

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1961
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) ASBESTOS WORKERS LOCAL 84 PENSION 7440 WOODLAND DRIVE INDIANAPOLIS, IN 46278
2b	Employer Identification Number (EIN) 34-6009649
2c	Plan Sponsor's telephone number 800-398-6144
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2024	KEVIN STREBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 196
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 128 6a(2) 121 6b 56 6c 25 6d 202 6e 13 6f 215 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 23

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 22089935
(2) Actuarial value of assets for funding standard account	1b(2) 24926447
c (1) Accrued liability for plan using immediate gain methods	1c(1) 21523448
(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) 21523448
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) 46534899
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3305311
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 1354709
(3) Expected plan disbursements for the plan year	1d(3) 1369543

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	07/25/2024
Signature of actuary KATHRYN A. GARRITY	Date 23-05379
Type or print name of actuary UNITED ACTUARIAL SERVICES INC	Most recent enrollment number 317-580-8688
Firm name 11590 N MERIDIAN STREET SUITE 610, CARMEL, IN 46032-4529	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	22089935
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	57	15046469
(2) For terminated vested participants	25	3699869
(3) For active participants:		
(a) Non-vested benefits		7285181
(b) Vested benefits		20503380
(c) Total active	121	27788561
(4) Total	203	46534899
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.47 %

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
12/31/2023	1774571				
Totals ►			3(b)	1774571	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	115.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.19 %
	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)	A	A	
(2) Females	6c(2)	AF	AF	
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)	7.00 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.8 %		
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)	77295		
(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	-279520	-28682
4	-75232	-7720

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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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	1155554

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

	Outstanding balance	
9c(1)	6901836	875817
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 142196**e** Total charges. Add lines 9a through 9d**9e** 2173567**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 6930059**g** Employer contributions. Total from column (b) of line 3**9g** 1774571**h** Amortization credits as of valuation date**9h** 3374776 553178**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 585936**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 8045559**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 19421433**(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** 9843744**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 7670177**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** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

UNITED ACTUARIAL SERVICES, INC

11590 N MERIDIAN ST
CARMEL, IN 46032-4529

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YURCHYK & DAVIS CPA'S INC.

34-1638235

(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	AUDITOR	9900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACALA & PIATT LLC

601 S MAIN STREET
330-493-1570
NORTH CANTON, OH 44720

(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	ATTORNEY	10867	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)

PBGC PREMIUM

445 12TH ST SW
WASHINGTON, DC 20024

(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?
73	NONE	7175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSULATORS 84 COMBINED FUND

3660 STUTZ DRIVE, STE 101
CANFIELD, OH 44406

(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?
99	COLLECTION FUND	6240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHSCOPE BENEFITS, INC.

27 CORPORATE HILL DR
LITTLE ROCK, AR 72205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATOR	15518	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)

PNC BANK

116 ALLEGHENY CENTER
PITTSBURGH, PA 15212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	INVESTMENT CUSTODIAN	10062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANCORA ADVISORS

6060 PARKLAND BLVD
CLEVELAND, OH 44124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	95322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY BROKERAGE SERVICES LLC

900 SALEM ST
SMITHFIELD, RI 02917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	INVESTMENT CUSTODIAN	8552	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)

INTERNATIONAL FOUNDATION OF EBP'S

18700 W. BLUEMOUND RD
BROOKFIELD, WI 53045

(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?
99	CONTINUING EDUCATION	15429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	207699	191610
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	57670	42713
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1605293	1444754
(2) U.S. Government securities	1c(2)	1115632	1416344
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2616208	2913413
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6463248	7918393
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1016334	1024145
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8340623	10433193
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	723531	636204

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22146238	26020769
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	56303	21954
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	56303	21954
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22089935	25998815

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)	1774571	
(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)		1774571
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51317	
(B) U.S. Government securities	2b(1)(B)	25914	
(C) Corporate debt instruments	2b(1)(C)	77927	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	64053	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		219211
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	191646	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	237091	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		428737
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4315020	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4170243	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		144777
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1060410	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1911783
c Other income	2c		600
d Total income. Add all income amounts in column (b) and enter total	2d		5540089

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1426259	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1426259
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)	15518	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	9900	
(5) Investment advisory and investment management fees	2i(5)	95322	
(6) Bank or trust company trustee/custodial fees	2i(6)	21864	
(7) Actuarial fees	2i(7)	14000	
(8) Legal fees	2i(8)	10867	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	17107	
(11) Other expenses	2i(11)	20372	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		204950
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1631209

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3908880
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **YURCHYK & DAVIS CPA'S INC.**

(2) EIN: **34-1638235**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 528269.

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649

Part I	Distributions
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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	
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	1

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2023
v. 230707

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 **R L BONDY INSULATION CO**

b EIN **46-2876586**

c Dollar amount contributed by employer **418932**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **GEM INC**

b EIN **31-1036493**

c Dollar amount contributed by employer **217858**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **SUPERIOR INDUSTRIAL INSULATION**

b EIN **34-1302438**

c Dollar amount contributed by employer **200414**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **CASCADE INSULATION CO**

b EIN **34-1396291**

c Dollar amount contributed by employer **192662**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **THE R.G. SMITH COMPANY**

b EIN **34-0678463**

c Dollar amount contributed by employer **163005**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **BRAND ENERGY SERVICES**

b EIN **25-0566830**

c Dollar amount contributed by employer **161846**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

(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 **THERMO TEC INSULATION INC**

b EIN **34-1736693**

c Dollar amount contributed by employer **124506**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **GEO V HAMILTON INC**

b EIN **25-0926783**

c Dollar amount contributed by employer **124039**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **ADVANCED INDUSTRIAL SERVICES**

b EIN **23-3085675**

c Dollar amount contributed by employer **108061**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer **D&B INSULATIONS INC**

b EIN **26-1345463**

c Dollar amount contributed by employer **101020**

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 **05** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **9.65**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	0
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	0
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	0
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	
b The corresponding number for the second preceding plan year	15b	
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	
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	
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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation. _____	

Part VII IRS Compliance Questions

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
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Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	34-6009649	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	11			2		
25 to 29	7			10		
30 to 34	6			6		
35 to 39	24			3		
40 to 44	6			4		
45 to 49	5			2		
50 to 54	3			1		
55 to 59	3			1		
60 to 64	2			1		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29	2					
30 to 34	3			3		
35 to 39	3			6		
40 to 44	1			3		
45 to 49	1			4		
50 to 54	2			3		
55 to 59	1			2		
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	34-6009649	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34	2					
35 to 39	1			2		
40 to 44	5			5		
45 to 49	5			3		
50 to 54	4			1		
55 to 59	1					
60 to 64	1			1		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	1			1		
50 to 54	1			2		
55 to 59	1					
60 to 64	1					
65 to 69						
70 & Up						

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	34-6009649	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	1					
60 to 64						
65 to 69						
70 & Up						

Asbestos Workers Local No. 84 Pension Plan

**Report on Audit of Financial Statements
And Supplementary Information**

For the Years Ended December 31, 2023 and 2022

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite 2
Canfield, Ohio 44406
Telephone: (330) 533-5000

Asbestos Workers Local No. 84 Pension Plan

For the Years Ended December 31, 2023 and 2022

Table of Contents

	Page
Independent Auditor's Report.....	2 - 4
Financial Statements:	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7 - 15
Supplementary Information:	
Schedule of Assets Held for Investment.....	17 - 22
Schedule of Reportable Transactions.....	23

Independent Auditor's Report

To the Board of Trustees of
Asbestos Workers Local No. 84 Pension Plan

Opinion

We have audited the financial statements of Asbestos Workers Local No. 84 Pension 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, 2023 and 2022, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Asbestos Workers Local No. 84 Pension Plan as of December 31, 2023 and 2022, 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 Asbestos Workers Local No. 84 Pension 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 Asbestos Workers Local No. 84 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Asbestos Workers Local No. 84 Pension 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 Asbestos Workers Local No. 84 Pension 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.

Other Matter—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 for investment and reportable transactions as of December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.



Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
August 5, 2024

Asbestos Workers Local No. 84 Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

ASSETS

	<u>2023</u>	<u>2022</u>
Investments, at Fair Value:		
Registered Investment Companies	\$ 10,433,193	\$ 8,340,623
Money Market Funds	813,805	1,140,952
Real Estate Investment Trusts	1,024,145	1,016,334
Common Stocks	7,918,393	6,463,248
US Government Securities	1,416,344	1,115,632
Corporate Bonds	2,913,413	2,616,208
Mortgage Obligations	636,204	723,531
Total Investments, at Fair Value	<u>25,155,497</u>	<u>21,416,528</u>
Receivables:		
Employers' Contributions	191,610	207,699
Annuity Fund	-	17,273
Accrued Interest	<u>40,080</u>	<u>34,413</u>
Total Receivables	<u>231,690</u>	<u>259,385</u>
Other Assets:		
Interest-bearing Cash	630,949	464,341
Prepaid Expenses	<u>2,633</u>	<u>5,984</u>
Total Other Assets	<u>633,582</u>	<u>470,325</u>
 Total Assets	 26,020,769	 22,146,238

LIABILITIES

Accounts Payable - Administration	922	1,125
Accounts Payable - Reciprocity	<u>21,032</u>	<u>55,178</u>
 Total Liabilities	 <u>21,954</u>	 <u>56,303</u>
 Net Assets Available for Benefits	 \$ <u><u>25,998,815</u></u>	 \$ <u><u>22,089,935</u></u>

The accompanying notes are an integral part of these statements.

Asbestos Workers Local No. 84 Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions (Deductions) to Net Assets:		
Investment Income (Loss):		
Interest and Dividend Income	\$ 647,948	\$ 538,614
Net Appreciation (Depreciation) in		
Fair Value of Investments	3,116,970	(4,279,669)
Less: Investment Fees	(18,614)	(16,773)
Total Investment Income (Loss)	<u>3,746,304</u>	<u>(3,757,828)</u>
Employers' Contributions	1,969,005	2,150,750
Less: Reciprocity Paid	(194,434)	(700,553)
Total Employers' Contributions	<u>1,774,571</u>	<u>1,450,197</u>
Other Income	<u>600</u>	<u>13,127</u>
Total Additions (Deductions)	5,521,475	(2,294,504)
Deductions from Net Assets:		
Benefits Paid to Participants	1,426,259	1,475,588
Administrative Expenses:		
Third Party Administrator	15,518	14,807
Actuarial Services	14,000	14,000
Legal Fees	10,867	8,312
Investment Consultant Fee	95,322	95,581
Accounting and Auditing Services	9,900	9,900
Collection Agency Fees	6,240	6,240
Insurance	13,448	12,732
Office and Administrative Expense	3,934	2,148
Travel, Meetings, and Conventions	<u>17,107</u>	<u>6,404</u>
Total Deductions	<u>1,612,595</u>	<u>1,645,712</u>
Net Increase (Decrease)	3,908,880	(3,940,216)
Net Assets Available for Benefits, Beginning of Year	<u>22,089,935</u>	<u>26,030,151</u>
Net Assets Available for Benefits, End of Year	<u>\$ 25,998,815</u>	<u>\$ 22,089,935</u>

The accompanying notes are an integral part of these statements.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Asbestos Workers Local No. 84 Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. **General** - The Plan is a multi-employer defined benefit pension plan covering all union member employees of participating employers of the Asbestos Workers Local No. 84 Union who meet minimum service requirements. An employee will become eligible at the beginning of the Plan year or on July 1st, whichever is earlier, following 400 hours of covered service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
2. **Contributions** – Participating employers are required to make contributions for each hour worked on behalf of each active union member. The hourly contribution rates were \$9.37 from January 1, 2022 to May 31, 2022, \$9.50 from June 1, 2022 to May 31, 2023, and \$9.65 from June 1, 2023 to December 31, 2023.

The Plan's funding policy is for participating employers to contribute an amount which will meet, or exceed, the annual ERISA minimum funding requirements. The contributions for the years ended December 31, 2023 and 2022 met the minimum funding requirements of ERISA. See Note G for the status of the Plan.

3. **Pension Benefits** – Each participant who has attained normal retirement age is entitled to annual pension benefits. Normal retirement age means the participant is at least 65 years of age or the 5th anniversary of commencement of Plan participation, whichever is later.

The Plan permits early retirement for a participant who has attained early retirement age. For collectively bargained employees, prior to January 1, 1988, early retirement age means the participant is 55 through 64 years of age and has at least ten years of credited service. For collectively bargained employees, effective January 1, 1998, early retirement age means the participant is 55 through 64 years of age, has at least five years of credited service and has earned at least one hour of service on or after January 1, 1998. Effective January 1, 1989, for employees who performed work under agreements other than collective bargaining agreements, early retirement age means the participant is 55 through 64 years of age and has at least five years of credit service. Normal retirement benefits will be paid as a qualified joint and 50% survivor annuity, unless the participant and spouse elect otherwise or unless the participant has no surviving spouse.

4. **Disability Benefits** – Disability benefits are available for a participant who becomes totally and permanently disabled. In order to qualify for disability benefits, a participant must have at least ten years of credited service; have accrued at least one year of service in the three Plan years preceding the disability; and has not performed any non-covered asbestos work within the Plan's geographical area. Effective April 1, 2018, a participant shall only be considered totally and permanently disabled if he or she has been granted disability benefits from the Social Security Administration.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE A - DESCRIPTION OF PLAN - Continued

- 5. Vesting and Covered Service** – A participant, prior to January 1, 1989, for non-collectively bargained employees and January 1, 1998, for collectively bargained employees, will be 100% vested in their accrued benefit once they attain credit for vesting through hours of service and have at least ten years of service.

A non-collectively bargained participant on or after January 1, 1989, will be 100% vested in their accrued benefit once they attain credit for vesting through hours of service and have at least five years of service.

A collectively bargained participant on or after January 1, 1998, will be 100% vested in their accrued benefit once they attained credit for vesting through hours of service, have at least five years of service and earn at least one hour of service on or after January 1, 1998.

Effective January 1, 1998, a participant is granted one year of service once the initial requirements of initial participation are met. A participant earns one additional year of vesting service after at least 400 hours of work within a Plan year. Total years of service shall not include any years of break in service. One year of service is equal to one credit for vesting under the Plan.

- 6. Plan Termination** – Although there are no plans to do so, in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:
- a. Benefits payable as a pension.
 - b. Other benefits guaranteed under Title IV of ERISA
 - c. All other vested benefits under the Plan.
 - d. All other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the contributing employers subject to the collective bargaining agreement and may also depend on the level of benefits guaranteed by the PBGC.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE A - DESCRIPTION OF PLAN - Continued

7. **Suspension of Benefits** – Prior to normal retirement age, a participant's monthly benefit will be suspended for any month in which he/she engages in totally disqualifying employment.

After normal retirement age, a participant's monthly benefit will be suspended for any month in which he/she engages in totally disqualifying employment for forty or more hours in any payroll period which falls within a calendar month.

Totally disqualifying employment means employment or self-employment that is; (1) employment in an industry covered by the Plan when the benefit began, (2) in the geographical area covered by the Plan when the benefit began, and (3) in any occupation covered by the Plan at the time the benefit began.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. **Basis of Accounting** – The accompanying financial statements are prepared on the accrual basis of accounting.
2. **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's trustees determine the Plan's valuation policies utilizing information provided by their investment advisors and custodians. See Note D for a discussion of fair value measurements.

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

3. **Payment of Benefits** – Benefits are recorded when paid.
4. **Use of Estimates** – The preparation of financial statements in accordance with accounting policies generally accepted in the United States of America (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; and the actuarial present value of accumulated plan benefits at the date of the financial statement and changes therein.
5. **Subsequent Events** – The Plan has evaluated subsequent events through August 5, 2024, the date the financial statements were available to be issued.
6. **Concentrations of Credit Risk** – The Plan maintains cash balances with regulated financial institutions. Balances with the financial institutions may exceed insured limits.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

7. **Actual Present Value of Accumulated Plan Benefits** – Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participant's years of service and the amount the employer(s) have contributed for each eligible participant. The accumulated plan benefits for all employees are based on their past and future service and employer contributions made as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An independent actuary from United Actuarial Services Inc. determines the actuarial present value of plan benefits. The actuarial present value of the plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time values of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the individual entry age normal method.

The significant actuarial assumptions used in the valuations as of December 31, 2022 were (a) life expectancy of participants (for 2022: The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the 2021 projection scale, for males a 115% multiplier was added and for females a 120% multiplier was added, for 2021: The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the 2021 projection scale, for males a 115% multiplier was added and for females a 110% multiplier was added), (b) assumed investment return of 7.00% and 7.00% after investment expenses for the plan years ended December 31, 2022 and 2021, respectively, (c) operational expenses estimated was \$80,000 and \$95,000 per year excluding investment expenses for the plan years ended December 31, 2022 and 2021, respectively, (d) current liability interest rate was 2.19% for the plan year ended December 31, 2022, and 1.91% for the plan year ended December 31, 2021, (e) the contribution rate was \$9.59 per hour, effective June 1, 2022 and \$9.45 per hour, effective June 1, 2021, and (f) average future annual hours were; 1,600 for vested and 1,100 for non-vested participants for 2022 and 2021. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable to determine the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023 and 2022. Had the valuations been performed as of December 31, there would be no material differences.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE C – ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of December 31, 2022 and 2021 was as follows:

Actuarial Present Value of Accumulated Plan Benefits	<u>2022</u>	<u>2021</u>
Vested Benefits:		
Participants Currently Receiving Payments	\$ 9,569,384	\$ 10,856,949
Expenses on parts. Currently rec. benefits	574,163	759,986
Other Participants	9,512,384	7,984,136
Expenses on other participants	<u>570,743</u>	<u>558,890</u>
Total Vested Benefits	20,226,674	20,159,961
Nonvested Benefits		
Nonvested accumulated benefits	\$ 2,441,680	\$ 2,165,334
Expenses on nonvested benefits	<u>146,501</u>	<u>151,573</u>
Total Nonvested Benefits	<u>\$ 2,588,181</u>	<u>\$ 2,316,907</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 22,814,855</u>	<u>\$ 22,476,868</u>

The changes in Accumulated Plan Benefits were as follows:

Actuarial present value of Accumulated Plan Benefits as of December 31, 2021	\$ 22,476,868
Increase (Decrease) during the year attributable to:	
Change in actuarial assumptions	\$ (295,733)
Benefits accumulated and experience gain	610,470
Interest due to decrease in discount period	1,573,381
Benefits paid	(1,475,588)
Operational expenses paid	<u>(74,543)</u>
	<u>\$ 337,987</u>
Actuarial present value of Accumulated Plan Benefits as of December 31, 2022	<u>\$ 22,814,855</u>

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE D – FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical assets in inactive markets
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

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

The asset'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Common stocks & money market funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Registered investment companies – Valued at the daily closing price reported by the Fund. The funds are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These funds are deemed to be actively traded.

US government securities, corporate bonds & mortgage obligations – Valued using pricing models maximizing the use of observable inputs for similar securities.

Real estate investment trusts – Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value at December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Total
Registered Investment Companies	\$ 10,433,193	\$ -	\$ 10,433,193
Money Market Funds	813,805	-	813,805
Common Stocks	7,918,393	-	7,918,393
US Government Securities	-	1,416,344	1,416,344
Corporate Bonds	-	2,913,413	2,913,413
Mortgage Obligations	-	636,204	636,204
Total assets in the fair value hierarchy	19,165,391	4,965,961	24,131,352
Investments measured at NAV	-	-	1,024,145
Total Investments, at Fair Value	\$ <u>19,165,391</u>	\$ <u>4,965,961</u>	\$ <u>25,155,497</u>

Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Total
Registered Investment Companies	\$ 8,340,623	\$ -	\$ 8,340,623
Money Market Funds	1,140,952	-	1,140,952
Common Stocks	6,463,248	-	6,463,248
US Government Securities	-	1,115,632	1,115,632
Corporate Bonds	-	2,616,208	2,616,208
Mortgage Obligations	-	723,531	723,531
Total assets in the fair value hierarchy	15,944,823	4,455,371	20,400,194
Investments measured at NAV	-	-	1,016,334
Total Investments, at Fair Value	\$ <u>15,944,823</u>	\$ <u>4,455,371</u>	\$ <u>21,416,528</u>

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table summarized investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2023 and 2022:

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Real Estate Investment Trusts	\$ 1,024,145	\$ -	Monthly	30 Days
<u>December 31, 2022</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Real Estate Investment Trusts	\$ 1,016,334	\$ -	Monthly	30 Days

Real Estate Investment Trusts – The real estate investment trust invests primarily in stabilized income-generating commercial real estate in the United States. The Plan can redeem monthly at the net asset value at the time of redemption.

NOTE E - TAX STATUS

The Plan obtained its latest determination letter on July 17, 2015, in which the Internal Revenue Service states that the Plan and related trust, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however the Plan sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC.

Accounting Principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2020.

NOTE F – 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

NOTE F – RISKS AND UNCERTAINTIES - CONTINUED

Plan contributions are made and the actuarial present value of accumulated plan benefits are 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 assumption 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 G – STATUS OF PLAN

The Plan's funding status had been certified by the Plan's actuary as "endangered" since the Plan year beginning January 1, 2011. The Plan has complied with the requirements of the Pension Protection Act of 2006 (PPA) by notifying all participants, beneficiaries, participating contractors and local unions of its status and of its adoption of a Funding Improvement Plan.

Effective October 19, 2012, the bargaining parties adopted an updated Funding Improvement Plan submitted to them by the trustees, to meet the goal of being 84.4% funded by 2022. The Funding Improvement Plan included a contribution increase effective July 1, 2013.

The Plan's certified PPA status at January 1, 2023 and 2022 was "safe".

The Trustees of the Plan are required by ERISA and the IRC to review the progress of their Funding Improvement Plan each year and to update the Plan and schedules if necessary. Contribution rates specified in the updated Funding Improvement Plan are subject to change.

NOTE H – RELATED PARTY AND PARTIES – IN – INTEREST

The plan has several arrangements with service providers for administrative expenses. These transactions are considered party-in-interest transactions.

Asbestos Workers Local No. 84 Pension Plan

Supplementary Information

Schedule of Assets Held for Investment

Schedule of Reportable Transactions

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2023

Number of Shares	Issuer/Face Value	Interest Rate	Maturity Date	Cost	Current Value
Government Securities					
125,000	USA Treasury Notes	0.375%	9/30/2027	\$ 124,019	\$ 109,634
75,000	USA Treasury Notes	2.750%	8/15/2032	70,790	68,683
50,000	USA Treasury Notes	3.500%	1/31/2030	49,945	48,901
50,000	USA Treasury Notes	4.000%	2/15/2026	50,340	49,772
50,000	USA Treasury Notes	3.500%	2/15/2033	50,092	48,487
50,000	USA Treasury Notes	3.375%	5/15/2033	48,459	47,984
200,000	USA Treasury Notes	1.625%	8/15/2029	198,391	177,946
250,000	Federal Home Loan Bank	1.000%	5/26/2026	249,812	231,050
100,000	Federal Home Loan Bank	1.500%	3/17/2027	99,975	97,955
250,000	Federal Farm Credit Bank	0.640%	1/5/2027	249,250	224,895
125,000	Federal Farm Credit Bank	2.150%	12/1/2031	124,500	106,313
150,000	Federal Farm Credit Bank	2.000%	12/7/2029	150,000	132,278
75,000	Federal Farm Credit Bank	4.050%	5/17/2029	74,887	72,446
	Total Government Securities			\$ 1,540,460	\$ 1,416,344
Mortgage Obligations					
66,184	Federal Natl Mtg Assn 2012 145	1.500%	1/25/2028	\$ 63,619	\$ 62,999
76,486	Federal Natl Mtg Assn 2013 5	1.500%	12/25/2032	73,235	70,692
53,903	Federal Natl Mtg Assn 2013 13	1.500%	3/25/2028	51,806	51,066
86,303	Federal Natl Mtg Assn 2013 41	1.750%	2/25/2033	82,770	80,924
50,716	Federal Home Loan Mtg Corp 4165	1.500%	2/15/2028	48,767	48,255
62,130	Federal Home Loan Mtg Corp 4182	1.750%	2/15/2033	59,897	58,476
93,082	Federal Home Loan Mtg Corp 4869	3.500%	4/15/2049	95,358	88,781
65,525	Federal Home Loan Mtg Corp 5220	3.500%	7/25/2033	61,266	62,022
37,256	Government Natl Mtg Assn 2012 74	2.690%	5/20/2041	36,837	36,855
83,341	Government Natl Mtg Assn 2018 5	3.000%	6/20/2047	83,497	76,134
	Total Mortgage Obligations			\$ 657,052	\$ 636,204
Corporate Bonds					
100,000	Amazon.com Inc	3.150%	8/22/2027	\$ 95,468	\$ 95,977
250,000	American Honda	2.300%	9/9/2026	248,570	236,380
50,000	Amgen Inc	5.250%	3/2/2033	49,838	51,261
250,000	Autozone Inc	3.125%	4/18/2024	249,825	247,980
75,000	Bank of America Corporation	VAR	4/22/2032	63,104	63,332
100,000	Bristol Myers Squibb Co	3.900%	2/20/2028	95,174	98,263
100,000	Citigroup Inc	VAR	11/3/2032	84,642	82,432
75,000	Coca Cola Co	3.450%	3/25/2030	69,941	72,022
150,000	Commonwealth Edison Co	3.700%	8/15/2028	153,894	144,993
75,000	CVS Health Corp	5.125%	2/21/2030	74,613	76,163
250,000	Walt Disney Company	2.000%	9/1/2029	237,275	221,820

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2023

Number of Shares	Issuer/Face Value	Interest Rate	Maturity Date	Cost	Current Value
Corporate Bonds - Continued					
75,000	Goldman Sachs Group Inc	VAR	2/24/2033	\$ 64,760	\$ 64,381
75,000	JP Morgan Chase & Co	VAR	10/23/2029	74,435	78,856
75,000	JP Morgan Chase & Co	VAR	10/23/2034	74,130	81,299
150,000	Keycorp Ser Mtn UNSC	2.250%	4/6/2027	149,818	135,054
75,000	Lowes Companies Inc	2.625%	4/1/2031	63,971	65,628
250,000	Marsh & McLennan Companies	3.500%	3/10/2025	255,000	245,503
75,000	Prudential Financial Inc	2.100%	3/10/2030	65,935	65,713
250,000	Roper Technologies Inc	2.950%	9/15/2029	276,155	229,063
250,000	Sherwin Williams Co	3.125%	6/1/2024	248,547	247,337
250,000	UnitedHealth Group Inc	3.850%	6/15/2028	275,112	244,450
75,000	Wells Fargo & Company	VAR	3/2/2033	65,162	65,506
	Total Corporate Bonds			\$ 3,035,369	\$ 2,913,413

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2023

Number of Shares	Description	Cost	Current Value
Common Stocks			
1,490	Aramark	\$ 41,115	\$ 41,869
63	Cavco Industries Inc	16,179	21,837
544	Chuy's Holdings Inc	13,913	20,797
1,912	Crane NXT Co	82,457	108,735
574	Diebold Nixdorf Inc	11,816	16,617
1,026	Golden Entertainment Inc	40,941	40,968
515	Home Depot Inc	116,481	178,473
586	Hooker Furnishings Corporation	8,713	15,283
238	Kontoor Brands Inc	6,264	14,856
395	Marriott International Inc	48,596	89,076
450	McDonald's Corp	95,240	133,430
510	Monro Inc	16,951	14,963
1,075	Nike Inc	103,757	116,713
1,290	Phinia Inc	40,829	39,074
6,018	Playags Inc	37,586	50,732
590	Travel + Leisure Co	20,638	23,063
1,498	Universal Electronics	14,334	14,066
2,230	Vontier Corp	63,048	77,047
457	Wyndham Hotels & Resorts	26,545	36,747
620	Wyndham Hotels & Resorts	35,539	49,854
1,733	Kellanova	101,951	96,892
1,030	Kellanova	58,899	57,587
3,975	Kenvue Inc	88,872	85,582
3,638	Kyndryl Holdings Inc	49,806	75,598
3,009	Nomad Foods LTD	49,991	51,003
3,940	NCR Voyix Corporation	59,487	66,625
3,600	Primo Water Corp	47,401	54,180
785	Procter & Gamble Co	96,038	115,034
280	Spectrum Brands Holdings Inc	19,340	22,336
2,197	WK Kellogg Co	25,501	28,869
733	Chesapeake Energy Corp	61,059	56,397
1,250	Chevron Corporation	160,463	186,450
1,751	DT Midstream Inc	79,543	95,955
1,666	EOG Resources Inc	170,787	201,503
2,405	Helix Energy Solutions Group	24,098	24,723
2,776	Paysafe LTD	32,995	35,505
4,057	Bank of America Corp	119,863	136,599
150	Blackrock Inc	67,837	121,770
3,240	Cannae Holdings Inc	82,361	63,212
1,767	F&G Annuities & Amp	35,186	81,282
367	Federal Agric Mtg Corp	39,117	70,178

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2023

Number of Shares	Description	Cost	Current Value
Common Stocks - Continued			
1,210	First Internet Bancorp	\$ 23,407	\$ 29,270
1,272	Houlihan Lokey Inc	79,532	152,526
285	Houlihan Lokey Inc	23,153	34,174
1,050	JPMorgan Chase & Co	124,613	178,605
790	Howard Hughes Holdings Inc	54,150	67,585
1,087	Jackson Financial Inc	30,835	55,654
740	NCR Atleos Corp	13,793	17,975
451	Northrim Bancorp Inc	20,235	25,802
2,639	Perella Weinberg Partners	33,878	32,275
338	Raymond James Financial Inc	25,106	37,687
160	Voya Financial Inc Com	8,827	11,674
1,330	Abbvie Inc	139,326	206,110
2,390	CVS Health Corporation	173,643	188,714
154	Charles Riv Laboratories Intl	31,253	36,406
666	Enovis Corp	39,946	37,309
260	Encompass Health Corp	13,396	17,347
1,023	Johnson & Johnson	146,487	160,345
1,636	Pennant Group Inc	21,010	22,773
685	Henry Schein Inc	43,260	51,861
417	UnitedHealth Group Inc	112,562	219,538
149	Utah Medical Inc	12,607	12,549
800	Eaton Corp PLC	66,702	192,656
532	General Dynamics Corp	128,293	138,144
2,666	API Group Corp	41,075	92,244
9,192	Alight Inc	83,059	78,326
465	Arcosa Inc	17,011	38,428
1,820	Augmedix Inc	8,096	10,647
678	Crane Co	51,916	80,099
386	Esab Corp	20,557	33,435
1,190	Fortune Brands Innovations Inc	67,938	90,607
860	Gorman Rupp Co	21,176	30,556
700	Honeywell Intl Inc	118,384	146,797
200	John Bean Technology	19,578	19,890
1,278	Distribution Solutions Group Inc	27,787	40,334
5,282	MDU Resources Group Inc	103,948	104,584
6,260	Masterbrand Inc	50,192	92,961
2,950	Vestis Corp	48,715	62,363
1,616	V2X Inc	59,671	75,047
160	XPO Inc	8,251	14,014
511	Accenture PLC	114,472	179,315
1,060	Apple Inc	52,653	204,082

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2023

Number of Shares	Description	Cost	Current Value
Common Stocks - Continued			
330	Broadcom Inc	\$ 151,962	\$ 368,362
236	Concentrix Corp	20,164	23,178
1,715	Mayville Engineering Co Inc	22,817	24,730
635	Microsoft Corp	87,541	238,785
255	Texas Instruments Inc	29,171	43,467
239	New Linde PLC	90,030	98,160
371	Orion Group Holdings Inc	1,794	1,832
1,265	Mosaic Co	67,724	45,198
463	American Tower Corp	91,755	99,952
600	RB Global Inc	34,105	40,134
2,201	American Vanguard Corp	22,550	24,145
2,845	Alpine Income Property Trust	49,676	48,109
2,578	CTO NewCo REIT Inc	45,785	44,677
669	Gaming and Leisure Properties	26,978	33,015
253	Knife River Corp	8,617	16,744
2,250	Liberty Latin America Cl C	20,185	16,515
900	Postal Realty Trust Inc	11,903	13,104
1,059	Potlatchdeltic Corp	47,399	51,997
4,045	Weyerhaeuser Co	108,830	140,645
6,680	Advantage Solutions Inc	18,085	24,182
1,090	Atlanta Braves Holdings Inc	31,920	43,142
1,014	IAC Inc	59,381	53,113
2,101	Liberty Media Corp	50,416	60,467
5,090	Lions Gate Entertainment	36,940	51,867
550	Madison Square Garden Entertainment	18,209	17,484
2,930	National Cinemedia Inc	12,815	12,130
140	National Fuel Gas Co	7,392	7,024
920	RGC Resources Inc	18,641	18,713
830	UGI Holding Corp	19,683	20,419
782	Vitesse Energy Inc	18,509	17,119
1,760	Vistra Corp	39,220	67,796
	Total Common Stocks	\$ 5,862,227	\$ 7,918,393
Money Market Funds			
46,299	Federated Government Obligations - 2889	\$ 46,299	\$ 46,299
53,378	Federated Government Obligations - 2897	53,378	53,378
373,074	Federated Government Obligations - 2928	373,074	373,074
330,719	Federated Government Obligations - 2952	330,719	330,719
10,335	Fidelity Government Cash Reserves	10,335	10,335
	Total Money Market Funds	\$ 813,805	\$ 813,805

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2023

Number of Shares	Description	Cost	Current Value
Registered Investment Companies			
7,495	Invesco NASDAQ 100 ETF	\$ 1,224,833	\$ 1,263,207
10,539	iShares Russell 1000 Growth ETF	1,637,157	3,195,109
11,811	iShares Core MSCI EAFE ETF	735,884	830,904
8,261	iShares Core MSCI Emerging Markets ETF	438,163	417,841
32,433	Cohen & Steers Real Estate	509,407	539,029
12,271	Fidelity Emerging Markets Fund	429,123	438,930
26,924	Grandeur Peak Intl Stalw-Instl	605,128	487,864
68,281	Goldman Sachs GQP PRT Intl Instl	1,094,391	1,352,638
26,609	AQR Diversifying Strategies Fund	313,778	298,553
6,779	Calamos Market Neutral Income Fund	95,157	96,122
8,507	First Trust Merger Arbitrage Fund	89,302	90,431
6,920	JPMorgan Hedged Equity Fund	180,425	195,352
110,006	Blackrock Credit Strategies Fund I	1,032,155	948,251
4,100	Tidal ETF Trust Robinson Alternative Yield ETF	84,009	83,517
3,891	JPMorgan Exchange Traded Ultra Short Income Fund	195,589	195,445
	Total Registered Investment Companies	\$ 8,664,501	\$ 10,433,193
Real Estate Investment Trusts			
71,479	Blackstone Real Estate Income Trust	\$ 1,047,770	\$ 1,024,145
	Total Investments	\$ 21,621,184	\$ 25,155,497
Total Investment Summary			
	Money Market Funds	\$ 813,805	\$ 813,805
	Registered Investment Companies	8,664,501	10,433,193
	Real Estate Investment Trusts	1,047,770	1,024,145
	Common Stocks	5,862,227	7,918,393
	Government Securities	1,540,460	1,416,344
	Mortgage Obligations	657,052	636,204
	Corporate Bonds	3,035,369	2,913,413
	Total Investments	\$ 21,621,184	\$ 25,155,497

Asbestos Workers Local No. 84 Pension Plan

EIN: 34-6009649 PN: 001

Schedule of Reportable Transactions
(Schedule H, 4j)

December 31, 2023

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Purchases:						
None	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sales:						
Federated Government Obligations	-	1,304,942	-	1,304,942	1,304,942	-
	<u>\$ -</u>	<u>\$ 1,304,942</u>	<u>\$ -</u>	<u>\$ 1,304,942</u>	<u>\$ 1,304,942</u>	<u>\$ -</u>

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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 Asbestos Workers Local 84 Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Asbestos Workers 84 Pension Plan	D Employer Identification Number (EIN) 34-6009649

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

1a Enter the valuation date: Month 1 Day 1 Year 2023

b Assets

(1) Current value of assets.....	1b(1)	22,089,935
(2) Actuarial value of assets for funding standard account	1b(2)	24,926,447

c (1) Accrued liability for plan using immediate gain methods

1c(1)	21,523,448
--------------	------------

(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)	21,523,448
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d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)

1d(1)	
--------------	--

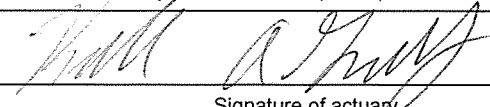
(2) "RPA '94" information:

(a) Current liability.....	1d(2)(a)	46,534,899
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	3,305,311
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	1,354,709

(3) Expected plan disbursements for the plan year.....

1d(3)	1,369,543
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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		7/25/2024
	Signature of actuary	Date
Kathryn A. Garrity, FSA, EA, MAAA		23-05379
	Type or print name of actuary	Most recent enrollment number
United Actuarial Services, Inc.		(317) 580-8688
	Firm name	Telephone number (including area code)

11590 N. Meridian Street, Suite 610
Carmel IN 46032-4529
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	22,089,935
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	57	15,046,469
(2) For terminated vested participants	25	3,699,869
(3) For active participants:		
(a) Non-vested benefits		7,285,181
(b) Vested benefits		20,503,380
(c) Total active	121	27,788,561
(4) Total	203	46,534,899
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.47 %

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
12/31/2023	1,774,571				
Totals ▶			3(b)	1,774,571	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

0

0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	115.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.19 %
	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)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.8%
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)	77,295
(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	-279,520	-28,682
4	-75,232	-7,720

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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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	1,155,554

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

	Outstanding balance	
9c(1)	6,901,836	875,817
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 142,196**e** Total charges. Add lines 9a through 9d..... **9e** 2,173,567**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 6,930,059**g** Employer contributions. Total from column (b) of line 3..... **9g** 1,774,571

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	3,374,776	553,178

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 585,936**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	8,045,559	
9j(2)	19,421,433	
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** 9,843,744**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 7,670,177**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**(3)** Total as of valuation date

9o(1)		0
9o(2)(a)		0
9o(2)(b)		0
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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 Employer Contributions

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

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

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The Asbestos Workers Local #84 Pension Plan was established effective July 1, 1961, as a result of a Collective Bargaining Agreement between the Master Insulators Association of Akron, Ohio and Local 84 of the International Association of Heat and Frost Insulators and Asbestos Workers.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal, Early, and Late Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits, and Death Benefits.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. Following is a partial listing of hourly pension contribution rates.

<i>Date</i>	<i>Hourly Contribution Rate</i>
7-1-95	\$ 2.90
7-1-97	3.00
7-1-99	3.25
7-1-05	3.37
7-1-06	3.87
7-1-07	4.37
9-1-08	4.77
7-1-09	5.27
7-1-10	5.77
7-1-11	6.27
7-1-12	6.77
7-1-13	6.87
8-1-14	7.10
7-1-15	7.46
7-1-16	7.82
7-1-17	8.00
7-1-18	8.36
7-1-19	8.76
6-1-20	9.12
6-1-21	9.37
6-1-22	9.50
6-1-23	9.65

*Schedule MB, line 6 – Summary of Plan Provisions
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2023*

Reciprocity

The Trustees have entered into reciprocity agreements with other pension funds so that contributions will be transferred to an employee's home fund.

SUMMARY OF PLAN PROVISIONS

Participation	January 1 or July 1 following completion of 400 hours during a twelve consecutive month period
Year of Vesting Service	Plan Year with at least 400 hours. Years of Vesting Service shall be used to determine eligibility for benefits (except for special 30-year retirement benefit).
Year of Benefit Service	Credit for Plan Year equals the ratio of hours worked to 1,600 (including credits greater than 1.0). No credit given if participant worked less than 400 hours. Years of Benefit Service shall be used to determine eligibility for the special 30-year retirement benefit and shall be used to determine the benefit for pre-1978 service.
Break in service	Plan Year with less than 400 hours
Normal retirement benefit	
<i>Eligibility</i>	Age 65 and 5 th anniversary of plan participation
<i>Monthly amount</i>	• \$13.50 for each year of Benefit Service earned prior to January 1, 1978, plus • 2.85% of employer contributions made on or after January 1, 1978 and prior to January 1, 2003, plus • 2.85% of employer contributions made on or after January 1, 2003 and prior to July 1, 2003 (provided earned 200 hours of service in this 6 month period), plus • \$30 for Benefit Service (including pro-rata service for hours in excess of 800) earned on or after July 1, 2003 and prior to December 31, 2003 (provided earned 200 hours of service during this 6 month period), plus • \$30 for each year of Benefit Service (including pro-rata service for hours in excess of 1,600) earned on or after January 1, 2004 and prior to January 1, 2014, plus • 0.75% of employer contributions made on or after January 1, 2014 through December 31, 2015, plus • 1.62% of employer contributions made on or after January 1, 2016 through December 31, 2017, plus • 1.75% of employer contributions made on or after January 1, 2018. Payable for life with the first 60 payments guaranteed.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Early retirement benefit <i>Eligibility</i>	Age 55 and 5 years of Vesting Service
<i>Monthly amount</i>	Normal reduced by 5/9 of 1% for the first 72 months that the participant retires before age 65 and 5/12 of 1% for the next 48 months that the participant retires before age 65. Payable for life with the first 60 payments guaranteed.
<i>or</i>	
<i>Eligibility</i>	Age 55 and 30 years of Benefit Service*
<i>Monthly amount</i>	Normal, unreduced. Payable for life with the first 60 payments guaranteed.
Disability benefit <i>Eligibility</i>	10 years of Vesting Service with at least one year of Vesting Service during the three Plan Years prior to disability. Granted disability benefit from SSA.
<i>Monthly amount</i>	75% of Accrued Normal. Payable until the earlier of age 65, recovery, or death. Eligible for Normal at age 65.
Vested benefit <i>Eligibility</i>	5 years of Vesting Service, termination of employment
<i>Monthly amount</i>	Accrued Normal payable at age 65, or reduced accrued payable at early. Payable for life with the first 60 payments guaranteed.
Optional forms of payment	• Qualified joint and 50% survivor annuity (QJSA)** • Qualified joint and 75% survivor annuity (QOSA)** • Five year certain and life annuity (normal form) ** Includes subsidized pop-up feature
Pre-retirement death benefit <i>Eligibility</i>	Death of vested participant with surviving spouse
<i>Monthly amount</i>	50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date

* 48,000 eligible hours of service will satisfy the 30 years of Benefit Service requirement.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Lump sum death benefit

Eligibility

Death of participant with at least 5 years of future service,
no spouse

Lump sum amount

100% of employer contributions made after
January 1, 1978.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	January 1, 2023
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.00% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.00% per year net of investment expenses
<i>Current liability</i>	2.19% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$80,000 per year excluding investment expenses, increasing 2.5% per year
<i>ASC 960</i>	A 6.00% load was applied to the accrued liabilities for 2023 (7.00% for 2022).
Loading	
<i>Pop-up feature</i>	Liabilities for non-retired participants' benefits to be paid after retirement decreased 0.4%; liabilities for retired participants receiving a joint and survivor form of benefit are valued using the actual pop-up benefit amounts.
<i>Inactive vested pre-retirement death benefit</i>	Liabilities for inactive vested participants are increased by 0.2%.
Mortality	
<i>Assumed plan mortality</i>	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males a 115% multiplier was added and for females a 120% multiplier was added.
<i>Assumed plan mortality – disabled lives</i>	Same as healthy lives
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal

According to Table T-3 (minus 51GA mortality) – specimen rates shown below. Assumed rate during second year of employment is 30%* and 10% for the next three years.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0519
30	.0472
35	.0433
40	.0362
45	.0286
50	.0092
55	.0000
60	.0000

* All newly reported participants are considered to have already worked their first year of employment.

Disability

120% of the 1964 OASDI disability table for males - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0010
30	.0013
35	.0018
40	.0026
45	.0043
50	.0073
55	.0121
60	.0195

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future retirement rates
Active lives

Rates are according to the following schedule:

<u>Age</u>	<u>With 30 Years</u>	<u>Without 30 Years</u>
55	.30	.10
56-59	.30	.05
60	.50	.15
61	.50	.10
62	.50	.50
63	.50	.10
64	.50	.25
65+	1.00	1.00

Age when first eligible for 30 and out .50

Resulting in an average expected retirement age of 59.8.

Inactive vested lives

Earliest eligible retirement age or current age, if older.

Disabled lives

Disability benefit assumed payable until normal retirement age, then normal retirement benefit commences.

Timing of decrements

Beginning of year

Future hours worked

Vested lives

1,600 hours per year, 0 after assumed retirement age

Non-vested lives

1,100 hours per year, 0 after assumed retirement age

Future hourly contribution rate

\$9.59

Future annual credits

Vesting Service: 1.0
Benefit Service: Average future annual hours
assumption divided by 1,600

Age of participants with unrecorded birth dates

Based on average entry age of participants with recorded birthdates and same vesting status

Marriage assumptions

100% assumed married with the male spouse 3 years older than his wife

Optional form assumption

All non-retired participants assumed to elect the life with the first 60 payments guaranteed form of benefit.

ACTUARIAL ASSUMPTIONS (CONTINUED)

QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2022 are still assumed to be deceased.
Section 415 limit assumptions <i>Dollar limit</i>	\$265,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 75% survivor annuity
Benefits Vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 5 years of vesting service.
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

ERISA rate of return used to value liabilities

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2023 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 115% multiplier for males and 120% multiplier for females was applied. This was based on a study of data from larger plans in generally similar industries, plus an adjustment for additional hazards of the industry of this plan. Based on information from the CDC on COVID-19 deaths through June 7, 2023, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

Retirement

Actual rates of retirement by age were studied for the period January 1, 2017 to December 31, 2021. The assumed future rates of retirement were selected based on the results of this study.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal	Actual rates of withdrawal by age were studied for the period January 1, 2017 to December 31, 2021. The assumed future rates of withdrawal were selected based on the results of this study.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method	
<i>ERISA funding</i>	Traditional Unit Credit method (effective January 1, 2003)
<i>Funding period</i>	Individual Entry Age Normal with costs spread as a level dollar amount over service.
Population valued	
<i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
<i>Actuarial value</i>	Smoothed Market Value Method without phase in effective January 1, 2009. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, the actuarial value of assets, as described above, is used.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 8B
STATEMENT BY ENROLLED ACTUARY

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2023

[illegible]

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2023 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

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

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

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2023 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2023 Outstanding Balance	1/1/2023 Amortization Payment
				Years	Months		
Charges							
1/1/1994	Assumptions	36,043	30	1	0	2,876	2,876
1/1/1996	Assumptions	459,826	30	3	0	102,296	36,429
1/1/1997	Assumptions	230,641	30	4	0	66,038	18,222
1/1/1998	Plan Amendment	24,897	30	5	0	8,598	1,959
1/1/1999	Assumptions	114,238	30	6	0	45,726	8,966
1/1/2000	Assumptions	217,346	30	7	0	98,070	17,007
1/1/2001	Assumptions	48,613	30	8	0	24,230	3,793
1/1/2002	Assumptions	128,241	30	9	0	69,527	9,973
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1/1/2009	Relief 09 Asset Loss	4,010,386	29	15	0	3,018,776	309,762
1/1/2013	Assumptions	608,641	15	5	0	276,561	63,038
1/1/2016	Amendments	182,942	15	8	0	120,435	18,849
1/1/2016	Assumptions	53,384	15	8	0	35,142	5,500
1/1/2016	Experience Loss	371,233	15	8	0	244,387	38,249
1/1/2017	Assumptions	315,478	15	9	0	226,223	32,451
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1/1/2019	Experience Loss	996,577	15	11	0	821,147	102,341
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1/1/2022	Assumptions	167,035	15	14	0	160,387	17,140
Total Charges:						6,901,836	875,817

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2023 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2023 Outstanding Balance	1/1/2023 Amortization Payment
				Years	Months		

Credits

1/1/2010	Experience Gain	276,118	15	2	0	55,903	28,897
1/1/2010	Plan Amendment	367,516	15	2	0	74,411	38,463
1/1/2011	Assumptions	211,126	15	3	0	61,822	22,016
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1/1/2023	Assumptions	75,232	15	15	0	75,232	7,720
1/1/2023	Experience Gain	279,520	15	15	0	279,520	28,682

Total Credits:	3,374,776	553,178
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Net Charges:	3,527,060	322,639
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Less Credit Balance:	6,930,059
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Less Reconciliation Balance:	0
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Unfunded Actuarial Liability:	-3,402,999
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ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

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

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality rates were adjusted from 110% of the PRI-2012 Blue Collar Mortality Table for females to 120% of the PRI-2012 Blue Collar Mortality Table for females. This change was made to incorporate credible plan experience into expected mortality. No change was made to male mortality.
- The assumed hourly contribution rate was increased from \$9.45 to \$9.59 to reflect the remaining pro-rated portion of the negotiated increase effective June 1, 2022 and a pro-rated portion of the negotiated increase effective June 1, 2023.
- The assumed operational expenses were decreased from \$95,000 to \$80,000 for the 2023-24 plan year and a 2.5% annual increase was added to reflect our best estimate of future expenses based on recent plan experience and expected inflationary increases.
- The expense load on ASC 960 liabilities was changed from 7.00% to 6.00% based on recent plan experience.
- The current liability interest rate was changed from 1.91% to 2.19%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 Employer Contributions

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

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

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The Asbestos Workers Local #84 Pension Plan was established effective July 1, 1961, as a result of a Collective Bargaining Agreement between the Master Insulators Association of Akron, Ohio and Local 84 of the International Association of Heat and Frost Insulators and Asbestos Workers.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal, Early, and Late Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits, and Death Benefits.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. Following is a partial listing of hourly pension contribution rates.

<i>Date</i>	<i>Hourly Contribution Rate</i>
7-1-95	\$ 2.90
7-1-97	3.00
7-1-99	3.25
7-1-05	3.37
7-1-06	3.87
7-1-07	4.37
9-1-08	4.77
7-1-09	5.27
7-1-10	5.77
7-1-11	6.27
7-1-12	6.77
7-1-13	6.87
8-1-14	7.10
7-1-15	7.46
7-1-16	7.82
7-1-17	8.00
7-1-18	8.36
7-1-19	8.76
6-1-20	9.12
6-1-21	9.37
6-1-22	9.50
6-1-23	9.65

Schedule MB, line 6 – Summary of Plan Provisions
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2023

Reciprocity

The Trustees have entered into reciprocity agreements with other pension funds so that contributions will be transferred to an employee's home fund.

SUMMARY OF PLAN PROVISIONS

Participation	January 1 or July 1 following completion of 400 hours during a twelve consecutive month period
Year of Vesting Service	Plan Year with at least 400 hours. Years of Vesting Service shall be used to determine eligibility for benefits (except for special 30-year retirement benefit).
Year of Benefit Service	Credit for Plan Year equals the ratio of hours worked to 1,600 (including credits greater than 1.0). No credit given if participant worked less than 400 hours. Years of Benefit Service shall be used to determine eligibility for the special 30-year retirement benefit and shall be used to determine the benefit for pre-1978 service.
Break in service	Plan Year with less than 400 hours
Normal retirement benefit	
<i>Eligibility</i>	Age 65 and 5 th anniversary of plan participation
<i>Monthly amount</i>	• \$13.50 for each year of Benefit Service earned prior to January 1, 1978, plus • 2.85% of employer contributions made on or after January 1, 1978 and prior to January 1, 2003, plus • 2.85% of employer contributions made on or after January 1, 2003 and prior to July 1, 2003 (provided earned 200 hours of service in this 6 month period), plus • \$30 for Benefit Service (including pro-rata service for hours in excess of 800) earned on or after July 1, 2003 and prior to December 31, 2003 (provided earned 200 hours of service during this 6 month period), plus • \$30 for each year of Benefit Service (including pro-rata service for hours in excess of 1,600) earned on or after January 1, 2004 and prior to January 1, 2014, plus • 0.75% of employer contributions made on or after January 1, 2014 through December 31, 2015, plus • 1.62% of employer contributions made on or after January 1, 2016 through December 31, 2017, plus • 1.75% of employer contributions made on or after January 1, 2018. Payable for life with the first 60 payments guaranteed.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Early retirement benefit <i>Eligibility</i>	Age 55 and 5 years of Vesting Service
<i>Monthly amount</i>	Normal reduced by 5/9 of 1% for the first 72 months that the participant retires before age 65 and 5/12 of 1% for the next 48 months that the participant retires before age 65. Payable for life with the first 60 payments guaranteed.
<i>or</i>	
<i>Eligibility</i>	Age 55 and 30 years of Benefit Service*
<i>Monthly amount</i>	Normal, unreduced. Payable for life with the first 60 payments guaranteed.
Disability benefit <i>Eligibility</i>	10 years of Vesting Service with at least one year of Vesting Service during the three Plan Years prior to disability. Granted disability benefit from SSA.
<i>Monthly amount</i>	75% of Accrued Normal. Payable until the earlier of age 65, recovery, or death. Eligible for Normal at age 65.
Vested benefit <i>Eligibility</i>	5 years of Vesting Service, termination of employment
<i>Monthly amount</i>	Accrued Normal payable at age 65, or reduced accrued payable at early. Payable for life with the first 60 payments guaranteed.
Optional forms of payment	• Qualified joint and 50% survivor annuity (QJSA)** • Qualified joint and 75% survivor annuity (QOSA)** • Five year certain and life annuity (normal form)
	** Includes subsidized pop-up feature
Pre-retirement death benefit <i>Eligibility</i>	Death of vested participant with surviving spouse
<i>Monthly amount</i>	50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date

* 48,000 eligible hours of service will satisfy the 30 years of Benefit Service requirement.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Lump sum death benefit

Eligibility

Death of participant with at least 5 years of future service,
no spouse

Lump sum amount

100% of employer contributions made after
January 1, 1978.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	January 1, 2023
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.00% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.00% per year net of investment expenses
<i>Current liability</i>	2.19% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$80,000 per year excluding investment expenses, increasing 2.5% per year
<i>ASC 960</i>	A 6.00% load was applied to the accrued liabilities for 2023 (7.00% for 2022).
Loading	
<i>Pop-up feature</i>	Liabilities for non-retired participants' benefits to be paid after retirement decreased 0.4%; liabilities for retired participants receiving a joint and survivor form of benefit are valued using the actual pop-up benefit amounts.
<i>Inactive vested pre-retirement death benefit</i>	Liabilities for inactive vested participants are increased by 0.2%.
Mortality	
<i>Assumed plan mortality</i>	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males a 115% multiplier was added and for females a 120% multiplier was added.
<i>Assumed plan mortality – disabled lives</i>	Same as healthy lives
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal

According to Table T-3 (minus 51GA mortality) – specimen rates shown below. Assumed rate during second year of employment is 30%* and 10% for the next three years.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0519
30	.0472
35	.0433
40	.0362
45	.0286
50	.0092
55	.0000
60	.0000

* All newly reported participants are considered to have already worked their first year of employment.

Disability

120% of the 1964 OASDI disability table for males - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0010
30	.0013
35	.0018
40	.0026
45	.0043
50	.0073
55	.0121
60	.0195

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future retirement rates

Active lives

Rates are according to the following schedule:

	With 30	Without 30
<u>Age</u>	<u>Years</u>	<u>Years</u>
55	.30	.10
56-59	.30	.05
60	.50	.15
61	.50	.10
62	.50	.50
63	.50	.10
64	.50	.25
65+	1.00	1.00

Age when first eligible for 30 and out .50

Resulting in an average expected retirement age of 59.8.

Inactive vested lives

Earliest eligible retirement age or current age, if older.

Disabled lives

Disability benefit assumed payable until normal retirement age, then normal retirement benefit commences.

Timing of decrements

Beginning of year

Future hours worked

Vested lives

1,600 hours per year, 0 after assumed retirement age

Non-vested lives

1,100 hours per year, 0 after assumed retirement age

Future hourly contribution rate

\$9.59

Future annual credits

Vesting Service: 1.0
Benefit Service: Average future annual hours
assumption divided by 1,600

Age of participants with unrecorded birth dates

Based on average entry age of participants with recorded birthdates and same vesting status

Marriage assumptions

100% assumed married with the male spouse 3 years older than his wife

Optional form assumption

All non-retired participants assumed to elect the life with the first 60 payments guaranteed form of benefit.

ACTUARIAL ASSUMPTIONS (CONTINUED)

QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2022 are still assumed to be deceased.
Section 415 limit assumptions	
<i>Dollar limit</i>	\$265,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 75% survivor annuity
Benefits Vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 5 years of vesting service.
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used
to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2023 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 115% multiplier for males and 120% multiplier for females was applied. This was based on a study of data from larger plans in generally similar industries, plus an adjustment for additional hazards of the industry of this plan. Based on information from the CDC on COVID-19 deaths through June 7, 2023, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

Retirement

Actual rates of retirement by age were studied for the period January 1, 2017 to December 31, 2021. The assumed future rates of retirement were selected based on the results of this study.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal	Actual rates of withdrawal by age were studied for the period January 1, 2017 to December 31, 2021. The assumed future rates of withdrawal were selected based on the results of this study.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method	
<i>ERISA funding</i>	Traditional Unit Credit method (effective January 1, 2003)
<i>Funding period</i>	Individual Entry Age Normal with costs spread as a level dollar amount over service.
Population valued	
<i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
<i>Actuarial value</i>	Smoothed Market Value Method without phase in effective January 1, 2009. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, the actuarial value of assets, as described above, is used.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 8B
STATEMENT BY ENROLLED ACTUARY

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2023

[illegible]

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2023 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

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

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

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2023 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2023 Outstanding Balance	1/1/2023 Amortization Payment
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Charges							
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Less Credit Balance:	6,930,059
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Less Reconciliation Balance:	0
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Unfunded Actuarial Liability:	-3,402,999
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ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2023 SCHEDULE MB: LINE 11
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Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning _____ and ending _____

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

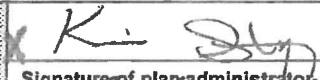
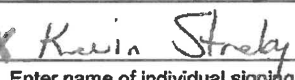
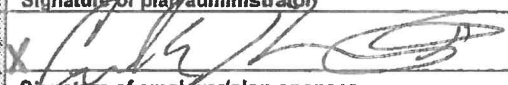
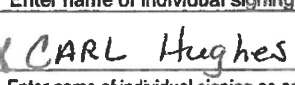
Part II Basic Plan Information—enter all requested information**1a** Name of plan
ASBESTOS WORKERS LOCAL 84 PENSION PLAN**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan
07/01/1961**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, 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)
ASBESTOS WORKERS LOCAL 84 PENSION**2b** Employer Identification Number (EIN)
34-6009649**2c** Plan Sponsor's telephone number
800-398-6144**2d** Business code (see instructions)
238900

7440 WOODLAND DRIVE

INDIANAPOLIS IN 46278

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		8/9/2024	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/9/2024	
	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 (2023)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year		5	196
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)	128
a(2) Total number of active participants at the end of the plan year		6a(2)	121
b Retired or separated participants receiving benefits		6b	56
c Other retired or separated participants entitled to future benefits		6c	25
d Subtotal. Add lines 6a(2), 6b, and 6c		6d	202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	13
f Total. Add lines 6d and 6e		6f	215
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	23
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:			

1A

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ 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) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

34-6009649

Federal Statements

FYE: 12/31/2023

ASBESTOS WORKERS LOCAL 84 PENSION PLAN
Plan: 001

Plan transactions in excess of 5% of plan assets

Name								
Description		Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
FEDERATED	GOV'T OBLIGATIONS	\$	\$ 1304942	\$	\$	\$ 1304942	\$ 1304942	\$

34-6009649

Federal StatementsFYE: 12/31/2023 **ASBESTOS WORKERS LOCAL 84 PENSION PLAN**
Plan: 001**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	MONEY MARKET FUNDS		\$ 813,805	\$ 813,805
	REGISTERED INVESTMEN		8,664,501	10,433,193
	REIT'S		1,047,770	1,024,145
	COMMON STOCKS		5,862,227	7,918,393
	GOVERNMENT SECURITIE		1,540,460	1,416,344
	MORTGAGE OBLIGATIONS		657,052	636,204
	CORPORATE BONDS		3,035,369	2,913,413