport.

NOTE 5. TAX STATUS

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

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. PLAN TERMINATION

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

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

The Plan shares office space and administration with other related benefit funds and the Union. As part of a cost sharing arrangement, the Plan's related Local 813 Insurance Fund (813 Insurance Fund) acts as paying agent for certain common administrative expenses (Local 813 Pension Fund was the paying agent prior to 2025). The Plan reimburses 813 Insurance Fund for its estimated allocable share of these common administrative expenses paid on its behalf, as determined by the Board of Trustees under a cost sharing agreement. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Shared administrative expenses for the years ended December 31, 2025 and 2024, totaled $1,306,746 and $1,149,042, respectively. Amounts due the 813 Insurance Fund totaled $371,817 as of December 31, 2025. Amounts due Local 813 Pension Fund totaled $105,634 as of December 31, 2024. These amounts were subsequently reimbursed to 813 Insurance Fund and Local 813 Pension Fund.

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

NOTE 8. RISKS AND UNCERTAINTIES

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

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

NOTE 9. SIGNIFICANT CONTRIBUTING EMPLOYER

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

NOTE 10. OPERATING LEASE AS LESSEE

The Plan leases premises at 340 Turnpike Street, Canton, MA, 02021, from the Plan's related MNA. The lease term is November 1, 2022 through October 31, 2027. The Plan also incurs rent expense as part of the cost sharing arrangement with 813 Insurance Fund (813 Pension Fund in 2024) but is not a party to the lease. These transactions are considered exempt party-in-interest transactions under ERISA. Total rent expense was $81,580 and $77,250 for the years ended December 31, 2025 and 2024, respectively.

The Plan's future lease payments under the lease as of December 31, 2025 are as follows:

Year ending December 31,	Amount
2026	$ 10,488
2027	8,740
	$ 19,228

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Total additions per the financial statements	$ 55,293,571	$ 48,241,814
Add: investment expenses	2,206,104	2,362,581
Total income per the Form 5500	$ 57,499,675	$ 50,604,395

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Total deductions per the financial statements	$ 56,309,556	$ 53,939,835
Add: investment expenses	2,206,104	2,362,581
Total expenses per the Form 5500	$ 58,515,660	$ 56,302,416

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 11, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

Schedule MB, line 6 – Summary of Plan Provisions

813 Benefits

Participation An employee in covered employment becomes a Fund participant on the last day of the calendar year during which a Contributing Employer contributes to the Fund on his or her behalf.

Credited Service One year of credited service for 52 weeks of contributions paid into the Fund during a Plan Year. Pro-rata credited service granted for less than 52 weeks of contributions paid into the Fund during a Plan year.

Vesting Credit One year of Vesting Credit if the participant has at least 900 hours of service or at least 20 weeks of employer contributions paid into the Fund on his or her behalf.

Regular Pension

Eligibility: Age 62 and 4.5 years of credited service.

Amount: The sum of (1) + (2):

(1) For credited service earned prior to January 1, 2009, a monthly benefit varying in accordance with the contribution rate payable on a participant's behalf at December 31, 2008, based on a schedule of benefits in effect at December 31, 2008. The benefit payable after 35 years of credited service will be increased at a rate of 6.5% for each year of credited service in excess of 35.

(2) For credited service earned on or after January 1, 2009, a monthly benefit equal to the sum of 25% of the average weekly contribution rate for each plan year multiplied by the credited service earned in that plan year.

Severance Benefit

Eligibility: 4.5 years of credited service or 5 years of vesting service.

Amount: The sum of (1) + (2):

(1) For credited service earned prior to January 1, 2009, a monthly benefit varying in accordance with the contribution rate payable on a participant's behalf at December 31, 2008, based on a schedule of benefits in effect at December 31, 2008, but in no event less than the Regular Pension discounted by 5.5% for each year commencement precedes age 62. The benefit payable after 35 years of credited service will be increased at a rate of 6.5% for each year of credited service in excess of 35.

(2) For credited service earned on or after January 1, 2009, a monthly benefit equal to the sum of 25% of the average weekly contribution rate for each plan year multiplied by the credited service earned in that plan year.

Preretirement Death Benefit	Eligibility:	4.5 years of credited service or 5 years of vesting service.
	Amount:	100% of the benefit a participant would have received had he or she terminated the day before he or she died. The beneficiary's benefit is payable starting the first month following the death of the participant.
Normal Form of Benefit	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.	
Optional forms of Payment	1) Life Annuity 2) 75% Joint and Survivor annuity 3) Lump Sum	

Caritas Christi Benefits

Participation	First day of the plan year following completion of 1,000 hours and attainment of age 21. No employees not participating in the Plan as of December 31, 2003 may become participants in the Plan.	
Average Compensation	The highest 3 consecutive years of pensionable earnings during the last 10 years preceding the determination date. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.	
Accrued Benefit	Frozen accrued benefit as of December 31, 2003, under the terms of the Plan then in effect.	
Normal Retirement Benefit	Eligibility:	The later of the attainment of age 65 or the completion of 5 years of service from hire.
	Amount:	Unreduced accrued benefit payable immediately.
Early Retirement Benefit	Eligibility:	Upon the attainment of age 55 and completion of 5 years of service.
	Amount:	The accrued benefit reduced in accordance with the rates contained in the formal plan document on account of early commencement.
Vested Benefit	Eligibility:	Completion of 5 years of service.
	Amount:	Accrued benefit payable upon attainment of normal retirement age. An actuarial equivalent benefit is payable if commencement is prior to normal retirement age.

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

Good Samaritan Benefits

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

Accrued Benefit

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

Normal Retirement Benefit

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

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

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

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

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

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

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

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

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

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

Early Retirement Benefit

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

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

Late Retirement Benefit

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

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

Morton Benefits

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

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

Norwood Benefits

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

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

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

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

Credited service ends on December 31, 2003.

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

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

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

Normal Retirement Benefit

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

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

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

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

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

Early Retirement Benefit	Eligibility:	Attainment of age 55 and the completion of five years of Vesting Service.
	Amount:	Accrued benefit reduced by 5/9 of 1% for each of the first 60 months, and 5/18 of 1% for each additional month by which early retirement precedes normal retirement.
Late Retirement Benefit	A participant may continue in the employment of the Employer after her normal retirement date. In such event she will receive at actual retirement the actuarially equivalent of the benefit accrued at normal retirement date.	
Vested Benefit	Eligibility:	Five years of vesting service.
	Amount:	Accrued benefit payable upon attainment of normal retirement age.
Preretirement Death Benefit	Eligibility:	Five years of service.
	Amount:	50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the Participant's death; or (2) the date the Participant would have attained early retirement age.
Postretirement Special Death Benefit	Upon death, the lesser of $5,000 or 20% of compensation for the calendar year preceding the calendar year of retirement, in addition to any death benefits provided by the optional form of benefit elected. In lieu of the lump-sum death benefit, a monthly supplemental retirement benefit can be elected that is the actuarial equivalent of the lump-sum death benefit.	
Normal Form of Benefit	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.	
Optional Forms of Payment	1) Single life annuity 2) Life annuity with 120 months guaranteed 3) Joint & 66-2/3%, 75% or 100% survivor annuity	

<u>MNA Benefits</u>

Participation	An Employee who is engaged in Covered Employment under a Collective Bargaining Agreement to which MNA is a party shall become an MNA Participant in the Plan on the next January 1 or July 1 following completion of a twelve (12) consecutive month period during which she completed at least eight hundred forty (840) Covered Hours of Service under a Collective Bargaining Agreement with MNA, but not earlier than January 1, 2016.
LMA Participant	Participant whose covered employment was on August 27, 2010 subject to the MNA Limited Master Agreement dated August 27, 2010 (the "LMA"), who was employed by an Employer continuously and whose Covered Employment has been subject to the

LMA continuously from that date through January 1, 2016, and who becomes a Participant on January 1, 2016. An MNA Participant will cease to be an LMA Participant on the first date that the MNA Participant is no longer subject to the LMA.

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

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

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

Normal Retirement Benefit

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

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

Early Retirement Benefit

Eligibility: Age 55 and ten years of Vesting Service

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

Vested Benefit

Eligibility: Five years of Vesting Service

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

Preretirement Death Benefit	Eligibility:	Five years of Vesting Service
	Amount:	50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the Participant's death; or (2) the date the Participant would have attained early retirement age.
Normal Form of Benefit	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.	
Optional Forms of Payment	1) Single life annuity 2) Joint & 50% or 75% survivor annuity	

Changes in Plan Provisions since the Last Valuation

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

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
U. S. GOVERNMENT SECURITIES					
3132DWDT7	FHLMC POOL #SD-8214 3.500% 05/01/2052 DD 04/01/22	1,085,216.118	980,764.06	1,007,644.87	26,880.81
3132DWHE6	FHLMC POOL #SD-8329 5.000% 05/01/2053 DD 05/01/23	1,157,913.260	1,138,373.48	1,160,344.88	21,971.40
31418DYY2	FNMA POOL #0MA4326 2.500% 05/01/2051 DD 04/01/21	1,193,034.771	998,607.37	1,019,794.19	21,186.82
31418DZW5	FNMA POOL #0MA4356 2.500% 06/01/2051 DD 05/01/21	1,349,806.300	1,128,564.62	1,153,584.96	25,020.34
31418EBR0	FNMA POOL #0MA4547 2.000% 01/01/2051 DD 01/01/22	2,176,239.393	1,729,770.28	1,767,628.68	37,858.40
31418ED64	FNMA POOL #0MA4624 3.000% 05/01/2052 DD 05/01/22	979,800.684	846,915.21	870,092.40	23,177.19
31418EE55	FNMA POOL #0MA4655 4.000% 06/01/2052 DD 06/01/22	1,342,968.346	1,253,367.17	1,283,394.27	30,027.10
31418EKT6	FNMA POOL #0MA4805 4.500% 10/01/2052 DD 10/01/22	802,554.790	769,637.51	787,394.53	17,757.02
31418EMT4	FNMA POOL #0MA4869 5.500% 12/01/2052 DD 12/01/22	865,450.032	868,424.99	881,599.33	13,174.34
31418ET67	FNMA POOL #0MA5072 5.500% 06/01/2053 DD 06/01/23	929,540.904	929,831.37	946,058.85	16,227.48
912810SQ2	U S TREASURY BOND 1.125% 08/15/2040 DD 08/15/20	9,870,000.000	6,056,283.51	6,223,133.70	166,850.19
912810TD0	U S TREASURY BOND 2.250% 02/15/2052 DD 02/15/22	3,590,000.000	2,252,824.28	2,188,787.10	(64,037.18)
912828Z94	U S TREASURY NOTE 1.500% 02/15/2030 DD 02/15/20	335,000.000	301,356.05	307,925.30	6,569.25
91282CNT4	U S TREASURY NOTE 4.250% 08/15/2035 DD 08/15/25	4,200,000.000	4,229,039.06	4,239,396.00	10,356.94
912797PD3	U S TREASURY BILL 0.000% 01/22/2026 DD 01/23/25	389,000.000	379,048.12	379,048.12	0.00
912797QD2	U S TREASURY BILL 0.000% 04/16/2026 DD 04/17/25	546,000.000	527,307.05	527,307.05	0.00
912810EX2	U S TREASURY BOND 6.750% 08/15/2026 DD 08/15/96	49,500.000	51,093.44	50,453.37	(640.07)
912810FG8	U S TREASURY BOND 5.250% 02/15/2029 DD 02/15/99	606,000.000	637,843.98	637,602.90	(241.08)
912810UK2	U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25	190,000.000	184,872.25	187,535.70	2,663.45
9128283F5	U S TREASURY NOTE 2.250% 11/15/2027 DD 11/15/17	505,000.000	486,234.00	493,854.65	7,620.65
9128285M8	U S TREASURY NOTE 3.125% 11/15/2028 DD 11/15/18	530,000.000	517,455.68	524,265.40	6,809.72
9128286T2	U S TREASURY NOTE 2.375% 05/15/2029 DD 05/15/19	477,000.000	450,822.50	458,850.15	8,027.65
912828YS3	U S TREASURY NOTE 1.750% 11/15/2029 DD 11/15/19	453,000.000	414,071.83	423,323.97	9,252.14
912828Z94	U S TREASURY NOTE 1.500% 02/15/2030 DD 02/15/20	627,000.000	562,832.57	576,325.86	13,493.29
91282CCE9	U S TREASURY NOTE 1.250% 05/31/2028 DD 05/31/21	500,000.000	463,683.71	474,180.00	10,496.29
91282CCY5	U S TREASURY NOTE 1.250% 09/30/2028 DD 09/30/21	600,000.000	551,573.02	564,588.00	13,014.98
91282CDP3	U S TREASURY NOTE 1.375% 12/31/2028 DD 12/31/21	558,000.000	512,006.33	524,084.76	12,078.43
91282CDQ1	U S TREASURY NOTE 1.250% 12/31/2026 DD 12/31/21	619,000.000	602,027.93	605,301.53	3,273.60
91282CEV9	U S TREASURY NOTE 3.250% 06/30/2029 DD 06/30/22	587,000.000	572,713.06	580,601.70	7,888.64
91282CHU8	U S TREASURY NOTE 4.375% 08/15/2026 DD 08/15/23	50,400.000	50,691.38	50,638.39	(52.99)
91282CHW4	U S TREASURY NOTE 4.125% 08/31/2030 DD 08/31/23	467,000.000	470,377.61	475,630.16	5,252.55
91282CHY0	U S TREASURY NOTE 4.625% 09/15/2026 DD 09/15/23	440,000.000	443,235.69	443,216.40	(19.29)
91282CJC6	U S TREASURY NOTE 4.625% 10/15/2026 DD 10/15/23	561,000.000	565,506.17	565,521.66	15.49
91282CKV2	U S TREASURY NOTE 4.625% 06/15/2027 DD 06/15/24	509,000.000	516,388.54	517,174.54	786.00
91282CKZ3	U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	583,000.000	588,845.78	590,788.88	1,943.10
91282CLN9	U S TREASURY NOTE 3.500% 09/30/2029 DD 09/30/24	595,000.000	585,380.82	592,584.30	7,203.48
91282CLQ2	U S TREASURY NOTE 3.875% 10/15/2027 DD 10/15/24	566,000.000	566,157.52	569,848.80	3,691.28
91282CMB4	U S TREASURY NOTE 4.000% 12/15/2027 DD 12/15/24	483,000.000	484,817.36	487,752.72	2,935.36
91282CMF5	U S TREASURY NOTE 4.250% 01/15/2028 DD 01/15/25	517,000.000	522,010.17	524,692.96	2,682.79
91282CMS7	U S TREASURY NOTE 3.875% 03/15/2028 DD 03/15/25	439,000.000	439,446.39	442,617.36	3,170.97
91282CMW8	U S TREASURY NOTE 3.750% 04/15/2028 DD 04/15/25	570,000.000	568,577.34	573,072.30	4,494.96

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
9128337E4	U S TREASURY BD CPN STRIP 0.000% 08/15/2036 DD 02/15/07	1,090,000.000	642,249.80	684,094.90	41,845.10
9128337F1	U S TREASURY BD CPN STRIP 0.000% 02/15/2037 DD 02/15/07	299,000.000	173,787.77	182,629.20	8,841.43
912833X96	U S TREASURY BD CPN STRIP 0.000% 11/15/2035 DD 08/15/07	115,000.000	71,609.35	75,109.95	3,500.60
912833Y20	U S TREASURY BD CPN STRIP 0.000% 05/15/2036 DD 08/15/07	820,000.000	527,875.00	521,602.00	(6,273.00)
912834AD0	U S TREASURY BD CPN STRIP 0.000% 11/15/2037 DD 08/15/08	178,000.000	99,030.30	104,372.08	5,341.78
912834AT5	U S TREASURY BD CPN STRIP 0.000% 08/15/2038 DD 02/17/09	11,000.000	5,865.42	6,176.50	311.08
912834EV6	U S TREASURY BD CPN STRIP 0.000% 11/15/2039 DD 11/16/09	13,000.000	6,417.45	6,771.70	354.25
912834LK2	U S TREASURY BD CPN STRIP 0.000% 05/15/2042 DD 05/15/12	1,218,000.000	519,769.32	545,432.58	25,663.26
912834MT2	U S TREASURY BD CPN STRIP 0.000% 08/15/2043 DD 08/15/13	1,292,000.000	512,804.52	537,407.40	24,602.88
912834PB8	U S TREASURY BD CPN STRIP 0.000% 11/15/2044 DD 11/17/14	189,000.000	70,161.54	73,165.68	3,004.14
912834PH5	U S TREASURY BD CPN STRIP 0.000% 02/15/2045 DD 02/17/15	200,000.000	73,240.00	76,540.00	3,300.00
912834PM4	U S TREASURY BD CPN STRIP 0.000% 08/15/2045 DD 08/17/15	235,000.000	83,666.58	87,314.25	3,647.67
912834RK6	U S TREASURY BD CPN STRIP 0.000% 05/15/2047 DD 05/15/17	115,000.000	37,621.54	39,095.40	1,473.86
912834RR1	U S TREASURY BD CPN STRIP 0.000% 08/15/2047 DD 08/15/17	1,013,000.000	327,224.49	339,902.02	12,677.53
2107959D4	CONTINENTAL AIRLINES INC 0.000% 03/15/1997 DD 09/01/93	100,000.000	0.00	0.00	0.00
TOTAL U. S. GOVERNMENT SECURITIES			**39,350,102.28**	**39,957,254.35**	**607,152.07**
CORPORATE DEBT INSTRUMENTS - PREFERRED					
20030NCM1	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	400,000.000	348,000.00	334,740.00	(13,260.00)
38141GB78	GOLDMAN SACHS GROUP INC/THE VAR RT 10/23/2035 DD 10/23/24	700,000.000	681,492.00	704,956.00	23,464.00
61747YFG5	MORGAN STANLEY VAR RT 07/21/2034 DD 07/21/23	800,000.000	811,136.00	833,568.00	22,432.00
67066GAH7	NVIDIA CORP 3.500% 04/01/2050 DD 03/31/20	550,000.000	418,253.00	408,859.00	(9,394.00)
002824BG4	ABBOTT LABORATORIES 4.750% 11/30/2036 DD 11/22/16	1,629,000.000	1,601,685.02	1,642,422.96	40,737.94
002824BH2	ABBOTT LABORATORIES 4.900% 11/30/2046 DD 11/22/16	477,000.000	445,165.02	450,507.42	5,342.40
00287YAV1	ABBVIE INC 4.300% 05/14/2036 DD 05/12/16	364,000.000	338,643.76	349,909.56	11,265.80
00287YCA5	ABBVIE INC 4.050% 11/21/2039 DD 05/21/20	59,000.000	50,791.33	52,803.82	2,012.49
00287YDA4	ABBVIE INC 4.850% 06/15/2044 DD 06/15/20	1,125,000.000	1,019,323.32	1,045,507.50	26,184.18
00287YDS5	ABBVIE INC 4.800% 03/15/2029 DD 02/26/24	415,000.000	421,667.80	425,495.35	3,827.55
010392FB9	ALABAMA POWER CO 6.000% 03/01/2039 DD 03/06/09	484,000.000	513,073.88	520,406.48	7,332.60
01627AAA6	ALIGNED DATA CENTER 1A A2 144A 1.937% 08/15/2046 DD 08/25/21	1,000,000.000	962,695.31	982,090.00	19,394.69
02079KAK3	ALPHABET INC 4.000% 05/15/2030 DD 05/01/25	549,000.000	544,673.88	550,603.08	5,929.20
023135AP1	AMAZON.COM INC 4.800% 12/05/2034 DD 12/05/14	392,000.000	396,543.28	403,356.24	6,812.96
023135BS4	AMAZON.COM INC 1.500% 06/03/2030 DD 06/03/20	498,000.000	437,883.80	449,250.78	11,366.98
023135BZ8	AMAZON.COM INC 2.100% 05/12/2031 DD 05/12/21	550,000.000	484,984.50	497,442.00	12,457.50
023135CF1	AMAZON.COM INC 3.300% 04/13/2027 DD 04/13/22	83,000.000	81,974.12	82,656.38	682.26
023135CQ7	AMAZON.COM INC 4.650% 12/01/2029 DD 12/01/22	494,000.000	503,926.70	507,461.50	3,534.80
023135CR5	AMAZON.COM INC 4.700% 12/01/2032 DD 12/01/22	1,114,000.000	1,126,218.98	1,146,952.12	20,733.14
02364WBG9	AMERICA MOVIL SAB DE CV 4.375% 04/22/2049 DD 04/22/19	775,000.000	623,801.59	653,332.75	29,531.16
02377NAA8	AMERICAN AIRLINES 2025-1 CLASS 4.900% 11/11/2039 DD 11/12/25	268,000.000	268,000.00	264,944.80	(3,055.20)
02582JKF6	AMERICAN EXPRESS CREDIT AC 2 A 5.240% 04/15/2031 DD 04/23/24	610,000.000	630,206.25	636,022.60	5,816.35

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
02582JKH2	AMERICAN EXPRESS CREDIT AC 1 A 5.230% 04/15/2029 DD 04/23/24	500,000.000	508,613.28	509,475.00	861.72
032095AY7	AMPHENOL CORP 4.125% 11/15/2030 DD 11/10/25	535,000.000	534,422.20	532,726.25	(1,695.95)
03523TBT4	ANHEUSER-BUSCH INBEV WORLDWIDE 4.439% 10/06/2048 DD 04/06/17	684,000.000	576,409.98	589,867.92	13,457.94
03523TBW7	ANHEUSER-BUSCH INBEV WORLDWIDE 5.800% 01/23/2059 DD 01/23/19	1,675,000.000	1,694,932.50	1,713,223.50	18,291.00
037833DP2	APPLE INC 2.200% 09/11/2029 DD 09/11/19	479,000.000	442,341.57	452,195.16	9,853.59
037833ED8	APPLE INC 1.650% 02/08/2031 DD 02/08/21	633,000.000	548,604.47	565,262.67	16,658.20
037833EJ5	APPLE INC 1.700% 08/05/2031 DD 08/05/21	628,000.000	540,764.52	556,916.68	16,152.16
037833FA3	APPLE INC 4.500% 05/12/2032 DD 05/12/25	1,468,000.000	1,463,287.72	1,502,967.76	39,680.04
046353AD0	ASTRAZENECA PLC 6.450% 09/15/2037 DD 09/12/07	1,630,000.000	1,806,300.80	1,862,910.70	56,609.90
04685A4R9	ATHENE GLOBAL FUNDING 144A 5.033% 07/17/2030 DD 07/17/25	600,000.000	600,000.00	605,010.00	5,010.00
04685A4S7	ATHENE GLOBAL FUNDING 144A 5.543% 08/22/2035 DD 08/22/25	595,000.000	595,000.00	598,183.25	3,183.25
05964HBG9	BANCO SANTANDER SA 5.439% 07/15/2031 DD 07/15/24	600,000.000	618,270.00	631,170.00	12,900.00
06051GGM5	BANK OF AMERICA CORP VAR RT 04/24/2038 DD 04/24/17	963,000.000	859,284.90	900,337.59	41,052.69
06368L3L8	BANK OF MONTREAL 5.511% 06/04/2031 DD 06/04/24	500,000.000	518,151.97	526,800.00	8,648.03
084659AP6	BERKSHIRE HATHAWAY ENERGY CO 3.800% 07/15/2048 DD 01/05/18	903,000.000	666,856.47	686,568.96	19,712.49
10373QBM1	BP CAPITAL MARKETS AMERICA INC 1.749% 08/10/2030 DD 08/10/20	366,000.000	318,763.95	329,235.30	10,471.35
10373QBS8	BP CAPITAL MARKETS AMERICA INC 3.001% 03/17/2052 DD 09/17/21	655,000.000	426,929.00	420,339.70	(6,589.30)
110122CQ9	BRISTOL-MYERS SQUIBB CO 4.125% 06/15/2039 DD 06/15/20	1,476,000.000	1,287,510.96	1,342,894.32	55,383.36
110122DJ4	BRISTOL-MYERS SQUIBB CO 5.000% 08/15/2045 DD 02/15/20	223,000.000	203,376.00	210,991.45	7,615.45
110122DK1	BRISTOL-MYERS SQUIBB CO 4.350% 11/15/2047 DD 05/15/20	918,000.000	755,257.92	778,638.42	23,380.50
11135FCD1	BROADCOM INC 4.800% 10/15/2034 DD 10/02/24	199,000.000	194,385.19	199,766.15	5,380.96
11135FCT6	BROADCOM INC 3.469% 04/15/2034 DD 10/15/25	236,000.000	208,350.08	215,670.96	7,320.88
125523AJ9	CIGNA GROUP/THE 4.800% 08/15/2038 DD 08/15/19	1,650,000.000	1,517,005.00	1,584,775.50	67,770.50
12572QAL9	CME GROUP INC 4.400% 03/15/2030 DD 03/10/25	474,000.000	474,109.80	481,138.44	7,028.64
14041NFV8	CAPITAL ONE MULTI-ASSET A3 A3 2.060% 08/15/2028 DD 09/05/19	500,000.000	486,386.72	494,640.00	8,253.28
14041NGD7	CAPITAL ONE MULTI-ASSET E A1 A 4.420% 05/15/2028 DD 05/24/23	500,000.000	500,117.19	500,960.00	842.81
14913UAU4	CATERPILLAR FINANCIAL SERVICES 4.700% 11/15/2029 DD 11/15/24	111,000.000	112,657.42	113,959.26	1,301.84
166756BE5	CHEVRON USA INC 4.819% 04/15/2032 DD 02/26/25	192,000.000	194,358.48	197,679.36	3,320.88
166756BJ4	CHEVRON USA INC 4.300% 10/15/2030 DD 08/13/25	455,000.000	454,303.85	459,800.25	5,496.40
171239AJ5	CHUBB INA HOLDINGS LLC 3.050% 12/15/2061 DD 11/18/21	807,000.000	485,665.14	497,709.18	12,044.04
172967EW7	CITIGROUP INC 8.125% 07/15/2039 DD 07/23/09	1,106,000.000	1,368,933.45	1,421,187.88	52,254.43
191216DT4	COCA-COLA CO/THE 5.400% 05/13/2064 DD 05/13/24	67,000.000	63,997.06	65,359.17	1,362.11
20030NCL3	COMCAST CORP 4.600% 10/15/2038 DD 10/05/18	595,000.000	542,401.90	555,194.50	12,792.60
20030NCM1	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	163,000.000	137,842.10	136,406.55	(1,435.55)
202712BX2	COMMONWEALTH BANK OF AUST 144A VAR RT 03/14/2046 DD 03/14/25	973,000.000	941,753.05	995,505.49	53,752.44
202795JY7	COMMONWEALTH EDISON CO 5.300% 02/01/2053 DD 01/10/23	260,000.000	250,629.60	247,275.60	(3,354.00)

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
20826FBJ4	CONOCOPHILLIPS CO 4.700% 01/15/2030 DD 12/05/24	613,000.000	617,326.66	624,971.89	7,645.23
23338VAY2	DTE ELECTRIC CO 5.250% 05/15/2035 DD 05/14/25	165,000.000	167,940.30	169,946.70	2,006.40
23338VAZ9	DTE ELECTRIC CO 5.850% 05/15/2055 DD 05/14/25	200,000.000	206,888.00	205,926.00	(962.00)
26441CCA1	DUKE ENERGY CORP 6.100% 09/15/2053 DD 09/08/23	533,000.000	535,073.37	553,877.61	18,804.24
26442CBJ2	DUKE ENERGY CAROLINAS LLC 4.950% 01/15/2033 DD 01/06/23	696,000.000	699,410.40	717,429.84	18,019.44
26444HAA9	DUKE ENERGY FLORIDA LLC 3.400% 10/01/2046 DD 09/09/16	71,000.000	49,786.01	51,981.23	2,195.22
29364WBD9	ENTERGY LOUISIANA LLC 2.900% 03/15/2051 DD 03/06/20	714,000.000	434,663.28	449,213.10	14,549.82
30037DAE5	EVERGY METRO INC 5.125% 08/15/2035 DD 08/15/25	1,130,000.000	1,128,598.80	1,144,577.00	15,978.20
30231GBE1	EXXON MOBIL CORP 2.440% 08/16/2029 DD 08/16/19	649,000.000	608,397.19	620,080.56	11,683.37
30231GBN1	EXXON MOBIL CORP 2.610% 10/15/2030 DD 04/15/20	134,000.000	123,143.60	125,759.00	2,615.40
30303M8G0	META PLATFORMS INC 3.500% 08/15/2027 DD 08/09/22	595,000.000	587,998.55	593,875.45	5,876.90
30303M8L9	META PLATFORMS INC 4.600% 05/15/2028 DD 05/03/23	484,000.000	492,213.48	493,075.00	861.52
341081FA0	FLORIDA POWER & LIGHT CO 5.950% 02/01/2038 DD 01/16/08	1,474,000.000	1,562,313.30	1,603,712.00	41,398.70
341081FQ5	FLORIDA POWER & LIGHT CO 3.950% 03/01/2048 DD 02/28/18	29,000.000	22,655.67	23,244.66	588.99
341081GU5	FLORIDA POWER & LIGHT CO 5.300% 06/15/2034 DD 06/03/24	1,405,000.000	1,432,706.60	1,474,940.90	42,234.30
34528EAA9	FORD CREDIT AUTO OWNE 1 A 144A 3.880% 11/15/2034 DD 05/10/22	500,000.000	494,355.47	500,080.00	5,724.53
34529BAA4	FORD CREDIT FLOORPLAN MAS 1 A1 4.630% 04/15/2030 DD 05/28/25	500,000.000	502,636.72	508,410.00	5,773.28
361886DM3	GMF FLOORPLAN OWNER 3A B 144A 4.920% 11/15/2028 DD 11/26/24	500,000.000	501,484.38	503,385.00	1,900.62
369604BZ5	GENERAL ELECTRIC CO 4.300% 07/29/2030 DD 07/29/25	71,000.000	70,858.00	71,637.58	779.58
373334JW2	GEORGIA POWER CO 4.300% 03/15/2042 DD 03/06/12	1,256,000.000	1,064,690.56	1,102,114.88	37,424.32
38141GB86	GOLDMAN SACHS GROUP INC/THE VAR RT 11/19/2045 DD 11/19/24	823,000.000	797,692.75	826,193.24	28,500.49
38141GGM0	GOLDMAN SACHS GROUP INC/THE 6.250% 02/01/2041 DD 01/28/11	238,000.000	250,026.14	261,271.64	11,245.50
38141GYK4	GOLDMAN SACHS GROUP INC/THE VAR RT 07/21/2042 DD 07/21/21	766,000.000	537,195.80	563,316.40	26,120.60
38148YAA6	GOLDMAN SACHS GROUP INC/THE VAR RT 10/31/2038 DD 10/31/17	203,000.000	173,993.33	182,907.06	8,913.73
40139LBP7	GUARDIAN LIFE GLOBAL FUND 144A 4.402% 12/11/2030 DD 12/11/25	535,000.000	535,000.00	537,359.35	2,359.35
437076CC4	HOME DEPOT INC/THE 3.300% 04/15/2040 DD 03/30/20	413,000.000	324,192.61	338,668.26	14,475.65
437076CD2	HOME DEPOT INC/THE 3.350% 04/15/2050 DD 03/30/20	712,000.000	491,988.08	503,960.72	11,972.64
437076CJ9	HOME DEPOT INC/THE 1.875% 09/15/2031 DD 09/21/21	477,000.000	407,378.74	421,000.20	13,621.46
437076CK6	HOME DEPOT INC/THE 2.750% 09/15/2051 DD 09/21/21	720,000.000	432,036.24	446,695.20	14,658.96
437076DG4	HOME DEPOT INC/THE 5.400% 06/25/2064 DD 06/25/24	238,000.000	224,348.32	228,503.80	4,155.48
438516CK0	HONEYWELL INTERNATIONAL INC 5.000% 02/15/2033 DD 11/02/22	1,045,000.000	1,052,421.48	1,078,398.20	25,976.72
438516CM6	HONEYWELL INTERNATIONAL INC 4.500% 01/15/2034 DD 05/17/23	263,000.000	254,047.21	261,214.23	7,167.02
46625HHV5	JPMORGAN CHASE & CO 5.500% 10/15/2040 DD 10/21/10	1,425,000.000	1,427,821.50	1,489,239.00	61,417.50
46625HJZ4	JPMORGAN CHASE & CO 4.125% 12/15/2026 DD 12/09/14	486,000.000	484,578.66	486,913.68	2,335.02
46647PAL0	JPMORGAN CHASE & CO VAR RT 11/15/2048 DD 11/10/17	11,000.000	8,627.74	8,883.71	255.97
46647PAN6	JPMORGAN CHASE & CO VAR RT 01/23/2049 DD 01/23/18	148,000.000	114,422.40	118,229.80	3,807.40

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
46647PES1	JPMORGAN CHASE & CO VAR RT 11/29/2045 DD 11/29/24	143,000.000	140,937.94	145,735.59	4,797.65
478160BV5	JOHNSON & JOHNSON 3.700% 03/01/2046 DD 03/01/16	1,060,000.000	842,426.04	861,822.40	19,396.36
478160CT9	JOHNSON & JOHNSON 2.450% 09/01/2060 DD 08/25/20	630,000.000	341,124.80	347,520.60	6,395.80
478160DK7	JOHNSON & JOHNSON 4.850% 03/01/2032 DD 02/20/25	321,000.000	327,063.69	333,461.22	6,397.53
491674BL0	KENTUCKY UTILITIES CO 4.375% 10/01/2045 DD 09/28/15	292,000.000	238,864.56	247,782.44	8,917.88
532457CH9	ELI LILLY & CO 4.950% 02/27/2063 DD 02/27/23	284,000.000	253,234.45	257,252.88	4,018.43
532457CN6	ELI LILLY & CO 5.100% 02/09/2064 DD 02/09/24	319,000.000	290,784.69	294,902.74	4,118.05
532457CS5	ELI LILLY & CO 5.050% 08/14/2054 DD 08/14/24	487,000.000	449,592.41	457,702.08	8,109.67
532457CU0	ELI LILLY & CO 4.550% 02/12/2028 DD 02/12/25	597,000.000	603,665.54	607,369.89	3,704.35
58933YBE4	MERCK & CO INC 2.150% 12/10/2031 DD 12/10/21	538,000.000	465,099.72	479,675.42	14,575.70
59022CAJ2	BANK OF AMERICA CORP 6.110% 01/29/2037 DD 01/29/07	1,362,000.000	1,418,500.17	1,471,109.82	52,609.65
59156RCC0	METLIFE INC 5.000% 07/15/2052 DD 07/11/22	285,000.000	254,764.35	261,310.80	6,546.45
59156RCE6	METLIFE INC 5.375% 07/15/2033 DD 07/12/23	1,757,000.000	1,814,620.57	1,854,759.48	40,138.91
594918BC7	MICROSOFT CORP 3.500% 02/12/2035 DD 02/12/15	31,000.000	28,666.94	29,272.68	605.74
61744YAR9	MORGAN STANLEY VAR RT 04/22/2039 DD 04/24/18	673,000.000	613,130.26	634,134.25	21,003.99
61746BEG7	MORGAN STANLEY 4.375% 01/22/2047 DD 01/20/17	727,000.000	608,389.95	630,054.55	21,664.60
61772BAC7	MORGAN STANLEY VAR RT 04/22/2042 DD 04/22/21	1,348,000.000	1,000,311.94	1,059,676.28	59,364.34
63946BAJ9	NBCUNIVERSAL MEDIA LLC 4.450% 01/15/2043 DD 10/05/12	986,000.000	831,424.24	840,772.06	9,347.82
64110LAZ9	NETFLIX INC 4.900% 08/15/2034 DD 08/01/24	299,000.000	301,018.25	306,397.26	5,379.01
64952WDW0	NEW YORK LIFE GLOBAL FUND 144A 0.850% 01/15/2026 DD 01/15/21	568,000.000	555,936.06	567,403.60	11,467.54
65341KCC8	NEXTGEAR FLOORPLAN 2A A2 144A 4.420% 09/15/2029 DD 10/10/24	500,000.000	499,453.12	503,600.00	4,146.88
666807BD3	NORTHROP GRUMMAN CORP 5.050% 11/15/2040 DD 11/08/10	165,000.000	156,512.40	163,178.40	6,666.00
666807BN1	NORTHROP GRUMMAN CORP 3.250% 01/15/2028 DD 10/13/17	55,000.000	53,551.36	54,305.35	753.99
693304BJ5	PECO ENERGY CO 5.650% 09/15/2055 DD 09/10/25	290,000.000	289,997.10	289,623.00	(374.10)
69371RT97	PACCAR FINANCIAL CORP 4.000% 08/08/2028 DD 08/08/25	120,000.000	119,929.20	120,783.60	854.40
695114CY2	PACIFICORP 2.900% 06/15/2052 DD 07/09/21	481,000.000	279,523.53	282,919.39	3,395.86
713448EP9	PEPSICO INC 2.875% 10/15/2049 DD 10/09/19	219,000.000	141,361.34	144,456.78	3,095.44
713448FA1	PEPSICO INC 1.400% 02/25/2031 DD 10/07/20	464,000.000	394,523.78	407,127.52	12,603.74
716973AF9	PFIZER INVESTMENT ENTERPRISES 5.110% 05/19/2043 DD 05/19/23	1,181,000.000	1,109,553.34	1,139,830.34	30,277.00
716973AH5	PFIZER INVESTMENT ENTERPRISES 5.340% 05/19/2063 DD 05/19/23	310,000.000	282,072.10	288,963.40	6,891.30
717081CY7	PFIZER INC 7.200% 03/15/2039 DD 03/24/09	431,000.000	504,042.32	515,006.21	10,963.89
771196BW1	ROCHE HOLDINGS INC 144A 1.930% 12/13/2028 DD 12/13/21	495,000.000	457,578.15	469,423.35	11,845.20
771196CH3	ROCHE HOLDINGS INC 144A 5.593% 11/13/2033 DD 11/13/23	1,699,000.000	1,782,663.77	1,819,323.18	36,659.41
828807DH7	SIMON PROPERTY GROUP LP 3.250% 09/13/2049 DD 09/13/19	846,000.000	559,595.16	585,719.64	26,124.48
828807DJ3	SIMON PROPERTY GROUP LP 3.800% 07/15/2050 DD 07/09/20	774,000.000	561,475.08	583,983.00	22,507.92
828807DV6	SIMON PROPERTY GROUP LP 5.850% 03/08/2053 DD 03/08/23	189,000.000	185,947.65	192,560.76	6,613.11
842434CS9	SOUTHERN CALIFORNIA GAS CO 4.300% 01/15/2049 DD 09/24/18	853,000.000	668,849.02	698,862.90	30,013.88
863667BF7	STRYKER CORP 4.625% 09/11/2034 DD 09/11/24	1,321,000.000	1,283,099.36	1,315,306.49	32,207.13
87612EBP0	TARGET CORP 4.500% 09/15/2032 DD 09/13/22	1,657,000.000	1,636,248.79	1,675,740.67	39,491.88
883556CL4	THERMO FISHER SCIENTIFIC INC 2.000% 10/15/2031 DD	106,000.000	91,385.65	94,688.74	3,303.09

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	08/23/21				
89231JAA0	TOYOTA AUTO LOAN EXT 1A A 144A 5.160% 11/25/2036 DD 06/18/24	500,000.000	511,308.59	518,440.00	7,131.41
902613AY4	UBS GROUP AG 4.875% 05/15/2045 DD 11/15/15	1,041,000.000	918,047.49	968,067.54	50,020.05
902613BM9	UBS GROUP AG 144A VAR RT 09/06/2045 DD 09/06/24	1,246,000.000	1,176,755.34	1,225,914.48	49,159.14
907818FG8	UNION PACIFIC CORP 3.839% 03/20/2060 DD 03/20/20	804,000.000	567,286.32	582,208.56	14,922.24
907818FK9	UNION PACIFIC CORP 3.250% 02/05/2050 DD 01/31/20	89,000.000	60,230.75	61,861.23	1,630.48
907818FN3	UNION PACIFIC CORP 2.973% 09/16/2062 DD 03/16/21	417,000.000	237,136.05	245,200.17	8,064.12
907818FS2	UNION PACIFIC CORP 3.799% 04/06/2071 DD 04/06/21	1,826,000.000	1,221,239.12	1,257,675.76	36,436.64
907818FZ6	UNION PACIFIC CORP 3.500% 02/14/2053 DD 02/14/22	97,000.000	67,296.66	68,932.08	1,635.42
911312CL8	UNITED PARCEL SERVICE INC 6.050% 05/14/2065 DD 05/14/25	236,000.000	247,523.88	244,887.76	(2,636.12)
91324PAR3	UNITEDHEALTH GROUP INC 5.800% 03/15/2036 DD 03/02/06	1,689,000.000	1,740,363.10	1,805,186.31	64,823.21
91324PDT6	UNITEDHEALTH GROUP INC 3.500% 08/15/2039 DD 07/25/19	522,000.000	413,403.12	435,870.00	22,466.88
91324PDY5	UNITEDHEALTH GROUP INC 2.750% 05/15/2040 DD 05/18/20	185,000.000	130,484.20	138,777.75	8,293.55
92348KCH4	VERIZON MASTER TRUST 2 A 144A 4.830% 12/22/2031 DD 01/18/24	500,000.000	507,089.85	512,150.00	5,060.15
927804GF5	VIRGINIA ELECTRIC AND POWER CO 2.950% 11/15/2051 DD 11/22/21	267,000.000	162,912.72	168,522.39	5,609.67
92826CAM4	VISA INC 2.050% 04/15/2030 DD 04/02/20	105,000.000	95,038.65	97,388.55	2,349.90
92970QAA3	WFCIT 2024-A1 A 4.940% 02/15/2029 DD 03/01/24	600,000.000	606,281.25	607,962.00	1,680.75
931142EC3	WALMART INC 4.050% 06/29/2048 DD 06/27/18	66,000.000	53,968.32	55,257.18	1,288.86
931142ET6	WALMART INC 1.800% 09/22/2031 DD 09/22/21	505,000.000	436,314.95	450,470.10	14,155.15
931142FD0	WALMART INC 4.100% 04/15/2033 DD 04/18/23	1,646,000.000	1,603,474.43	1,646,016.46	42,542.03
931142FE8	WALMART INC 4.500% 04/15/2053 DD 04/18/23	584,000.000	506,256.17	518,498.56	12,242.39
94106LCD9	WASTE MANAGEMENT INC 4.800% 03/15/2032 DD 11/04/24	691,000.000	695,146.00	707,425.07	12,279.07
949746RF0	WELLS FARGO & CO 5.606% 01/15/2044 DD 11/26/13	1,234,000.000	1,175,797.84	1,226,558.98	50,761.14
94974BGQ7	WELLS FARGO & CO 4.900% 11/17/2045 DD 11/17/15	799,000.000	690,048.36	721,297.25	31,248.89
94974BGU8	WELLS FARGO & CO 4.750% 12/07/2046 DD 12/08/16	466,000.000	391,342.14	410,937.44	19,595.30
983024AN0	WYETH LLC 5.950% 04/01/2037 DD 03/27/07	382,000.000	402,447.18	411,845.66	9,398.48
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			**91,481,136.39**	**93,837,894.19**	**2,356,757.80**
CORPORATE DEBT INSTRUMENTS					
001940AC9	ATS CORP 144A 4.125% 12/15/2028 DD 12/29/20	535,000.000	500,048.45	521,737.35	21,688.90
00510RAD5	ACUITY BRANDS LIGHTING INC 2.150% 12/15/2030 DD 11/10/20	720,000.000	624,859.20	647,755.20	22,896.00
043436AV6	ASBURY AUTOMOTIVE GROUP INC 4.750% 03/01/2030 DD 09/01/20	500,000.000	471,885.00	492,830.00	20,945.00
115236AM3	BROWN & BROWN INC 5.550% 06/23/2035 DD 06/23/25	565,000.000	563,288.05	580,763.50	17,475.45
14040HDJ1	CAPITAL ONE FINANCIAL CORP VAR RT 01/30/2036 DD 01/30/25	740,000.000	764,131.40	774,387.80	10,256.40
153527AM8	CENTRAL GARDEN & PET CO 5.125% 02/01/2028 DD 12/14/17	245,000.000	242,550.00	245,166.60	2,616.60
159864AG2	CHARLES RIVER LABORATORIE 144A 3.750% 03/15/2029 DD 03/23/21	285,000.000	266,685.90	275,156.10	8,470.20
16411QAG6	CHENIERE ENERGY PARTNERS LP 4.500% 10/01/2029 DD 04/01/20	445,000.000	434,796.15	446,103.60	11,307.45
345370DB3	FORD MOTOR CO 6.100% 08/19/2032 DD 08/19/22	550,000.000	568,276.50	567,534.00	(742.50)

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
35671DCF0	FREEPORT-MCMORAN INC 4.250% 03/01/2030 DD 03/04/20	535,000.000	517,141.70	531,265.70	14,124.00
446150BD5	HUNTINGTON BANCSHARES INC/OH VAR RT 02/02/2035 DD 02/02/24	605,000.000	604,691.45	633,102.25	28,410.80
446150BG8	HUNTINGTON BANCSHARES INC/OH VAR RT 12/31/2049 DD 09/11/25	400,000.000	399,640.00	400,252.00	612.00
45780RAA9	INSTALLED BUILDING PRODUC 144A 5.750% 02/01/2028 DD 09/26/19	355,000.000	353,285.35	355,237.85	1,952.50
546347AM7	LOUISIANA-PACIFIC CORP 144A 3.625% 03/15/2029 DD 03/11/21	285,000.000	267,506.70	276,298.95	8,792.25
576323AT6	MASTEC INC 5.900% 06/15/2029 DD 06/10/24	700,000.000	717,997.00	729,764.00	11,767.00
58013MFH2	MCDONALD'S CORP 4.450% 09/01/2048 DD 08/15/18	535,000.000	452,422.75	454,033.10	1,610.35
626717AP7	MURPHY OIL CORP 6.000% 10/01/2032 DD 10/03/24	590,000.000	569,302.80	589,398.20	20,095.40
682189AQ8	ON SEMICONDUCTOR CORP 144A 3.875% 09/01/2028 DD 08/21/20	445,000.000	420,867.65	435,147.70	14,280.05
87157DAG4	SYNAPTICS INC 144A 4.000% 06/15/2029 DD 03/11/21	500,000.000	458,265.00	484,030.00	25,765.00
871829BJ5	SYSCO CORP 3.300% 02/15/2050 DD 02/13/20	580,000.000	391,453.60	405,263.40	13,809.80
87264ACV5	T-MOBILE USA INC 5.200% 01/15/2033 DD 09/15/22	315,000.000	317,668.05	325,561.95	7,893.90
87612BBG6	TARGA RESOURCES PARTNERS LP / 5.000% 01/15/2028 DD 10/17/17	500,000.000	499,335.00	500,150.00	815.00
896215AH3	TRIMAS CORP 144A 4.125% 04/15/2029 DD 03/29/21	500,000.000	468,195.00	486,275.00	18,080.00
958667AE7	WESTERN MIDSTREAM OPERATING LP 6.150% 04/01/2033 DD 04/04/23	550,000.000	568,034.50	583,143.00	15,108.50
00108WAK6	AEP TEXAS INC 3.450% 01/15/2050 DD 12/05/19	687,000.000	458,043.51	471,288.87	13,245.36
00108WAQ3	AEP TEXAS INC 5.250% 05/15/2052 DD 05/18/22	75,000.000	66,006.75	69,113.25	3,106.50
00206RBH4	AT&T INC 4.300% 12/15/2042 DD 06/15/13	761,000.000	635,168.65	643,775.56	8,606.91
00206RMN9	AT&T INC 3.800% 12/01/2057 DD 06/01/21	1,287,000.000	890,931.84	888,724.98	(2,206.86)
00287YAM1	ABBVIE INC 4.400% 11/06/2042 DD 05/06/13	505,000.000	437,840.45	450,495.35	12,654.90
00833BAC2	*AFFIRM MASTER TRUST 1A C 144A 5.280% 02/15/2033 DD 02/27/25	500,000.000	501,230.47	503,600.00	2,369.53
02364WAP0	AMERICA MOVIL SAB DE CV 6.125% 11/15/2037 DD 10/30/07	941,000.000	982,234.62	1,011,970.22	29,735.60
02364WBE4	AMERICA MOVIL SAB DE CV 4.375% 07/16/2042 DD 07/16/12	831,000.000	688,022.93	723,958.89	35,935.96
031162CR9	AMGEN INC 3.150% 02/21/2040 DD 02/21/20	1,531,000.000	1,164,010.08	1,210,286.12	46,276.04
031162DS6	AMGEN INC 5.600% 03/02/2043 DD 03/02/23	352,000.000	344,456.64	355,213.76	10,757.12
037735CM7	APPALACHIAN POWER CO 7.000% 04/01/2038 DD 03/25/08	909,000.000	999,209.61	1,031,133.24	31,923.63
0778FPAA7	BELL TELEPHONE CO OF CANADA OR 4.464% 04/01/2048 DD 03/29/18	841,000.000	667,804.46	696,465.74	28,661.28
0778FPAN9	BELL TELEPHONE CO OF CANADA OR 5.550% 02/15/2054 DD 02/15/24	432,000.000	401,937.12	412,145.28	10,208.16
11135FAS0	BROADCOM INC 4.300% 11/15/2032 DD 05/08/20	575,000.000	552,500.25	568,042.50	15,542.25
120568BQ2	BUNGE LTD FINANCE CORP 4.550% 08/04/2030 DD 08/04/25	205,000.000	204,692.50	207,074.60	2,382.10
126408GS6	CSX CORP 6.220% 04/30/2040 DD 03/24/10	229,000.000	242,240.90	252,158.77	9,917.87
126408HV8	CSX CORP 4.500% 11/15/2052 DD 07/28/22	567,000.000	470,200.78	482,641.74	12,440.96
13645RBG8	CANADIAN PACIFIC RAILWAY CO 3.000% 12/02/2041 DD 12/02/21	1,390,000.000	993,115.20	1,041,930.10	48,814.90
13645RBH6	CANADIAN PACIFIC RAILWAY CO 3.100% 12/02/2051 DD 12/02/21	377,000.000	244,214.71	251,006.60	6,791.89
161175BL7	CHARTER COMMUNICATIONS OPERATI 5.375% 05/01/2047 DD 11/01/17	838,000.000	715,610.10	692,296.94	(23,313.16)

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
161175CE2	CHARTER COMMUNICATIONS OPERATI 3.500% 03/01/2042 DD 10/12/21	132,000.000	92,726.04	91,858.80	(867.24)
172967KR1	CITIGROUP INC 4.750% 05/18/2046 DD 05/18/16	394,000.000	330,853.62	346,759.40	15,905.78
21684AAB2	COOPERATIEVE RABOBANK UA 5.750% 12/01/2043 DD 11/29/13	1,228,000.000	1,222,245.24	1,242,085.16	19,839.92
222793AA9	COUSINS PROPERTIES LP 5.875% 10/01/2034 DD 08/16/24	675,000.000	701,318.25	705,786.75	4,468.50
254683CZ6	DISCOVER CARD EXECUTION N A2 A 4.930% 06/15/2028 DD 06/28/23	500,000.000	502,753.91	502,525.00	(228.91)
25746UDQ9	DOMINION ENERGY INC 4.850% 08/15/2052 DD 08/19/22	352,000.000	291,973.44	303,392.32	11,418.88
26441CAT2	DUKE ENERGY CORP 3.750% 09/01/2046 DD 08/12/16	242,000.000	175,140.24	184,108.76	8,968.52
26441CBN4	DUKE ENERGY CORP 3.500% 06/15/2051 DD 06/10/21	625,000.000	418,443.75	434,712.50	16,268.75
26441CBT1	DUKE ENERGY CORP 4.500% 08/15/2032 DD 08/11/22	91,000.000	87,856.86	90,834.38	2,977.52
26441CCF0	DUKE ENERGY CORP 5.800% 06/15/2054 DD 06/07/24	306,000.000	293,281.44	303,643.80	10,362.36
29278GBJ6	ENEL FINANCE INTERNATIONA 144A 5.750% 09/30/2055 DD 09/30/25	440,000.000	434,117.20	430,073.60	(4,043.60)
29379VCK7	ENTERPRISE PRODUCTS OPERATING 4.600% 01/15/2031 DD 06/20/25	585,000.000	589,054.05	592,657.65	3,603.60
30040WBA5	EVERSOURCE ENERGY 5.850% 04/15/2031 DD 04/18/24	607,000.000	633,733.02	640,961.65	7,228.63
30161MAG8	CONSTELLATION ENERGY GENERATIO 6.250% 10/01/2039 DD 09/23/09	1,452,000.000	1,525,166.52	1,576,828.44	51,661.92
30161NAV3	EXELON CORP 4.450% 04/15/2046 DD 04/07/16	605,000.000	492,313.13	509,349.50	17,036.37
30161NBS9	EXELON CORP 5.875% 03/15/2055 DD 02/21/25	141,000.000	137,513.07	141,682.44	4,169.37
30225VAG2	EXTRA SPACE STORAGE LP 2.350% 03/15/2032 DD 09/22/21	740,000.000	619,585.14	648,654.40	29,069.26
34535CAA4	*FORD CREDIT AUTO OWNE 2 A 144A 5.280% 02/15/2036 DD 08/08/23	500,000.000	511,914.06	516,940.00	5,025.94
38141GFD1	GOLDMAN SACHS GROUP INC/THE 6.750% 10/01/2037 DD 10/03/07	437,000.000	472,222.20	489,037.96	16,815.76
437076CH3	HOME DEPOT INC/THE 1.500% 09/15/2028 DD 09/21/21	449,000.000	413,288.12	423,730.28	10,442.16
476556DF9	JERSEY CENTRAL POWER & LIGHT C 5.100% 01/15/2035 DD 12/05/24	1,478,000.000	1,453,213.94	1,497,701.74	44,487.80
534187BZ1	LINCOLN NATIONAL CORP 5.350% 11/15/2035 DD 11/10/25	1,610,000.000	1,608,744.20	1,627,838.80	19,094.60
548661DJ3	LOWE'S COS INC 4.375% 09/15/2045 DD 09/16/15	737,000.000	596,122.45	618,770.46	22,648.01
548661DZ7	LOWE'S COS INC 3.000% 10/15/2050 DD 10/22/20	712,000.000	437,621.21	453,159.52	15,538.31
548661EE3	LOWE'S COS INC 2.800% 09/15/2041 DD 09/20/21	721,000.000	493,708.67	519,783.32	26,074.65
55336VCD0	MPLX LP 6.200% 09/15/2055 DD 08/11/25	300,000.000	294,831.00	299,277.00	4,446.00
59562VAM9	BERKSHIRE HATHAWAY ENERGY CO 6.125% 04/01/2036 DD 10/01/06	1,261,000.000	1,333,046.51	1,370,063.89	37,017.38
609207BA2	MONDELEZ INTERNATIONAL INC 2.625% 03/17/2027 DD 03/17/22	450,000.000	437,149.14	443,164.50	6,015.36
63111XAJ0	NASDAQ INC 5.550% 02/15/2034 DD 06/28/23	1,208,000.000	1,246,289.22	1,270,550.24	24,261.02
653522DV1	NIAGARA MOHAWK POWER CORP 144A 5.996% 07/03/2055 DD 07/03/25	629,000.000	629,000.00	640,101.85	11,101.85
66989HAV0	NOVARTIS CAPITAL CORP 4.200% 09/18/2034 DD 09/18/24	133,000.000	126,360.64	130,237.59	3,876.95
68389XBE4	ORACLE CORP 3.900% 05/15/2035 DD 05/05/15	1,103,000.000	983,059.78	952,429.47	(30,630.31)
68389XBM6	ORACLE CORP 2.650% 07/15/2026 DD 07/07/16	545,000.000	533,677.42	540,531.00	6,853.58
693506BU0	PPG INDUSTRIES INC 1.200% 03/15/2026 DD 03/04/21	431,000.000	420,301.97	428,508.82	8,206.85
744448DB4	PUBLIC SERVICE CO OF COLORADO 5.850% 05/15/2055 DD 03/20/25	946,000.000	920,987.76	962,261.74	41,273.98

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	744573AU0	PUBLIC SERVICE ENTERPRISE GROU 2.450% 11/15/2031 DD 11/08/21	553,000.000	481,393.75	495,084.31	13,690.56
	82622RAG1	SIEMENS FUNDING BV 144A 5.900% 05/28/2065 DD 05/28/25	1,120,000.000	1,147,854.40	1,173,155.20	25,300.80
	832696AZ1	J M SMUCKER CO/THE 6.500% 11/15/2053 DD 10/25/23	447,000.000	474,175.16	485,267.67	11,092.51
	842587CX3	SOUTHERN CO/THE 4.400% 07/01/2046 DD 05/24/16	859,000.000	699,050.85	727,306.71	28,255.86
	855244BM0	STARBUCKS CORP 5.400% 05/15/2035 DD 05/08/25	363,000.000	365,157.76	378,187.92	13,030.16
	871911AV5	SYSTEM ENERGY RESOURCES INC 5.300% 12/15/2034 DD 12/06/24	378,000.000	371,666.02	382,770.36	11,104.34
	87264ABL8	T-MOBILE USA INC 3.000% 02/15/2041 DD 02/15/21	1,175,000.000	846,575.75	877,983.50	31,407.75
	874060AY2	TAKEDA PHARMACEUTICAL CO LTD 3.025% 07/09/2040 DD 07/09/20	1,522,000.000	1,115,747.76	1,168,058.90	52,311.14
	87938WAU7	TELEFONICA EMISIONES SA 5.213% 03/08/2047 DD 03/08/17	254,000.000	221,190.82	224,439.48	3,248.66
	87938WAW3	TELEFONICA EMISIONES SA 4.895% 03/06/2048 DD 03/06/18	734,000.000	609,763.16	618,240.86	8,477.70
	88732JAJ7	TIME WARNER CABLE LLC 6.550% 05/01/2037 DD 04/09/07	231,000.000	234,421.73	235,978.05	1,556.32
	88732JBD9	TIME WARNER CABLE LLC 4.500% 09/15/2042 DD 08/10/12	623,000.000	486,033.45	480,644.50	(5,388.95)
	89231WAA1	TOYOTA AUTO LOAN EXT 1A A 144A 4.930% 06/25/2036 DD 07/25/23	600,000.000	608,414.06	614,034.00	5,619.94
	893526DJ9	TRANSCANADA PIPELINES LTD 6.100% 06/01/2040 DD 06/01/10	650,000.000	691,249.00	684,612.50	(6,636.50)
	913017CW7	RTX CORP 4.450% 11/16/2038 DD 08/16/18	989,000.000	895,915.32	930,876.47	34,961.15
	92277GBA4	VENTAS REALTY LP 5.000% 01/15/2035 DD 09/09/24	201,000.000	194,364.22	201,562.80	7,198.58
	92343VDR2	VERIZON COMMUNICATIONS INC 4.812% 03/15/2039 DD 02/03/17	643,000.000	596,787.59	611,917.38	15,129.79
	92343VFW9	VERIZON COMMUNICATIONS INC 2.987% 10/30/2056 DD 04/30/21	1,574,000.000	933,851.89	940,905.72	7,053.83
	92348KDM2	*VERIZON MASTER TRUST 8 A1A 4.620% 11/20/2030 DD 11/26/24	500,000.000	503,750.00	507,390.00	3,640.00
	98389BAX8	XCEL ENERGY INC 3.500% 12/01/2049 DD 11/07/19	604,000.000	405,428.96	433,986.08	28,557.12
	TOTAL CORPORATE DEBT INSTRUMENTS			**56,444,203.63**	**57,806,084.90**	**1,361,881.27**
CORPORATE STOCK - PREFERRED						
	060505FL3	BANK OF AMERICA CORP VAR RT 12/31/2049 DD 03/15/18	330,000.000	333,432.00	335,121.60	1,689.60
	TOTAL CORPORATE STOCK - PREFERRED			**333,432.00**	**335,121.60**	**1,689.60**
CORPORATE STOCK - COMMON						
	00790R104	ADVANCED DRAINAGE SYSTEMS INC	3,104.000	369,487.12	449,552.32	80,065.20
	008252108	AFFILIATED MANAGERS GROUP INC	6,395.000	1,304,784.28	1,843,550.60	538,766.32
	038336103	APTARGROUP INC	11,713.000	1,868,420.28	1,428,517.48	(439,902.80)
	03852U106	ARAMARK	43,930.000	1,864,384.81	1,619,259.80	(245,125.01)
	053611109	AVERY DENNISON CORP	10,810.000	1,941,192.31	1,966,122.80	24,930.49
	058498106	BALL CORP	6,426.000	372,600.69	340,385.22	(32,215.47)
	08265T208	BENTLEY SYSTEMS INC	15,351.000	779,347.21	585,870.92	(193,476.29)
	084423102	W R BERKLEY CORP	28,587.000	2,021,023.72	2,004,520.44	(16,503.28)
	09073M104	BIO-TECHNE CORP	19,890.000	1,048,933.22	1,169,730.90	120,797.68
	09227Q100	BLACKBAUD INC	12,471.000	814,636.90	789,663.72	(24,973.18)

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
099502106	BOOZ ALLEN HAMILTON HOLDING CO	17,433.000	1,871,031.59	1,470,647.88	(400,383.71)
115236101	BROWN & BROWN INC	2,027.000	221,441.43	161,551.90	(59,889.53)
122017106	BURLINGTON STORES INC	7,809.000	1,902,692.25	2,255,629.65	352,937.40
127190304	CACI INTERNATIONAL INC	4,693.000	2,268,199.64	2,500,477.33	232,277.69
142339100	CARLISLE COS INC	8,080.000	3,189,664.02	2,584,468.80	(605,195.22)
147528103	CASEY'S GENERAL STORES INC	3,789.000	1,934,712.65	2,094,218.19	159,505.54
169905106	CHOICE HOTELS INTERNATIONAL IN	12,855.000	1,666,688.03	1,224,567.30	(442,120.73)
197236102	COLUMBIA BANKING SYSTEM INC	15,264.000	374,172.54	426,628.80	52,456.26
198516106	COLUMBIA SPORTSWEAR CO	11,723.000	745,371.78	645,820.07	(99,551.71)
25659T107	DOLBY LABORATORIES INC	22,465.000	1,705,589.97	1,442,702.30	(262,887.67)
29415F104	ENVISTA HOLDINGS CORP	32,841.000	654,153.31	712,978.11	58,824.80
302941109	FTI CONSULTING INC	4,537.000	739,908.93	775,055.71	35,146.78
303075105	FACTSET RESEARCH SYSTEMS INC	1,657.000	742,801.12	480,844.83	(261,956.29)
380237107	GODADDY INC	16,526.000	2,855,865.05	2,050,546.08	(805,318.97)
384109104	GRACO INC	8,482.000	743,437.97	695,269.54	(48,168.43)
426281101	JACK HENRY & ASSOCIATES INC	5,121.000	918,634.17	934,480.08	15,845.91
445658107	JB HUNT TRANSPORT SERVICES INC	4,256.000	646,094.42	827,111.04	181,016.62
45167R104	IDEX CORP	7,232.000	1,304,902.30	1,286,862.08	(18,040.22)
45765U103	INSIGHT ENTERPRISES INC	7,948.000	1,034,199.70	647,523.56	(386,676.14)
46982L108	JACOBS SOLUTIONS INC	7,619.000	1,049,236.48	1,009,212.74	(40,023.74)
48020Q107	JONES LANG LASALLE INC	5,795.000	1,494,270.88	1,949,843.65	455,572.77
49714P108	KINSALE CAPITAL GROUP INC	1,934.000	918,355.65	756,426.08	(161,929.57)
497266106	KIRBY CORP	9,707.000	1,121,220.62	1,069,517.26	(51,703.36)
501889208	LKQ CORP	40,228.000	1,531,520.18	1,214,885.60	(316,634.58)
515098101	LANDSTAR SYSTEM INC	4,593.000	668,003.16	660,014.10	(7,989.06)
526107107	LENNOX INTERNATIONAL INC	2,636.000	1,581,106.28	1,279,988.88	(301,117.40)
562750109	MANHATTAN ASSOCIATES INC	6,589.000	1,306,585.53	1,141,939.59	(164,645.94)
570535104	MARKEL GROUP INC	1,121.000	2,237,591.90	2,409,757.65	172,165.75
617700109	MORNINGSTAR INC	7,186.000	2,239,885.54	1,561,589.66	(678,295.88)
655663102	NORDSON CORP	5,056.000	1,116,023.01	1,215,614.08	99,591.07
70202L102	PARSONS CORP	7,964.000	616,751.51	492,175.20	(124,576.31)
73278L105	POOL CORP	3,409.000	1,017,616.53	779,808.75	(237,807.78)
743606105	PROSPERITY BANCSHARES INC	7,694.000	559,385.35	531,732.34	(27,653.01)
749685103	RPM INTERNATIONAL INC	16,508.000	1,860,722.33	1,716,832.00	(143,890.33)
784117103	SEI INVESTMENTS CO	22,412.000	2,048,550.93	1,838,232.24	(210,318.69)
78709Y105	SAIA INC	2,528.000	748,974.35	825,442.56	76,468.21
817565104	SERVICE CORP INTERNATIONAL/US	9,064.000	742,400.52	706,720.08	(35,680.44)
829073105	SIMPSON MANUFACTURING CO INC	4,656.000	747,240.97	751,804.32	4,563.35
879369106	TELEFLEX INC	9,201.000	1,119,726.74	1,122,890.04	3,163.30
89055F103	TOPBUILD CORP	778.000	339,068.37	324,573.82	(14,494.55)
89400J107	TRANSUNION	18,712.000	1,680,805.40	1,604,554.00	(76,251.40)
896239100	TRIMBLE INC	36,654.000	2,807,538.79	2,871,840.90	64,302.11
902252105	TYLER TECHNOLOGIES INC	1,418.000	836,753.86	643,701.10	(193,052.76)

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
90384S303	ULTA BEAUTY INC	1,676.000	794,980.43	1,013,996.76	219,016.33
96208T104	WEX INC	8,201.000	1,233,596.87	1,221,784.98	(11,811.89)
023939101	AMENTUM HOLDINGS INC	309.000	20,267.75	8,961.00	(11,306.75)
361ESC049	GCI LIBERTY INC SR ESCROW	7,262.000	0.00	0.00	0.00
TOTAL CORPORATE STOCK - COMMON			**70,342,551.34**	**66,138,396.83**	**(4,204,154.51)**
PARTNERSHIP/JOINT VENTURE INTEREST					
99VVC7KH3	INVESCO PCO EVERGREEN FD LP	6,222,130.000	6,222,130.00	6,222,130.00	0.00
99VVDA236	ABS EMERGING MARKETS STRATEGIC PORTFOLIO LP	18,111,834.740	13,794,753.01	18,111,834.74	4,317,081.73
99VVBMLM9	MGG SF EVERGREEN FD CAYMAN LP	12,029,129.990	12,029,129.99	12,029,129.99	0.00
99VVC3548	GCM GROSVENOR INFRA ADV FD II	3,313,191.920	3,313,191.92	3,313,191.92	0.00
99VVC95L7	WESTPORT SPECIAL CORE PLUS FUND III LP	8,928,387.180	9,369,174.80	8,928,387.18	(440,787.62)
99VVBRH92	ENTRUST SPEC OPP III LTD CL A	190,111.000	190,111.00	190,111.00	0.00
99VVBME05	PINEHURST INSTITUTIONAL FUND LIMITED PARTNERSHIP	17,491.821	48,277,646.01	52,951,633.00	4,673,986.99
99VVBME13	BOYD WATTERSON GSA FUND LP	21,917,560.000	20,857,434.40	21,917,560.00	1,060,125.60
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			**114,053,571.13**	**123,663,977.83**	**9,610,406.70**
COMMON/COLLECTIVE TRUST					
99VVC7VC2	LOOMIS MULTISECTR FULL DISCRTN TR B	1,124,703.726	31,244,269.51	34,652,121.80	3,407,852.29
99VVC8MJ5	NURSES AND LOCAL 813 IBT RETIREMENT FUND	33,393,659.000	25,880,899.90	33,393,659.00	7,512,759.10
99VVBSEP7	BNYMM AFL-CIO SL SIF STOCK INDEX FUND UC1	2,433,690.382	48,915,294.15	56,948,354.94	8,033,060.79
99VVDA3V3	BOYD WATTERSON TACTICAL CLO OFFSHORE FUND LP	11,249,069.000	10,800,000.00	11,249,069.00	449,069.00
99VVC9PG6	ARENA SHORT DURATION HIGH YIELD FUND LP SERIES E	24,545,514.630	24,000,000.00	24,545,514.63	545,514.63
99VVC6P49	CLASS X - SERIES - 12/31/2016	970.250	79,599.97	10,041.00	(69,558.97)
99VVDEZV0	CONNOR CLARK & LUNN COLLECTIVE EMERGING MARKET	1,695,956.333	19,159,556.19	24,997,377.08	5,837,820.89
TOTAL COMMON/COLLECTIVE TRUST			**160,079,619.72**	**185,796,137.45**	**25,716,517.73**
REGISTERED INVESTMENT COMPANIES					
999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	11,549,045.150	11,549,045.15	11,549,045.15	0.00
66538G171	BYD WTTERSN LTD DUR ENH-I2	1,771,523.025	17,268,067.64	17,626,654.10	358,586.46
996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	319,936.060	319,936.06	319,936.06	0.00
999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	3,349,786.940	3,349,786.94	3,349,786.94	0.00
996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	42,135.510	42,135.51	42,135.51	0.00
996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	44,950.320	44,950.32	44,950.32	0.00
996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	274.240	274.24	274.24	0.00
996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	1,231.160	1,231.16	1,231.16	0.00
996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	81,525.050	81,525.05	81,525.05	0.00

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	269.710	269.71	269.71	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			**32,657,221.78**	**33,015,808.24**	**358,586.46**
GRAND TOTAL			**564,741,838.27**	**600,550,675.39**	**35,808,837.12**

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NURSES AND LOCAL 813 IBT RETIREMENT PLAN

DECEMBER 31, 2025

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H (FORM 5500) 2025, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 13-3628926
Plan No. 001

Market Value per BNYM custodian report	$	600,550,675
Updated Market Values Adjustments to BNYM report:		
Boyd Watterson Tactical CLO Fund, LP		(107,612)
Invesco PCO Evergreen Fund, LP		291,505
MGG SF Evergreen Fund Cayman, LP		161,964
GCM Grosvenor Infrastructure Adv. Fund II, LP		(400,388)
Westport Special Core Plus Fund III, LP		154,050
	$	600,650,194

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

	Pension Service											
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24	
Age	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	2		14									
25 to 29	3		62	101.55	19		1					
30 to 34	6		50	79.14	76	264.48	24	272.85	5			
35 to 39	4		44	89.29	61	250.29	46	413.23	14		2	
40 to 44	5		42	118.90	53	262.66	39	383.12	30	550.87	27	460.20
45 to 49	7		32	101.75	39	281.68	28	330.32	41	434.35	42	438.11
50 to 54	5		21	142.33	47	253.36	28	352.62	43	413.99	70	470.94
55 to 59	2		30	133.09	33	286.97	23	317.07	44	460.99	95	461.93
60 to 64			18		31	349.35	25	459.30	36	446.45	66	479.19
65 to 69			6		18		10		20	464.54	25	447.20
70 & up			4		2		1		4		6	
Total	34	8.54	323	105.65	379	272.23	225	370.19	237	456.93	333	469.27

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

Age	Pension Service									
	25 to 29		30 to 34		35 to 39		40 & up		Total	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25									16	
25 to 29									85	103.96
30 to 34									161	202.07
35 to 39									171	273.67
40 to 44	2								198	324.08
45 to 49	24	563.84	3						216	345.82
50 to 54	67	526.76	14		5				300	396.16
55 to 59	74	422.33	50	662.03	57	788.74	3		411	475.49
60 to 64	38	474.68	45	710.27	63	759.30	49	1,135.33	371	611.25
65 to 69	20	554.89	15		23	589.10	54	766.50	191	551.38
70 & up	6		3		3		13		42	654.57
Total	231	497.27	130	626.94	151	732.11	119	915.51	2,162	416.89

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
03/28/2025	$6,066	$0	$6,066
05/09/2025	6,066	0	6,066
06/09/2025	6,066	0	6,066
07/02/2025	6,066	0	6,066
07/07/2025	6,066	0	6,066
07/14/2025	0	30,330	30,330

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

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
1. Amortization Charges				
(a) Assumption change	1/1/1996	1.00	$48,874	$48,874
(b) Plan amendment	1/1/1996	1.00	38,598	38,598
(c) Plan amendment	1/1/1997	2.00	406,802	210,279
(d) Plan amendment	1/1/1998	3.00	53,695	19,122
(e) Plan amendment #2	1/1/1998	3.00	549,944	195,848
(f) Assumption change	1/1/1999	4.00	141,270	38,978
(g) Plan amendment	1/1/1999	4.00	884,473	244,039
(h) Plan amendment	1/1/2000	5.00	526,819	120,081
(i) Plan amendment	1/1/2001	6.00	121,471	23,817
(j) Plan amendment	1/1/2002	7.00	659,730	114,407
(k) Plan amendment	1/1/2003	8.00	438,878	68,690
(l) Plan amendment	1/1/2004	9.00	147,566	21,168
(m) Assumption change	1/1/2006	11.00	595,689	74,242
(n) Plan amendment	1/1/2006	11.00	581,912	72,525
(o) Plan amendment	1/1/2007	12.00	599,509	70,541
(p) Actuarial loss	1/1/2011	1.00	235,503	235,503
(q) Actuarial loss	1/1/2016	6.00	1,933,613	379,125
(r) Change in asset method	1/1/2016	1.00	800,307	800,307
(s) Plan amendment	1/1/2016	6.00	1,795,479	352,041
(t) Actuarial loss	1/1/2019	9.00	1,029,478	147,674
(u) Assumption change	1/1/2019	9.00	439,531	63,049
(v) Actuarial loss	1/1/2020	10.00	381,395	50,750
(w) Assumption change	1/1/2020	10.00	1,540,985	205,048
(x) Actuarial loss	1/1/2022	12.00	974,776	114,697
(y) Actuarial loss	1/1/2023	13.00	26,290,331	2,939,870
(z) Actuarial loss	1/1/2024	14.00	13,166,842	1,407,067
(aa) Assumption change	1/1/2024	14.00	26,737,677	2,857,307
(ab) Actuarial loss	1/1/2025	15.00	30,362,967	3,115,599
Total			$111,484,114	$14,029,246
2. Amortization Credits				
(a) Combine credits	1/1/2024	9.58	$56,348,013	$7,730,412
Total			$56,348,013	$7,730,412

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

3. Net Amortization Charges and Credits		
(a) Total amortization charges	$111,484,114	$14,029,246
(b) Total amortization credits	(56,348,013)	(7,730,412)
(c) Net amortization charges and credits	$55,136,101	$6,298,834
4. Credit Balance on January 1, 2025	$63,414,184	
5. Unfunded Actuarial Accrued Liability: (3) – (4)	($8,278,083)	
6. Unfunded Actuarial Accrued Liability		
(a) Actuarial accrued liability	$659,836,319	
(b) Actuarial value of assets	(668,114,402)	
(c) Unfunded liability	($8,278,083)	
(d) Unfunded liability with balance equation minimum	($8,278,083)	

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

1. Current liability interest rate and mortality table

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

N:\Fact\Local 813-1034 Severance\gov forms\2025\Sch MB\Nurses L813 Sch MB attachments v2026 10 09 v01.docx

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

Actuarial Assumptions

Interest Rate

Valuation	7.00% per annum
RPA Current Liability	4.01% per annum
Withdrawal Liability	6.50% per annum as of December 31, 2024

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

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

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

Mortality

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

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

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

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

Retirement Rates

Actives

813 Benefits:

Age	Rate	Age	Rate
55-59	8%	65-69	50%

Age	Rate	Age	Rate
60-61	20%	70+	100%
62-64	30		

MNA Benefits:

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

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

Terminated Vested

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

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

Termination Rates

813 Benefits: Sample rates are as follows:

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

Other Benefits: Sample rates are as follows:

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

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

Disability Rates

813 Benefits: Sample rates are as follows:

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

Other Benefits: Rates of disablement were not assumed.

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

Future Credited Service

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

Merged Plan Benefits: All benefits are frozen.

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

Administrative Expenses

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

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

Marriage

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

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

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

Husbands are assumed to be three years older than wives.

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

Form of Payment	813 Benefits:	15% of participants are assumed to elect a life annuity and 85% are assumed to elect a lump sum.
	Good Samaritan Benefits:	50% of participants are assumed to elect a life annuity and 50% are assumed to elect a lump sum.
	Other Benefits:	Participants are assumed to elect a life annuity.

As an approximation of the segment interest rates required by Internal Revenue Code Section 417(e), an interest rate of 3.25% was used to estimate lump sum payments.

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

Future Increases in Maximum Benefits It is assumed that maximum benefit and plan compensation limitations under Internal Revenue Code will not increase in the future.

Benefits Not Included in the Valuation Benefits for participants older than age 70 who are entitled to deferred plan benefits but who have not yet claimed them are ignored for valuation purposes.

Actuarial Methods

Cost Method The Traditional Unit Credit Cost Method is employed in this valuation. Under this method, an "accrued benefit" is calculated as of the beginning of the year and is projected as of the end of the year for each benefit that may be payable in the future. The "accrued benefit" is based on the plan's accrual formula and upon service as of the beginning or end of the year. The actuarial accrued liability is the present value of the "accrued benefit" as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the "accrued benefit" as of the beginning and the "accrued benefit" projected to the end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Method A Five-Year Weighted Average of Asset Gains/Losses Method is used in this valuation. The actuarial value of assets is determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return on market value of assets and actual market investment return) during each of the previous five years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

Changes in Actuarial Assumptions and Methods since the Last Valuation

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

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

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

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

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

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

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

The source of contributions for the Plan Year ending December 31, 2025, was a draft Fund auditor's report and schedules provided by the Fund office.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$4,891,333	$6,605,176	$47,182,379	$58,678,888
2026	3,966,540	8,315,712	45,741,780	58,024,032
2027	4,313,506	10,090,311	44,232,914	58,636,731
2028	4,781,618	11,552,065	42,659,062	58,992,745
2029	5,094,180	12,966,730	41,028,877	59,089,787
2030	5,504,322	14,158,749	39,339,254	59,002,325
2031	5,753,376	15,110,435	37,604,689	58,468,500
2032	5,939,573	15,926,466	35,823,651	57,689,690
2033	6,174,120	16,585,880	34,002,750	56,762,750
2034	6,324,297	17,044,588	32,147,560	55,516,445
2035	6,427,333	17,488,307	30,264,868	54,180,508
2036	6,502,670	17,798,406	28,368,285	52,669,361
2037	6,628,651	17,916,110	26,461,164	51,005,925
2038	6,554,403	17,925,770	24,553,170	49,033,343
2039	6,597,290	17,817,595	22,654,597	47,069,482
2040	6,470,874	17,662,491	20,776,574	44,909,939
2041	6,541,871	17,395,690	18,930,794	42,868,355
2042	6,375,604	17,036,219	17,129,363	40,541,186
2043	6,326,197	16,692,226	15,384,444	38,402,867
2044	6,293,285	16,230,159	13,707,972	36,231,416
2045	6,153,183	15,724,173	12,111,399	33,988,755
2046	6,017,441	15,145,002	10,605,273	31,767,716
2047	5,916,164	14,514,170	9,198,964	29,629,298
2048	5,745,725	13,863,671	7,900,204	27,509,600
2049	5,596,322	13,162,212	6,714,709	25,473,243
2050	5,413,950	12,459,889	5,645,900	23,519,739
2051	5,211,346	11,740,216	4,694,609	21,646,171
2052	5,071,096	11,032,123	3,859,174	19,962,393
2053	4,874,550	10,294,842	3,135,478	18,304,870
2054	4,618,192	9,549,099	2,517,336	16,684,627
2055	4,413,322	8,807,370	1,996,921	15,217,613
2056	4,224,644	8,097,782	1,565,212	13,887,638
2057	3,971,598	7,378,403	1,212,451	12,562,452
2058	3,794,380	6,745,678	928,605	11,468,663
2059	3,567,828	6,108,138	703,780	10,379,746
2060	3,338,513	5,504,271	528,521	9,371,305
2061	3,115,707	4,942,063	394,062	8,451,832
2062	2,903,117	4,407,960	292,487	7,603,564
2063	2,697,618	3,917,008	216,866	6,831,492
2064	2,502,084	3,470,588	161,300	6,133,972

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	$2,320,111	$3,067,445	$120,917	$5,508,473
2066	2,139,320	2,706,408	91,804	4,937,532
2067	1,971,658	2,384,798	70,908	4,427,364
2068	1,815,253	2,099,575	55,899	3,970,727
2069	1,669,136	1,847,528	45,053	3,561,717
2070	1,532,566	1,625,393	37,115	3,195,074
2071	1,404,807	1,429,963	31,191	2,865,961
2072	1,285,168	1,258,173	26,656	2,569,997
2073	1,173,031	1,107,132	23,079	2,303,242
2074	1,067,857	974,187	20,169	2,062,213

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$9,573,293	$18,897	$9,592,190
2026	9,718,989	18,897	9,737,886
2027	9,867,235	18,897	9,886,132
2028	10,018,075	18,897	10,036,972
2029	10,171,555	18,897	10,190,452
2030	10,327,720	18,897	10,346,617
2031	10,486,618	18,897	10,505,515
2032	10,648,297	18,897	10,667,194
2033	10,812,805	18,897	10,831,702
2034	10,980,192	18,897	10,999,089

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
NURSES AND LOCAL 813 IBT RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/18/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIR

48-18 VAN DAM STREET, SUITE 201

LONG ISLAND CITY NY 11101-3107

2b Employer Identification Number (EIN) 13-3628926

2c Plan Sponsor's telephone number (718) 937-7150

2d Business code (see instructions) 623000

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

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

SIGN HERE	Julie Pinkham (Oct 2, 2026 13:26:59 EDT)	10/01/2026	JULIE PINKHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Neal Schelberg	10/01/2026	NEAL SCHELBERG
	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 (2025)
v. 250312

518401 12-22-25

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**25,007,720.01**								
K72F71014402	912810UJ5	U S TREASURY BOND 4.750% 02/15/2045 DD 02/15/25	B	35,410,000.000	0.00	34,527,658.05	0.00	0.00	0.00
K72F71014402	912810UJ5	U S TREASURY BOND 4.750% 02/15/2045 DD 02/15/25	S	35,410,000.000	0.00	0.00	34,705,807.97	34,527,658.05	178,149.92
K72F71014402	91282CNC1	U S TREASURY NOTE 4.250% 05/15/2035 DD 05/15/25	B	38,060,000.000	0.00	37,585,888.96	0.00	0.00	0.00
K72F71014402	91282CNC1	U S TREASURY NOTE 4.250% 05/15/2035 DD 05/15/25	S	38,060,000.000	0.00	0.00	37,711,955.57	37,585,888.96	126,066.61
K72F10010002	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	B	48,749,333.820	0.00	48,749,333.82	0.00	0.00	0.00
K72F10010002	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	72,000,000.000	0.00	0.00	72,000,000.00	72,000,000.00	0.00
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	B	71,148,739.920	0.00	71,148,739.92	0.00	0.00	0.00
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	S	72,000,000.000	0.00	0.00	72,000,000.00	72,000,000.00	0.00
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	B	78,980,921.580	0.00	78,980,921.58	0.00	0.00	0.00
K72F71727702	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	S	90,005,427.790	0.00	0.00	90,005,427.79	90,005,427.79	0.00

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**25,007,720.01**						
2	464288646	ISHARES 1-5Y INV GRADE CORP	497,491.000	0.00	26,010,692.35	25,419,615.00	591,077.35
1	912810UJ5	U S TREASURY BOND 4.750% 02/15/2045 DD 02/15/25	35,410,000.000	34,527,658.05	0.00	0.00	0.00
1	912810UJ5	U S TREASURY BOND 4.750% 02/15/2045 DD 02/15/25	35,410,000.000	0.00	34,705,807.97	34,527,658.05	178,149.92
1	912810UK2	U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25	19,440,000.000	18,915,349.64	0.00	0.00	0.00
4	912810UK2	U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25	19,250,000.000	0.00	18,841,788.23	18,730,477.39	111,310.84
1	91282CMZ1	U S TREASURY NOTE 3.875% 04/30/2030 DD 04/30/25	13,830,000.000	13,770,080.31	0.00	0.00	0.00
1	91282CMZ1	U S TREASURY NOTE 3.875% 04/30/2030 DD 04/30/25	13,830,000.000	0.00	13,791,597.03	13,770,080.31	21,516.72
1	91282CNA5	U S TREASURY NOTE 4.000% 04/30/2032 DD 04/30/25	17,240,000.000	17,061,608.02	0.00	0.00	0.00
1	91282CNA5	U S TREASURY NOTE 4.000% 04/30/2032 DD 04/30/25	17,240,000.000	0.00	17,104,570.10	17,061,608.02	42,962.08
1	91282CNC1	U S TREASURY NOTE 4.250% 05/15/2035 DD 05/15/25	38,060,000.000	37,585,888.96	0.00	0.00	0.00
1	91282CNC1	U S TREASURY NOTE 4.250% 05/15/2035 DD 05/15/25	38,060,000.000	0.00	37,711,955.57	37,585,888.96	126,066.61
21	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	91,811,098.140	91,811,098.14	0.00	0.00	0.00
20	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	91,811,098.140	0.00	91,811,098.14	91,811,098.14	0.00
234	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	221,220,658.650	221,220,658.65	0.00	0.00	0.00
41	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	227,488,854.280	0.00	227,488,854.28	227,488,854.28	0.00
141	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	140,183,675.810	140,183,675.81	0.00	0.00	0.00
53	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	134,207,863.850	0.00	134,207,863.85	134,207,863.85	0.00
4	99VVBSEP7	BNYMM AFL-CIO SL SIF STOCK INDEX FUND UC1	2,924,724.790	0.00	57,000,000.00	58,784,705.85	(1,784,705.85)
1	99VVBSEP7	BNYMM AFL-CIO SL SIF STOCK INDEX FUND UC1	653,120.460	13,500,000.00	0.00	0.00	0.00
1	99VVDEZV0	CONNOR CLARK & LUNN COLLECTIVE EMERGING MARKET	2,212,937.920	25,000,000.00	0.00	0.00	0.00

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**25,007,720.01**						
2	99VVDEZV0	CONNOR CLARK & LUNN COLLECTIVE EMERGING MARKET	516,981.580	0.00	7,000,000.00	5,840,443.81	1,159,556.19

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
Nurses and Local 813 IBT Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees of Nurses and
Local 813 IBT Retirement Plan

D Employer Identification Number (EIN)
13-3628926

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

1a Enter the valuation date: Month 1 Day 1 Year 2025

b	Assets		
	(1) Current value of assets	1b(1)	611,956,072
	(2) Actuarial value of assets for funding standard account	1b(2)	668,114,402
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	659,836,319
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	659,836,319
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	880,872,996
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	11,227,398
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	58,688,486
	(3) Expected plan disbursements for the plan year	1d(3)	58,678,888

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10·13·2026
Date

Jay K. Egelberg
Type or print name of actuary

26-04981
Most recent enrollment number

First Actuarial Consulting, Inc.
Firm name

(212)395-9555
Telephone number (including area code)

1501 Broadway
Suite 1728
New York NY 10036-5601
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		612,753,283
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		6,862	496,326,883
(2) For terminated vested participants		4,991	271,315,955
(3) For active participants:			
(a) Non-vested benefits			2,622,958
(b) Vested benefits			110,607,200
(c) Total active		2,162	113,230,158
(4) Total		14,015	880,872,996
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		69.56 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
07/01/2025	10,502,331				
			Totals ► 3(b)	10,502,331	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 60,660

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	101.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00%
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		2.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h		6.5%
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		3,000,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	30,362,967	3,115,599

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	7,921,679

			Outstanding balance	
c Amortization charges as of valuation date:				
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		111,484,114	14,029,246
(2) Funding waivers	9c(2)		0	0
(3) Certain bases for which the amortization period has been extended	9c(3)		0	0
d Interest as applicable on lines 9a, 9b, and 9c		9d		1,536,565
e Total charges. Add lines 9a through 9d		9e		23,487,490
Credits to funding standard account:				
f Prior year credit balance, if any		9f		63,414,184
g Employer contributions. Total from column (b) of line 3		9g		10,502,331
			Outstanding balance	
h Amortization credits as of valuation date	9h		56,348,013	7,730,412
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i		5,347,703
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)		127,561,238	
(2) "RPA '94" override (90% current liability FFL)	9j(2)		127,435,230	
(3) FFL credit		9j(3)		0
k (1) Waived funding deficiency		9k(1)		0
(2) Other credits		9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l		86,994,630
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m		63,507,140
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n		
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)		0
(3) Total as of valuation date		9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		10		0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No