

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
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan	1b Three-digit plan number (PN) ▶ 501
	NATIONAL ASBESTOS WORKERS MEDICAL FUND	1c Effective date of plan 07/22/1953
	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) NATIONAL ASBESTOS WORKERS MEDICAL FUND FUND BOARD OF TRUSTEES NEBA 2010 N W 150TH AVENUE PEMBROKE PINES, FL 33028	2b Employer Identification Number (EIN) 52-6038498
		2c Plan Sponsor's telephone number 888-632-2887
		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.	05/06/2025	RON PIERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/06/2025	TIM BLALOCK
	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 EXECUTIVE COMMITTEE OF THE NATIONAL ASBESTOS WORKERS MEDICAL FUND 2010 N W 150TH AVENUE PEMBROKE PINES, FL 33028	3b Administrator's EIN 52-1090353 3c Administrator's telephone number 888-632-2887
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 4228
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) 2862 6a(2) 2968 6b 1257 6c 6d 4225 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 182

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

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

4A 4D 4E 4F 4L

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A Name of plan NATIONAL ASBESTOS WORKERS MEDICAL FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ASBESTOS WORKERS MEDICAL FUND FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6038498

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

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL31309	3084	08/01/2023	07/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	381568
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A Name of plan NATIONAL ASBESTOS WORKERS MEDICAL FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ASBESTOS WORKERS MEDICAL FUND FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6038498

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3340157	4225	11/01/2023	10/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1412717
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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 08/01/2023 and ending 07/31/2024

A Name of plan NATIONAL ASBESTOS WORKERS MEDICAL FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ASBESTOS WORKERS MEDICAL FUND FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6038498

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

NATIONAL EMPLOYEE BENEFITS ADMINIST

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 36 49 50	NONE	1555560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'DONOGHUE & O'DONOGHUE

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	147547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRESCENT MEZZANINE PARTNERS LP

47-3358654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 50	NONE	145437	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	89734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC

22-1146430

(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 50	NONE	64634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BHA CONSULTING LLC

11414 MORNING GLORY TRAIL
AUSTIN, TX 78750

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	59356	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)

CHARTWELL INVESTMENT PARTNERS

1205 WESTLAKES DRIVE SUITE 100
BERWYN, PA 19312

(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 51 50	NONE	57358	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES

777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	49743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE

04-3549299

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	NONE	42587	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)

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 50	NONE	33805	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TOP DRAWER MEDIA SOLUTIONS

5190 NW 16TH ST
MIAMI LAKES, FL 33014

(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?
36 50	NONE	28917	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)

WITHUMSMITH + BROWN PC

4600 EAST-WEST HIGHWAY 900
BETHESDA, MD 20814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOSTON PARTNERS

60 E 42ND STREET 1550
NEW YORK, NY 10165

(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 51 50	NONE	14291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENABLE LAW FIRM, P.A.

600 MASSACHUSETTS AVE, NW
WASHINGTON, DC 20001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13665	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)

DANIELS, IRWIN & AYLOR, CPA

62-1802605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKSTONE REAL ESTATE DEBT STRATEG

47-4469110

(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?
52 50	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024					
A Name of plan NATIONAL ASBESTOS WORKERS MEDICAL FUND				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NATIONAL ASBESTOS WORKERS MEDICAL FUND FUND BOARD OF TRUSTEES				D Employer Identification Number (EIN) 52-6038498	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000(R) GROWTH INDEX S					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 04-6897328-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3298334	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code			

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024		
A Name of plan NATIONAL ASBESTOS WORKERS MEDICAL FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ASBESTOS WORKERS MEDICAL FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 52-6038498	

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	7828428	11041551
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4489222	5877248
(2) Participant contributions	1b(2)	27559	0
(3) Other	1b(3)	341983	483050
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2795896	1638418
(2) U.S. Government securities	1c(2)	6130704	6717435
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	22382796	24748083
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2816161	3407225
(5) Partnership/joint venture interests	1c(5)	12624746	10721938
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2599079	3298334
(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)	7442	8306
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	818995	831779

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	62863011	68773367
Liabilities			
g Benefit claims payable	1g	10664621	9364855
h Operating payables	1h	228920	1003926
i Acquisition indebtedness	1i		
j Other liabilities	1j	99993	207564
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10993534	10576345
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	51869477	58197022

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)	53508817	
(B) Participants	2a(1)(B)	7637603	
(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)		61146420
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	250884	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1159063	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1409947
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	153877	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	104	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		153981
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	74365780	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	74243493	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		122287
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1233693	
(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)		700162
(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)		-8
c Other income	2c		4646285
d Total income. Add all income amounts in column (b) and enter total	2d		69412767

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58836918	
(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)		58836918
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)	1555560	
(3) Recordkeeping fees.....	2i(3)	79779	
(4) IQPA audit fees.....	2i(4)	39000	
(5) Investment advisory and investment management fees	2i(5)	293295	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	54696	
(8) Legal fees	2i(8)	150111	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2075863	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4248304
j Total expenses. Add all expense amounts in column (b) and enter total	2j		63085222

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6327545
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
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?	☒		10721938
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 _____.



**NATIONAL ASBESTOS WORKERS
MEDICAL FUND**

FINANCIAL STATEMENTS

JULY 31, 2024





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
National Asbestos Workers Medical Fund

Opinion

We have audited the accompanying financial statements of National Asbestos Workers Medical Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

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 National Asbestos Workers Medical Fund's ability to continue as a going concern for one year after the date that 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 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, including omissions, 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 National Asbestos Workers Medical Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about National Asbestos Workers Medical Fund's ability to continue as a going concern for a reasonable period of time.

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



Supplemental Schedules Required by ERISA

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

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
January 30, 2025



NATIONAL ASBESTOS WORKERS MEDICAL FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	<u>\$ 51,371,518</u>	<u>\$ 50,175,819</u>
Receivables		
Participating employers' contributions	5,877,248	4,489,222
Participants contributions	-	27,559
Due from broker	134,330	39,533
Interest and dividends	<u>316,825</u>	<u>269,642</u>
Total receivables	<u>6,328,403</u>	<u>4,825,956</u>
Prepaid expenses	<u>31,895</u>	<u>32,808</u>
Cash (noninterest-bearing)	<u>11,041,551</u>	<u>7,828,428</u>
Total assets	<u>68,773,367</u>	<u>62,863,011</u>
Liabilities		
Payables	1,003,926	228,920
Due to broker	<u>207,564</u>	<u>99,993</u>
Total liabilities	<u>1,211,490</u>	<u>328,913</u>
Net assets available for benefits	<u>\$ 67,561,877</u>	<u>\$ 62,534,098</u>

See accompanying notes to financial statements.

NATIONAL ASBESTOS WORKERS MEDICAL FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JULY 31, 2024 AND 2023

	2024	2023
Additions		
Contributions income		
Participating employers	\$ 55,382,090	\$ 47,160,702
Participants	7,637,603	7,353,613
Liquidated damages and interest	181,932	393,517
Reciprocity income (net of payments)	<u>(2,055,205)</u>	<u>2,561,061</u>
Total contribution income	<u>61,146,420</u>	<u>57,468,893</u>
Investment income		
Net appreciation (depreciation) in fair value of investments	1,899,377	(726,751)
Interest and dividends	<u>1,720,685</u>	<u>1,445,622</u>
	3,620,062	718,871
Less: investment expenses	<u>(293,295)</u>	<u>(234,892)</u>
Net investment income (loss)	<u>3,326,767</u>	<u>483,979</u>
Other additions		
Prescription rebates	4,480,064	3,946,327
COBRA subsidy	-	-
Vision claim reimbursements	63,009	20,729
Securities litigation	<u>4,827</u>	<u>1,286,637</u>
Total other additions	<u>4,547,900</u>	<u>5,253,693</u>
 Total additions	 <u>69,021,087</u>	 <u>63,206,565</u>
Deductions		
Benefits paid to participants		
Health claims	44,647,123	49,263,464
Prescription benefits	<u>15,489,561</u>	<u>14,308,020</u>
Total benefits paid to participants	60,136,684	63,571,484
Administrative expenses	<u>3,856,624</u>	<u>3,994,028</u>
 Total deductions	 <u>63,993,308</u>	 <u>67,565,512</u>

See accompanying notes to financial statements.



NATIONAL ASBESTOS WORKERS MEDICAL FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

YEARS ENDED JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Net change	\$ 5,027,779	\$ (4,358,947)
Net assets available for benefits		
Beginning of year	<u>62,534,098</u>	<u>66,893,045</u>
End of year	<u>\$ 67,561,877</u>	<u>\$ 62,534,098</u>

See accompanying notes to financial statements.



NATIONAL ASBESTOS WORKERS MEDICAL FUND

STATEMENTS OF BENEFIT OBLIGATIONS

JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants		
Claims payable, claims incurred but not reported	\$ 9,364,855	\$ 10,664,621
Other obligations for current benefit coverage		
Accumulated eligibility credits	<u>19,280,300</u>	<u>14,219,494</u>
Total obligations other than postretirement benefit obligations	<u>28,645,155</u>	<u>24,884,115</u>
Postretirement benefit obligations, net of amounts currently payable		
Current retirees, beneficiaries and dependents	65,941,797	91,684,648
Other participants fully eligible for benefits	29,579,755	41,960,108
Other participants not yet fully eligible for benefits	<u>48,175,064</u>	<u>78,434,240</u>
Total postretirement benefit obligations	<u>143,696,616</u>	<u>212,078,996</u>
Total benefit obligations	<u>\$ 172,341,771</u>	<u>\$ 236,963,111</u>

See accompanying notes to financial statements.

NATIONAL ASBESTOS WORKERS MEDICAL FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants		
Balance at beginning of year	\$ 10,664,621	\$9,528,206
Claims reported and approved for payment	58,836,918	64,707,899
Claims paid	<u>(60,136,684)</u>	<u>(63,571,484)</u>
Balance at end of year	<u>9,364,855</u>	<u>10,664,621</u>
Other obligations for current benefit coverage at estimated amounts		
Balance at beginning of year	14,219,494	12,704,274
Net change during year		
accumulated eligibility credits	<u>5,060,806</u>	<u>1,515,220</u>
Balance at end of year	<u>19,280,300</u>	<u>14,219,494</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	212,078,996	230,642,975
Change in postretirement benefits attributable to		
Interest	11,042,457	9,717,502
Decrease in contribution rate to Plan benefits	(8,551,744)	-
Participant contributions received	7,115,563	7,152,626
Benefits earned net of benefits paid	(10,653,769)	(11,186,329)
Changes in actuarial assumptions	(25,470,080)	(30,586,548)
Actuarial experience loss	(41,864,807)	6,338,770
Plan amendments	<u>-</u>	<u>-</u>
Balance at end of year	<u>143,696,616</u>	<u>212,078,996</u>
Total benefit obligations at end of year	<u>\$ 172,341,771</u>	<u>\$ 236,963,111</u>

See accompanying notes to financial statements.



NATIONAL ASBESTOS WORKERS MEDICAL FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JULY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the National Asbestos Workers Medical Fund (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

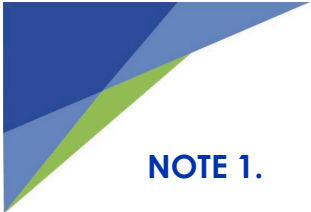
General - The Plan covers both asbestos workers, pursuant to various collective bargaining agreements between local asbestos workers' unions and employers, and certain other employees who are not covered by such collective bargaining agreements. The Plan was established through the mergers of the Asbestos Workers Central States Welfare Fund under an Agreement and Declaration of Trust (the Agreement) between certain local unions of the International Association of Heat and Frost Insulators and Asbestos Workers and certain employers of asbestos workers. The Plan is operated and administered by the Executive Committee of the Board of Trustees and the Board of Trustees (Trustees). Subject to the rules of the Plan, generally, each local union which is a party to the Agreement is entitled to name and appoint one union trustee and the Association of Insulation Contractors within the jurisdiction of each local union is entitled to name and appoint one employer trustee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

To provide benefits, the Plan maintains a significant portion of its assets in investments, which are subject to fluctuation in value. Further, the Plan is subject to risks associated with each investment, such as compliance of the issuer with certain contractual obligations. The Plan minimizes concentrations of risk by hiring professionals to manage and evaluate investments and by diversifying the holdings in its investment portfolio, which limits the amount of credit exposure to any one issuer.

Benefits - The Plan provides hospitalization, physician's care, dental, vision, disability income and accidental death and dismemberment benefits to eligible participants and their dependents, according to the Plan document. Benefits are recorded when paid by the Plan.

Contributions - Participating employers' contributions to the Plan are based upon hourly contribution rates. These rates change pursuant to and are determined by collective bargaining agreements between local unions which are members of the International Association of Heat and Frost Insulators and Asbestos Workers, on the one part, and Associations of Insulation Contractors and individual contractors, on the other part.

The rates charged for coverage for active participants whose hours of covered employment fall below the level required to maintain eligibility, and for retirees, are established by the Board of Trustees.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Stop Loss - Premiums for stop loss insurance are included in the administrative expenses in the accompanying statements of changes in net assets available for benefits. The stop loss insurance held by the Plan pays on claims over \$500,000 per person. During the fiscal years ended July 31, 2024 and 2023, the Plan paid \$381,568 and \$335,778, respectively, in stop loss premiums and received no refunds, for the fiscal years ended July 31, 2024 and 2023. Stop loss refunds have been netted with premiums paid in the accompanying statements of changes in net assets available for benefits.

Reclassification of Prior Year Presentation - Certain prior year amounts have been reclassified to conform with the current year presentation. These reclassifications did not have any effect on the reported net assets or changes in net assets from the prior year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, incurred but not reported (IBNR), eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

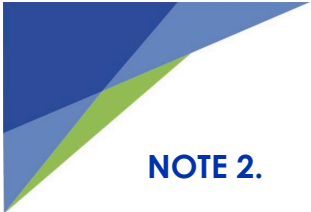
Investment Valuation and Income Recognition - Investments are carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements.

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

Administrative Expenses - Administrative expenses are paid by the Plan.

Employer Contributions Receivable - This amount represents contributions received shortly after the close of the Plan year. Therefore, an allowance for doubtful accounts is deemed unnecessary.

New Accounting Pronouncement Adopted - During the year ended July 31, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(CECL) methodology. The ASU requires nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions receivable. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective August 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

Postretirement Benefits - Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants' service rendered to the valuation date, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants.

Postretirement benefits include future benefits expected to be paid to or for 1) currently retired or terminated employees and their beneficiaries and dependents, and 2) active employees and their beneficiaries and dependents after retirement from service with the participating employers.

The actuarial present value of the expected postretirement benefit obligations is determined by an independent actuary and is that amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of the expected postretirement benefit obligations is net of the actuarial present value of estimated future contributions, for postretirement benefits, expected to be received from participants based on the terms of the Plan document.

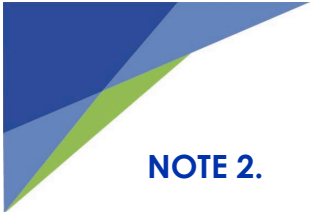
Summary of Actuarial Assumptions

The following economic assumptions were used in valuing the liabilities and benefits under the plan.

Discount Rate: 5.50%

Mortality: Healthy - 110% of the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality table generationally projected with the MP-2020 improvement scale from 2014.

Disabled - RP-2006 Disabled Retiree Mortality Table.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actives Retirement Rates: The rates below were based on historical and current demographic data, adjusted to reflect future experience and professional judgment. As part of the valuation process for the Plan as of July 31, 2024, a comparison was made over the most recent nine years between the actual and projected number of retirements by age based on the prior years' assumptions.

Table of Sample Rates	
Attained Age	Rate of Retirement
55-58	10%
59-60	11%
61-62	27%
63	10%
64-69	40%
70 and older	100%

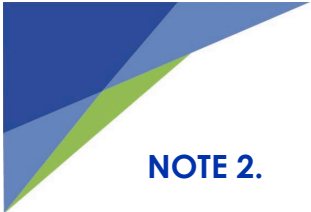
Health Care Cost Trend: Rates: The trend for pre-Medicare medical and prescription drugs is assumed to be 7% in the first year, declining gradually to an ultimate rate of 5% over 10 years. The trend for Medicare medical and prescription drugs is assumed to be 6% in the first year, declining gradually to an ultimate rate of 5% over 11 years.

Retiree Contribution Increase Rate: A 5% increase per year.

Participation and Coverage Election: 65% of employees eligible to retire and receive subsidized postretirement welfare coverage were assumed to participate in the plan. 60% of employees not eligible to retire and receive subsidized postretirement welfare coverage were assumed to participate in the plan.

Dependents: Demographic data was available for spouses of current retirees. For future retirees, husbands were assumed to be two years older than their wives. Of those future retirees who elect to continue their health coverage at retirement, 75% were assumed to have an eligible spouse who also opts for health coverage at that time.

Per Capita Cost Development: The total monthly per capita retiree costs are assumed to be \$1,318 for each pre-Medicare retiree or spouse and is assumed to rise with the pre-Medicare trend rate. The total



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

monthly per capita retiree costs are assumed to be \$278 for each post-Medicare retiree or spouse and is assumed to rise with the post-Medicare trend rate.

Administrative Expenses: An administrative expense load of \$83 per each pre-Medicare retiree or spouse and \$14 for each post-Medicare retiree or spouse, increasing at 3% per year was added to projected incurred claim costs in developing the benefit obligation.

Changes in Actuarial Assumptions: The discount rate was increased from 5.25% to 5.50%. The health care cost trend rates were reduced from 6.75% to 7% in the first year for pre-Medicare retirees and spouses, and from 6.25% to 6.00% in the first year for post-Medicare retirees and spouses. The administrative trend rate remained at 3%

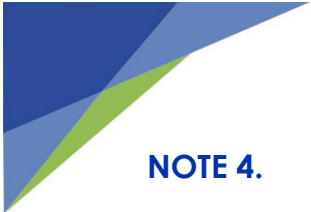
The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

Other Plan Benefits - Plan obligations at July 31, 2024 and 2023 for claims incurred but not reported, and for accumulated eligibility credits, net of amounts currently payable, are estimated by the Plan's management based upon the historical experience of the Plan. These amounts are paid by the Plan only if claims are submitted and approved for payment.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 - The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) applies to employers that sponsor postretirement health care plans that provide prescription drug benefits. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan did not participate in the program and therefore did not receive any reimbursements in fiscal years ended July 31, 2024 and 2023.

NOTE 3. PLAN CONTINUATION

It is the present intent of the Trustees to continue the Plan indefinitely. In the event of termination of the Plan, the Trustees will make provision out of the Trust Fund for the payment of expenses of the Plan and apply the remaining assets in accordance with the provisions of the Plan.



NOTE 4. BENEFIT OBLIGATIONS

The Plan's deficiency of net assets available for benefits over total benefit obligations at July 31, 2024 and 2023 relates primarily to the postretirement benefit obligations, which is not planned to be fully funded by the contribution rate provided by the current collective bargaining agreement. It is expected that future benefits will be funded, as they are payable, by employer contributions and retiree contributions. Because this deficiency is based upon the actuarial present value of expected postretirement benefits planned to be funded by the items noted above, the Trustees monitor the funded status of the Plan to assess any possible changes, including changes in the terms of the Plan document, that may be necessary.

The health care cost-trend rate assumption ((2)(e) above) has a significant effect on the amounts reported in the accompanying financial statements.

	July 31,	
	2024	2023
Effect of 1% increase in the trend assumption		
Current postretirement benefit obligation	\$ 143,696,616	\$ 212,078,996
Postretirement obligation with 1% high-trend	<u>161,159,977</u>	<u>242,044,935</u>
1% increase in postretirement obligation	<u>\$ 17,463,361</u>	<u>\$ 29,965,939</u>

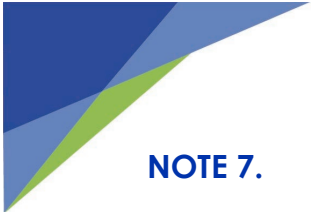
NOTE 5. TAX STATUS

The Internal Revenue Service (IRS) has made a favorable determination on the Plan's tax status and has notified that it is exempt from federal income taxes pursuant to Internal Revenue Code (IRC) Section 501(a). The Plan was amended since the determination letter was received. The Plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions 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 administrator believes it is no longer subject to income tax examinations for the years prior to 2021.

NOTE 6. PLAN AMENDMENTS

During the Plan years ended July 31, 2024 and 2023, there were no changes in benefit obligations from plan amendments.



NOTE 7. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Short-term investments: Valued at cost which approximates fair value.

U.S. Government agencies notes and bonds and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Corporate notes and bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

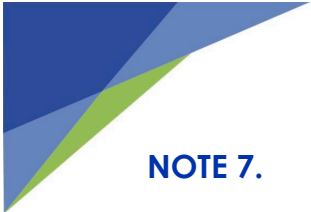
Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2024 and 2023:

Description	Assets at Fair Value as of July 31, 2024			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 1,638,418	\$ 1,638,418	\$ -	\$ -
U.S. Government agencies notes and bonds	6,717,435	\$ 6,376,702	\$ 340,733	-
Municipal bonds	831,779	\$ -	\$ 831,779	-
Corporate notes and bonds	24,748,083	\$ -	\$ 24,748,083	-
Common stock	3,407,225	\$ 3,407,225	\$ -	-
Mutual funds	8,306	\$ -	\$ 8,306	-
Total assets in fair value hierarchy	37,351,246	\$ 11,422,345	\$ 25,928,901	\$ -
Investments measured at NAV*	14,020,272			
Investments at fair value	\$ 51,371,518			

Description	Assets at Fair Value as of July 31, 2023			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 2,795,896	\$ 2,795,896	\$ -	\$ -
U.S. Government agencies notes and bonds	6,130,704	5,704,001	426,703	-
Municipal bonds	818,995	-	818,995	-
Corporate notes and bonds	22,382,796	-	22,382,796	-
Common stock	2,816,161	2,816,161	-	-
Mutual funds	7,442	-	7,442	-
Total assets in fair value hierarchy	34,951,994	\$ 11,316,058	\$ 23,635,936	\$ -
Investments measured at NAV*	15,223,825			
Investments at fair value	\$ 50,175,819			

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



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of July 31, 2024 by investment category:

Description	July 31, 2024 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Limited partnerships	\$ 10,721,938	\$1,202,711	N/A	N/A
Common collective trusts	3,298,334	-	N/A	N/A

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of July 31, 2023 by investment category:

Description	July 31, 2023 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Limited partnerships	\$ 12,624,746	\$ 1,278,720	N/A	N/A
Common collective trusts	2,599,079	-	N/A	N/A

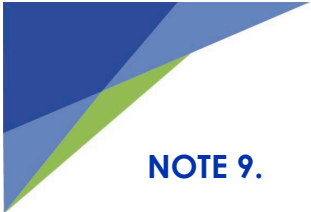
The Plan's investment in the limited partnership category consists of numerous individual investments. These investments seek to achieve long-term growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.

The Fund's investment in the common collective trust category is comprised of several investments. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities and are valued at their NAVs as reported by the fund managers and have daily or monthly liquidity.

NOTE 8. RISK AND SIGNIFICANT 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 the amounts reported in the statements of net assets available for benefits.

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



NOTE 9. UNINSURED CASH BALANCES

The Plan maintains its cash in various deposit accounts. Cash balances in the United States are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per bank. The Plan has cash balances on deposit at July 31, 2024 that exceeded the balance insured by the FDIC by approximately \$16,994,015.

NOTE 10. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's Trustees also serve as Trustees of the National Asbestos Workers Pension Plan, and both plans use the services of the same contract administrator.

The Plan also pays certain administrative expenses directly to service providers, including NEBA, the recordkeeper for the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

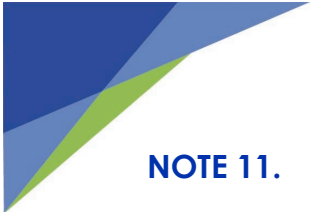
The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of July 31, 2024 and 2023.

	2024	2023
Net assets available for benefits per the financial statements	\$ 67,561,877	\$ 62,534,098
Benefit obligations currently payable	<u>(9,364,855)</u>	<u>(10,664,621)</u>
Net assets available for benefits per the Form 5500	<u>\$ 58,197,022</u>	<u>\$ 51,869,477</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 as of July 31, 2024.

Benefits paid to participants per the financial statements	\$ 60,136,684
Add: amounts currently payable at July 31, 2024	9,364,855
Less: amounts currently payable at July 31, 2023	<u>(10,664,621)</u>
Benefits paid to participants per the Form 5500	<u>\$ 58,836,918</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. generally accepted accounting principles and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.



NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500 for the year ended July 31, 2024:

Total additions per the financial statements	\$ 69,021,087
Add: investment expenses	<u>293,295</u>
Total additions per Form 5500	<u>\$ 69,314,382</u>
Total deductions per the financial statements	\$ 63,993,308
Increase (decrease) - benefit obligation	\$ (1,299,766)
Add: investment expenses	<u>293,295</u>
Total deductions per Form 5500	<u>\$ 62,986,837</u>

NOTE 12. COMMITMENTS

As of July 31, 2024 and 2023, the Plan also has commitments to both the Blackstone Real Estate Debt Strategies Fund and the Hamilton Lane Strategic Opps Fund LP. Commitments to Plan partnership investments as of July 31, 2024 and 2023 are as follows:

	2024	2023
Blackstone Real Estate Debt Strategies Fd	\$ 472,044	\$ 504,171
Hamilton Lane Strategic Opps Fund LP	<u>730,667</u>	<u>774,549</u>
	<u>\$ 1,202,711</u>	<u>\$ 1,278,720</u>

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through January 30, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
<u>Short-Term Investments</u>							
	PNC Government Money Market Fund	Money Market	N/A	N/A	1,638,418	\$ 1,639,311	\$ 1,638,418
	Total Short-Term Investments					1,639,311	1,638,418
<u>US Government and Agencies Notes and Bonds</u>							
	U.S. Treasury	Notes	07/31/28	1.000%	792,000	704,643	705,403
	U.S. Treasury	Notes	03/31/29	2.375%	1,910,000	1,750,107	1,781,973
	U.S. Treasury	Notes	05/15/32	2.875%	936,000	842,530	865,650
	U.S. Treasury	Notes	12/31/27	3.875%	1,053,000	1,039,332	1,048,272
	U.S. Treasury	Notes	01/15/26	3.875%	19,000	18,795	18,832
	U.S. Treasury	Notes	04/30/30	3.500%	1,090,000	1,040,632	1,064,407
	U.S. Treasury	Notes	03/31/31	4.125%	763,000	749,186	770,157
	U.S. Treasury	Notes	04/30/29	4.625%	43,000	43,202	44,263
	U.S. Treasury	Notes	05/15/34	4.375%	54,000	54,351	55,384
	U.S. Treasury	Notes	05/15/29	2.375%	24,000	21,960	22,361
	FREMF MORTGAGE TRUST	Mortgages	12/25/50	VAR%	55,000	51,008	52,980
	FANNIEMAE-ACES	Mortgages	07/25/33	VAR%	45,000	43,601	44,367
	FANNIEMAE-ACES	Mortgages	09/25/28	VAR%	37,770	35,550	36,636
	FANNIEMAE-ACES	Mortgages	02/25/31	3.610%	59,293	60,090	56,534
	FHLMC MULTIFAMILY STRUCTURED P	Mortgages	01/25/29	3.633%	35,000	39,200	33,899
	FHLMC MULTIFAMILY STRUCTURED P	Mortgages	05/25/30	1.311%	40,000	34,269	33,838
	FHLMC MULTIFAMILY STRUCTURED P	Mortgages	09/25/30	1.566%	30,000	23,261	25,517
	FHLMC MULTIFAMILY STRUCTURED P	Mortgages	09/25/32	VAR%	60,000	57,038	56,962
	Total US Government and agencies notes and bonds					6,608,755	6,717,435
<u>Municipal Bonds</u>							
	DALLAS TX INDEP SCH DIST	Notes	02/15/35	6.450%	20,000	20,000	20,070
	FLORIDA ST BRD OF ADMIN FIN CO	Notes	07/01/30	2.154%	25,000	21,335	21,630
	FLORIDA ST BRD OF ADMIN FIN CO	Notes	07/01/34	5.526%	70,000	70,199	71,831
	LOS ANGELES CNTY CA PUBLIC WKS	Notes	08/01/33	7.488%	30,000	33,259	33,035
	NEW YORK NY BUILD AMER GO	Notes	12/01/37	6.271%	25,000	25,776	27,269
	NEW YORK ST DORM AUTH ST PERSO	Notes	03/15/30	5.500%	45,000	45,174	45,534
	NEW YORK ST URBAN DEV CORP REV	Notes	03/15/33	3.900%	10,000	9,186	9,561
	SONOMA CNTY CALIF PENSION OBLI	Notes	12/01/29	6.000%	70,000	74,157	72,294
	TEXAS ST	Notes	04/01/33	4.631%	55,000	54,964	54,476
	TEXAS ST TRANSN COMMN	Notes	04/01/30	5.178%	90,000	92,714	91,165
	LOUISIANA ST LOCAL GOVT ENVRNM	Notes	03/15/30	5.500%	42,434	41,957	41,638
	LOUISIANA ST LOCAL GOVT ENVRNM	Notes	09/01/35	4.248%	28,668	27,691	28,136
	LOUISIANA ST LOCAL GOVT ENVRNM	Notes	09/01/39	5.197%	4,786	4,646	4,854
	MASSACHUSETTS ST SPL OBLG REVE	Notes	07/15/31	4.110%	17,820	17,377	17,475
	MILL CITY MORTGAGE TRUST	Notes	04/25/66	VAR	89,895	83,771	84,704
	OKLAHOMA ST DEV FIN AUTH	Notes	05/01/37	3.877%	12,562	12,562	12,105
	OKLAHOMA ST DEV FIN AUTH	Notes	12/01/33	4.135%	4,410	4,156	4,311
	OREGON ST SCH BRDS ASSN SHORT	Notes	06/30/28	4.759%	47,070	48,667	47,053
	SOUTH CAROLINA ST STUDENT LOAN	Notes	10/27/36	VAR	41,379	41,211	41,169
	TEXAS NATURAL GAS SECURITIZTN	Notes	04/01/35	5.102%	101,854	99,919	103,471
	Total municipal bonds					828,721	831,779
<u>Corporate Notes and Bonds</u>							
	AT&T INC	Notes	02/01/32	2.250%	65,000	63,346	54,141
	ABBVIE INC	Notes	03/15/31	4.950%	70,000	70,657	71,376
	AERCAP IRELAND CAP/GLOBA	Notes	10/29/26	2.450%	25,000	23,499	23,617
	AGREE LP	Notes	10/01/30	2.900%	30,000	26,321	26,478
	AIR LEASE CORP	Notes	08/15/26	1.875%	65,000	58,225	61,054
	ALEXANDRIA REAL ESTATE E	Notes	07/01/30	4.700%	15,000	13,668	14,796
	AMEREN CORP	Notes	03/15/28	1.750%	55,000	47,739	49,512
	AMERICAN HOMES 4 RENT	Notes	02/15/28	4.250%	20,000	19,052	19,460
	AMERICO LIFE INC	Notes	04/15/31	3.450%	40,000	39,893	32,835
	AMERIPRISE FINANCIAL INC	Notes	12/15/28	5.700%	40,000	39,933	41,546
	AMGEN INC	Notes	08/18/29	4.050%	50,000	48,350	48,642
	AMPHENOL CORP	Notes	03/30/26	4.750%	25,000	24,915	24,984

THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	AMPHENOL CORP	Notes	04/05/29	5.050%	50,000	\$ 50,050	\$ 50,967
	AON CORP/AON GLOBAL HOLD	Notes	08/23/31	2.050%	50,000	49,856	41,414
	APPLIED MATERIALS INC	Notes	06/15/29	4.800%	35,000	34,932	35,572
	BHP BILLITON FIN USA LTD	Notes	09/08/30	5.250%	45,000	44,782	46,526
	BANK OF AMERICA CORP	Notes	12/20/28	VAR%	80,000	77,748	76,459
	BANK OF AMERICA CORP	Notes	03/05/29	VAR%	45,000	41,994	43,659
	BANK OF AMERICA CORP	Notes	04/02/26	VAR%	50,000	50,000	49,331
	BANK OF AMERICA CORP	Notes	09/15/29	VAR%	65,000	63,665	67,304
	BANK OF MONTREAL	Notes	01/10/37	VAR%	50,000	45,511	41,871
	BANK OF MONTREAL	Notes	09/15/26	1.250%	60,000	59,899	55,700
	BANK OF NY MELLON CORP	Notes	06/13/33	VAR%	30,000	28,337	28,659
	BANK OF NY MELLON CORP	Notes	03/14/35	VAR%	50,000	49,608	50,434
	BANK OF NOVA SCOTIA	Notes	06/12/28	5.250%	55,000	54,907	56,042
	BANK OF NOVA SCOTIA	Notes	12/07/26	5.350%	60,000	59,921	60,720
	BARCLAYS PLC	Notes	11/02/28	VAR%	25,000	25,018	26,655
	BRANCH BANKING & TRUST COMPANY	Notes	09/17/29	VAR%	55,000	53,233	54,264
	BLACKROCK FUNDING INC	Notes	07/26/27	4.600%	85,000	85,085	85,525
	BOARDWALK PIPELINES LP	Notes	07/15/27	4.450%	60,000	57,690	59,228
	BOEING CO	Notes	05/01/34	6.528%	30,000	30,000	31,492
	BP CAP MARKETS AMERICA	Notes	11/06/28	4.234%	25,000	24,299	24,648
	BP CAP MARKETS AMERICA	Notes	02/13/33	4.812%	50,000	49,370	49,522
	BROADCOM INC	Notes	11/15/30	4.150%	60,000	55,530	57,796
	BROOKFIELD FINANCE INC	Notes	01/05/34	6.350%	45,000	45,000	48,352
	CBRE SERVICES INC	Notes	04/01/31	2.500%	65,000	53,182	55,339
	CANADIAN IMPERIAL BANK	Notes	04/28/28	5.001%	55,000	55,000	55,480
	CANADIAN IMPERIAL BANK	Notes	10/03/33	6.092%	50,000	50,000	53,107
	CAPITAL ONE FINANCIAL CO	Notes	03/01/30	VAR%	45,000	40,125	41,444
	CAPITAL ONE FINANCIAL CO	Notes	02/01/35	VAR%	35,000	35,403	35,972
	CENTENE CORP	Notes	02/15/30	3.375%	60,000	49,057	54,058
	CENTERPOINT ENERGY RES	Notes	03/01/28	5.250%	45,000	46,205	45,769
	CHARTER COMM OPT LLC/CAP	Notes	01/15/29	2.250%	30,000	25,450	26,245
	CHARTER COMM OPT LLC/CAP	Notes	06/01/34	6.550%	55,000	54,873	56,416
	CHUBB INA HOLDINGS INC	Notes	03/15/34	5.000%	65,000	65,183	65,714
	CISCO SYSTEMS INC	Notes	02/26/34	5.050%	55,000	55,031	56,251
	CITIGROUP INC	Notes	01/29/31	VAR%	65,000	59,108	57,868
	CITIGROUP INC	Notes	06/09/27	VAR%	50,000	50,000	46,874
	CITIGROUP INC	Notes	05/25/34	VAR%	35,000	35,000	36,334
	CREDIT SUISSE NEW YORK	Notes	07/09/27	5.000%	90,000	87,966	90,459
	DCP MIDSTREAM OPERATING	Notes	07/15/27	5.625%	50,000	50,890	50,993
	DTE ELECTRIC CO	Notes	04/01/33	5.200%	40,000	40,620	40,848
	DUKE ENERGY CAROLINAS	Notes	01/15/33	4.950%	50,000	50,152	50,537
	DUKE ENERGY OHIO INC	Notes	06/01/30	2.125%	60,000	50,583	52,010
	ELEVANCE HEALTH INC	Notes	02/15/33	4.750%	60,000	59,643	59,235
	ENACT HOLDINGS INC	Notes	05/28/29	6.250%	50,000	49,977	50,899
	ENERGY TRANSFER LP	Notes	02/15/33	5.750%	10,000	9,996	10,246
	ENERGY TRANSFER OPERATING	Notes	05/15/30	3.750%	60,000	56,889	56,516
	ENERGY LOUISIANA LLC	Notes	09/01/27	3.120%	45,000	42,211	43,054
	ESSENT GROUP LTD	Notes	07/01/29	6.250%	45,000	44,834	45,938
	ESSEX PORTFOLIO LP	Notes	06/15/31	2.550%	40,000	33,297	34,238
	EVERSOURCE ENERGY	Notes	08/15/30	1.650%	40,000	32,384	33,130
	EXPEDIA INC	Notes	02/15/28	3.800%	60,000	57,371	57,946
	FIRST HORIZON NATIONAL	Notes	05/26/25	4.000%	90,000	95,310	88,558
	FIRST HORIZON BANK	Notes	05/01/30	5.750%	40,000	43,270	39,307
	GENERAL MOTORS FINL CO	Notes	01/07/34	6.100%	65,000	64,500	66,959
	GLOBAL PAYMENTS INC	Notes	08/15/29	3.200%	65,000	66,449	59,565
	GOLDMAN SACHS GROUP INC	Notes	04/25/35	VAR%	40,000	40,132	41,798
	GOLDMAN SACHS GROUP INC	Notes	01/27/32	VAR%	70,000	70,000	58,036
	GOLDMAN SACHS GROUP INC	Notes	02/24/28	VAR%	35,000	35,000	33,043
	HSBC HOLDINGS PLC	Notes	09/12/26	VAR%	60,000	65,906	59,322
	HEALTHCARE TRUST OF AMER	Notes	03/15/31	2.000%	41,000	32,771	33,156
	HUNTINGTON NATIONAL BANK	Notes	01/10/30	5.650%	40,000	40,022	40,942

THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares								
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value	
	HYUNDAI CAPITAL AMERICA	Notes	01/08/27	5.250%	75,000	\$ 74,942	\$	75,461
	INVITATION HOMES OP	Notes	08/15/31	2.000%	35,000	26,977		28,429
	JP MORGAN CHASE & CO	Notes	06/01/28	VAR%	60,000	60,366		55,836
	JP MORGAN CHASE & CO	Notes	11/19/26	VAR%	45,000	45,005		42,676
	JPMORGAN CHASE & CO	Notes	12/10/25	VAR%	40,000	40,000		39,446
	JPMORGAN CHASE & CO	Notes	04/22/35	VAR%	50,000	49,910		52,404
	LPL HOLDINGS INC	Notes	11/17/28	6.750%	70,000	69,870		73,905
	L3HARRIS TECH INC	Notes	06/01/31	5.250%	45,000	44,610		45,837
	MASTERCARD INC	Notes	05/09/34	4.875%	55,000	54,417		55,738
	MORGAN STANLEY	Notes	04/20/29	VAR%	50,000	49,748		50,504
	NMI HOLDINGS	Notes	08/15/29	6.000%	40,000	39,776		40,278
	NASDAQ INC	Notes	02/15/34	5.550%	60,000	60,209		61,618
	NORDSON CORP	Notes	09/15/28	5.600%	60,000	60,287		61,756
	OGE ENERGY CORP	Notes	05/15/29	5.450%	50,000	50,171		51,213
	OLD REPUBLIC INTL CORP	Notes	08/26/26	3.875%	50,000	52,484		48,837
	OLD REPUBLIC INTL CORP	Notes	03/28/34	5.750%	40,000	39,736		40,657
	PG&E WILDFIRE RECOVERY	Notes	06/01/36	4.263%	85,000	79,870		81,248
	PG&E WILDFIRE RECOVERY	Notes	06/01/39	4.722%	25,000	24,252		24,453
	PNC FINANCIAL SERVICES	Notes	05/14/30	VAR%	60,000	60,371		61,472
	PPL ELECTRIC UTILITIES	Notes	02/15/34	4.850%	50,000	49,607		49,897
	PG&E ENERGY RECOVERY FND	Notes	01/15/38	2.280%	5,000	3,832		3,996
	PHYSICIANS REALTY LP	Notes	01/15/28	3.950%	45,000	47,659		43,656
	PRIVATE EXPORT FUNDING	Notes	12/15/28	4.300%	75,000	74,993		75,337
	PROLOGIS LP	Notes	07/01/30	1.750%	20,000	17,249		17,007
	PROLOGIS LP	Notes	02/01/31	1.750%	25,000	20,430		20,796
	PUBLIC SERVICE OKLAHOMA	Notes	01/15/33	5.250%	45,000	44,880		45,302
	PUBLIC SERVICE ENTERPRIS	Notes	04/01/29	5.200%	60,000	60,042		61,023
	CITIZENS BANK NA/RI	Notes	08/09/28	VAR%	50,000	49,284		49,118
	REALTY INCOME CORP	Notes	03/15/28	2.100%	50,000	49,579		45,628
	REGENCY CENTERS LP	Notes	11/01/25	3.900%	35,000	38,535		34,344
	REGENCY CENTERS LP	Notes	09/15/29	2.950%	55,000	47,376		50,421
	REGIONS FINANCIAL CORP	Notes	06/06/30	VAR%	50,000	50,000		50,923
	REXFORD INDUSTRIAL REALT	Notes	06/15/28	5.000%	35,000	34,730		35,110
	ROYAL BANK OF CANADA	Notes	01/27/26	4.650%	60,000	61,430		59,644
	ROYAL BANK OF CANADA SER GMTN	Notes	02/01/29	4.950%	40,000	39,964		40,515
	SANTANDER HOLDINGS USA	Notes	06/12/29	VAR%	20,000	19,810		20,767
	CHARLES SCHWAB CORP	Notes	05/19/34	VAR%	45,000	42,356		46,677
	SMITH & NEPHEW PLC	Notes	03/20/34	5.400%	60,000	59,626		60,693
	STATE STREET CORP	Notes	01/26/34	VAR%	35,000	35,030		34,583
	TAKE-TWO INTERACTIVE SOF	Notes	03/28/28	4.950%	60,000	59,963		60,302
	TARGA RESOURCES PARTNERS	Notes	02/01/31	4.875%	90,000	89,187		87,230
	TORONTO-DOMINION BANK SER MTN	Notes	09/15/27	4.693%	95,000	94,150		94,953
	TORONTO-DOMINION BANK	Notes	07/17/26	5.532%	70,000	70,007		70,853
	TOYOTA MOTOR CREDIT CORP	Notes	01/05/26	4.800%	20,000	19,985		20,031
	TRUIST FINANCIAL CORP	Notes	06/08/34	VAR%	30,000	29,327		30,958
	TRUIST FINANCIAL CORP	Notes	10/30/29	VAR%	45,000	45,704		48,471
	UDR INC	Notes	01/26/29	4.400%	35,000	32,210		34,335
	US BANCORP	Notes	02/01/34	VAR%	90,000	85,259		87,274
	US BANCORP	Notes	10/26/27	VAR%	60,000	62,135		62,305
	VERIZON COMMUNICATIONS	Notes	03/21/31	2.550%	85,000	85,190		73,640
	VIRGINIA POWER FUEL SEC	Notes	05/01/33	4.877%	90,000	89,997		91,122
	WEC ENERGY GROUP INC	Notes	12/15/28	2.200%	50,000	46,499		45,001
	WASTE MANAGEMENT INC	Notes	07/03/31	4.950%	10,000	9,945		10,160
	WELLS FARGO & COMPANY	Notes	10/30/30	VAR%	50,000	51,058		45,296
	WELLS FARGO & COMPANY	Notes	04/30/26	VAR%	65,000	65,831		63,463
	WELLS FARGO & COMPANY	Notes	04/24/34	VAR%	50,000	49,916		50,582
	WELLS FARGO & COMPANY	Notes	07/25/29	VAR%	55,000	55,000		56,321
	WELLS FARGO & COMPANY	Notes	04/22/28	VAR%	35,000	35,000		35,683
	WESTPAC BANKING CORP	Notes	11/18/27	5.457%	55,000	55,000		56,467
	WESTPAC BANKING CORP	Notes	11/17/28	5.535%	35,000	35,000		36,362

THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	AMERICAN HOME MTG INVT TR	Notes	01/25/35	5.500%	46,754	\$ 46,116	\$ 45,834
	BARCLAYS COMMERCIAL MORTGAGE S	Notes	09/15/54	2.108%	55,000	50,226	49,466
	BARCLAYS COMMERCIAL MORTGAGE S	Notes	12/15/55	5.710%	35,000	36,049	36,790
	BARCLAYS COMMERCIAL MORTGAGE	Notes	05/15/52	3.583%	40,000	37,000	37,727
	BARCLAYS COMMERCIAL MORTGAGE S	Notes	04/15/56	5.451%	50,000	51,119	51,524
	BARCLAYS COMMERCIAL MORTGAGE S	Notes	09/15/56	VAR%	20,000	20,730	21,447
	BX TRUST	Notes	12/09/41	3.202%	20,000	20,612	18,141
	BANK SERIES 2017 BNK6 CLASS A4	Notes	07/15/60	3.254%	40,000	36,302	38,188
	BANK SERIES 2021 BN33 CLASS A2	Notes	05/15/64	2.021%	25,000	21,950	22,197
	BANK SERIES 2023 BNK4 CLASS A4	Notes	08/15/56	5.745%	40,000	41,197	41,916
	BANKS SERIES 2024 5YR5 CLASS A2	Notes	02/15/57	5.702%	38,802	39,965	39,814
	BENCHMARK MORTGAGE TRUST	Notes	09/15/54	2.387%	35,000	28,049	29,564
	BENCHMARK MORTGAGE TRUST	Notes	12/15/53	1.977%	35,000	36,050	29,191
	COMM MORTGAGE TRUST	Notes	10/10/48	3.373%	15,112	15,674	14,921
	COMM MORTGAGE TRUST	Notes	08/15/57	3.263%	65,000	71,035	58,199
	CITIGROUP MORTGAGE LOAN TRUST	Notes	09/25/35	VAR%	21,823	21,639	21,601
	IRWIN LAND LLC	Notes	12/15/25	5.030%	8,254	8,378	8,238
	GSR MORTGAGE LOAN TRUST	Notes	09/25/35	VAR%	6,193	6,125	6,176
	GREAT WOLF TRUST	Notes	05/15/41	VAR%	55,000	54,863	54,965
	GSR MORTGAGE LOAN TRUST	Notes	06/25/35	5.250%	46,216	48,195	46,447
	RESIDENTIAL ASSET SECURITIZATI	Notes	02/25/34	4.250%	46,938	47,936	43,196
	JP MORGAN MORTGAGE TRUST	Notes	04/25/35	VAR%	39,161	39,076	38,862
	JP MORGAN MORTGAGE TRUST	Notes	01/25/44	VAR%	31,138	32,403	27,061
	JPMBB COMMERCIAL MORTGAGE	Notes	11/15/47	3.372%	10,207	10,675	10,159
	JP MORGAN MORTGAGE TRUST	Notes	12/26/44	VAR%	36,813	36,491	35,501
	JPMBB COMMERCIAL MORTGAGE SECU	Notes	08/15/48	3.801%	70,923	78,159	69,529
	MASTR ALTERNATIVE LOANS TRUST	Notes	08/25/33	6.000%	19,052	19,552	19,262
	MORGAN STANLEY BAML TRUST	Notes	10/15/48	3.252%	100,000	107,371	98,615
	MORGAN STANLEY MORTGAGE LOAN	Notes	07/25/34	VAR%	54,118	55,810	53,124
	MORGAN STANLEY CAPITAL I TRUST	Notes	07/15/51	4.120%	65,278	72,051	64,019
	NEW RESIDENTIAL MORTGAGE LOAN	Notes	04/25/57	VAR%	44,669	47,586	42,626
	NEW RESIDENTIAL MORTGAGE LOAN	Notes	09/25/56	VAR%	62,897	61,363	58,276
	NEW RESIDENTIAL MORTGAGE LOAN	Notes	02/25/57	VAR%	62,711	63,572	60,383
	NEW RESIDENTIAL MORTGAGE LOAN	Notes	05/25/57	VAR%	94,675	89,349	90,447
	NEW RESIDENTIAL MORTGAGE LOAN	Notes	12/25/57	VAR%	78,534	79,763	75,190
	OPTIMUM MORTGAGE ACCEPTANCE COR	Notes	11/25/35	VAR%	1	-	1
	PG&E WILDFIRE RECOVERY	Notes	06/01/33	4.022%	41,853	39,897	41,098
	WOODWARD CAPITAL MANAGEMENT	Notes	09/25/43	VAR%	84,913	86,187	85,991
	SCE RECOVERY FUNDING LLC	Notes	11/15/33	0.861%	7,210	6,172	6,177
	SCE RECOVERY FUNDING LLC	Notes	06/15/42	4.697%	28,302	27,835	28,020
	STRUCTURED ADJUSTABLE RATE MOR	Notes	02/25/35	VAR%	34,918	35,093	32,642
	THORNBURG MORTGAGE SECURITIES	Notes	03/25/44	VAR%	31,887	29,814	31,000
	THORNBURG MORTGAGE SECURITIES	Notes	04/25/45	VAR%	67,883	66,065	64,704
	THORNBURG MORTGAGE SECURITIES	Notes	04/25/45	VAR%	45,662	46,219	43,458
	US AIRWAYS 2013-1A PTI	Notes	05/15/27	3.950%	57,478	55,092	56,428
	WAMU MORTGAGE PASS-THROUGH CER	Notes	03/25/34	VAR%	68,339	67,186	67,286
	WAMU MORTGAGE PASS-THROUGH CER	Notes	12/25/34	6.500%	43,807	46,668	44,621
	ABAY LEASING 2014 LLC	Notes	11/09/26	2.654%	11,460	12,050	11,149
	ACCREDITED MORTGAGE LOAN TRUST	Notes	01/25/35	VAR%	61,272	60,947	61,413
	AIR CANADA 2015-2AA PTT 144F	Notes	06/15/29	3.750%	21,498	20,504	20,571
	AMER AIRLINE 17-2 AA PTT	Notes	04/15/31	3.350%	84,408	75,694	78,818
	AMERICREDIT AUTOMOBILE RECEIVA	Notes	01/19/27	1.010%	80,000	79,981	76,670
	AVIS BUDGET RENTAL CAR FUNDING	Notes	10/20/27	6.020%	85,000	84,980	85,146
	BAYVIEW FINANCIAL ACQUISITION	Notes	02/28/41	VAR%	42,219	42,166	42,145
	CREDIT-BASED ASSET SERVICING A	Notes	05/25/35	VAR%	71,294	64,254	64,814
	CCG RECEIVABLES TRUST	Notes	09/16/30	5.820%	69,316	69,311	69,604
	COUNTRYWIDE ASSET-BACKED CERTI	Notes	02/25/36	4.162%	52,728	48,576	51,395

THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	COUNTRYWIDE ASSET-BACKED CERTI	Notes	10/25/34	VAR%	65,722	\$ 63,135	\$ 64,159
	COUNTRYWIDE ASSET-BACKED CERTI	Notes	10/25/34	VAR%	61,735	59,304	59,631
	COUNTRYWIDE ASSET-BACKED CERTI	Notes	05/25/35	5.103%	1	-	1
	CARVANA AUTO RECEIVABLES TRUST	Notes	01/10/27	0.800%	80,000	79,973	77,534
	CARVANA AUTO RECEIVABLES TRUST	Notes	03/10/27	1.270%	70,000	69,980	65,675
	CHASE AUTO OWNER TRUST	Notes	05/25/29	5.130%	70,000	69,995	70,579
	CITICORP RESIDENTIAL MTG TR	Notes	03/25/37	6.046%	36,301	35,711	35,951
	HOME EQUITY ASSET TRUST	Notes	03/25/33	VAR%	34,602	34,705	33,950
	DELL EQUIPMENT FINANCE TRUST	Notes	01/22/29	5.650%	100,000	99,994	100,503
	DISCOVER CARD EXECUTION NOTE T	Notes	03/15/28	4.310%	115,000	114,993	114,023
	EXETER AUTOMOBILE RECEIVABLES	Notes	01/17/28	2.210%	65,000	61,626	62,648
	EXETER AUTOMOBILE RECEIVABLES	Notes	04/17/28	6.580%	80,000	79,986	81,102
	FIRST HELP FINANCIAL LLC	Notes	02/15/30	5.690%	50,000	49,996	50,216
	FIRST INVESTORS AUTO OWNER TRU	Notes	01/15/27	2.030%	12,548	12,548	12,425
	FORD CREDIT AUTO OWNER TRUST	Notes	09/15/28	5.530%	90,000	89,981	91,166
	FOURSIGHT CAPITAL AUTOMOBILE	Notes	05/15/28	6.440%	68,101	68,096	68,388
	GLS AUTO RECEIVABLES TRUST	Notes	06/15/26	1.080%	6,227	6,241	6,211
	GLS AUTO RECEIVABLES TRUST	Notes	07/15/27	1.480%	80,000	75,163	76,390
	GM FINANCIAL AUTOMOBILE LEASIN	Notes	03/22/27	5.090%	90,000	89,989	90,134
	GM FINANCIAL AUTOMOBILE LEASIN	Notes	09/22/25	4.010%	14,696	14,694	14,672
	GREAT AMERICA LEASING RECEIVAB	Notes	12/15/26	0.550%	38,655	38,651	38,181
	HIN TIMESHARE TRUST 2020-A	Notes	10/09/39	2.230%	14,772	14,768	13,777
	HARLEY-DAVIDSON MOTORCYCLE TRU	Notes	12/15/27	5.050%	65,000	64,993	64,923
	HARLEY-DAVIDSON MOTORCYCLE TRU	Notes	08/15/28	5.690%	80,000	79,982	80,931
	JP MORGAN MORTGAGE ACQUISITION	Notes	11/25/36	VAR%	80,000	79,325	83,027
	JP MORGAN MORTGAGE TRUST	Notes	11/20/53	VAR%	58,243	58,680	58,801
	LAD AUTO RECEIVABLES TRUST	Notes	06/15/27	5.480%	105,000	104,545	105,017
	MSN 41079 AND 41084 LTD	Notes	12/14/24	1.631%	20,635	21,083	20,433
	MVW OWNER TRUST	Notes	05/20/39	1.830%	41,807	41,799	38,972
	MERCEDES-BENZ AUTO LEASE TRUST	Notes	01/15/27	4.740%	115,000	114,996	114,512
	MID STATE TRUST	Notes	07/15/38	4.864%	24,832	25,864	24,494
	MMAF EQUIPMENT FINANCE LLC	Notes	09/12/22	3.200%	1	-	1
	NAVIENT STUDENT LOAN TRUST	Notes	09/15/71	5.510%	49,831	48,710	50,520
	NAVIENT STUDENT LOAN TRUST	Notes	12/15/45	3.910%	16,132	16,347	15,928
	NAVIENT STUDENT LOAN TRUST	Notes	11/15/68	2.150%	23,785	24,404	22,487
	NAVIENT STUDENT LOAN TRUST	Notes	12/15/59	3.390%	15,018	15,441	14,523
	NAVIENT STUDENT LOAN TRUST	Notes	05/15/69	0.840%	34,635	30,289	30,982
	NAVIENT STUDENT LOAN TRUST	Notes	07/15/69	0.940%	43,057	43,056	38,009
	NISSAN AUTO LEASE TRUST	Notes	01/15/26	5.520%	63,389	63,385	63,255
	OCCU AUTO RECEIVABLES TRUST	Notes	10/15/27	5.500%	75,000	74,361	74,939
	OCTANE RECEIVABLES TRUST	Notes	06/20/31	5.880%	84,806	84,807	84,920
	OCTANE RECEIVABLES TRUST	Notes	07/20/32	5.800%	80,000	79,996	80,471
	PROGRESS RESIDENTIAL TRUST	Notes	07/17/39	4.451%	84,791	81,853	83,241
	SFS AUTO RECEIVABLES SECURITIZ	Notes	11/20/29	5.330%	80,000	79,986	81,194
	SFS AUTO RECEIVABLES SECURITIZ	Notes	10/20/28	5.470%	60,000	59,994	60,392
	STAR 2022-SFR3 TRUST	Notes	05/17/39	VAR%	25,000	24,945	24,927
	STAR 2022-SFR3 TRUST	Notes	05/17/39	VAR%	50,000	49,625	49,549
	SANTANDER DRIVE AUTO RECEIVABL	Notes	04/17/28	5.730%	100,000	99,981	100,507
	SMALL BUSINESS ADMINISTRATION	Notes	02/01/48	4.610%	36,938	36,938	36,642
	SMALL BUSINESS ADMINISTRATION	Notes	03/01/43	4.860%	77,417	76,957	77,941
	SMB PRIVATE EDUCATION LOAN TRU	Notes	10/15/35	2.820%	25,156	25,916	24,517
	SOCIAL PROFESSIONAL LOAN PROGR	Notes	05/15/46	2.540%	44,059	41,283	41,442
	STACK INFRASTRUCTURE ISSUER LL	Notes	03/26/46	1.877%	35,000	31,571	32,908
	STACK INFRASTRUCTURE ISSUER LL	Notes	03/25/48	5.900%	35,000	34,310	35,333
	T-MOBILE US TRUST 2022-1	Notes	05/22/28	4.910%	105,000	104,987	104,658
	TACO BELL FUNDING, LLC	Notes	08/25/51	2.294%	83,513	83,513	73,678
	TESLA AUTO LEASE TRUST	Notes	06/22/26	5.890%	30,000	29,998	30,089

THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	TOWD POINT HE TRUST	Notes	02/25/63	6.875%	62,554	\$ 62,606	\$ 62,646
	TRICON RESIDENTIAL	Notes	06/17/40	5.900%	100,000	98,780	100,672
	UNITED AIR 2014-2 A PTT	Notes	03/03/28	3.750%	34,201	32,064	33,249
	VERIZON MASTER TRUST	Notes	04/20/28	1.280%	120,000	119,988	118,808
	VOLKSWAGEN AUTO LEASE TRUST	Notes	06/21/27	5.210%	85,000	84,993	85,592
	VOLKSWAGEN AUTO LEASE TRUST	Notes	10/20/26	5.900%	120,000	119,982	120,854
	WENDY'S FUNDING LLC	Notes	06/15/51	2.370%	58,184	47,666	51,344
	WORLD OMNI SELECT AUTO TRUST	Notes	03/15/27	5.920%	45,354	45,352	45,389
	WORLD OMNI SELECT AUTO TRUST	Notes	08/15/28	5.870%	95,000	94,907	95,894
	AECOM	Notes	03/15/27	5.125%	325,000	317,025	321,097
	BOYD GAMING CORP	Notes	12/01/27	4.750%	340,000	324,703	330,432
	CDW LLC/CDW FINANCE	Notes	05/01/25	4.125%	330,000	323,369	325,469
	CARE CAPITAL PROPERTIES	Notes	08/15/26	5.125%	335,000	319,261	333,332
	CARPENTER TECHNOLOGY	Notes	07/15/28	6.375%	330,000	328,269	331,904
	CENTENE CORP	Notes	12/15/27	4.250%	310,000	287,316	300,142
	CENTURY COMMUNITIES	Notes	06/01/27	6.750%	320,000	321,949	321,830
	CHARTER COMM OPT LLC/CAP	Notes	07/23/25	4.908%	325,000	330,051	322,832
	CLEVELAND-CLIFFS INC	Notes	06/01/27	5.875%	325,000	324,475	324,568
	CROWN AMER/CAP CORP VI	Notes	02/01/26	4.750%	335,000	339,762	329,875
	ENLINK MIDSTREAM PARTNER	Notes	06/01/25	4.150%	310,000	304,496	305,397
	FORD MOTOR CREDIT CO LLC	Notes	11/01/24	4.063%	355,000	357,274	353,307
	GLP CAPITAL LP / FIN II	Notes	04/15/26	5.375%	130,000	129,812	129,769
	GLP CAPITAL LP / FIN II	Notes	06/01/25	5.250%	195,000	205,971	193,978
	GXO LOGISTICS INC	Notes	05/06/29	6.250%	165,000	165,582	171,113
	H.B. FULLER CO	Notes	10/15/28	4.250%	115,000	107,469	107,387
	HILLENBRAND INC	Notes	09/15/26	4.500%	330,000	334,828	325,763
	HILTON WORLDWIDE FIN LLC	Notes	04/01/27	4.875%	330,000	335,387	325,634
	HOWMET AEROSPACE INC	Notes	05/01/25	6.875%	157,000	175,371	158,396
	ICAHN ENTERPRISES/FIN	Notes	05/15/26	6.250%	190,000	184,839	189,388
	ICAHN ENTERPRISES/FIN	Notes	05/15/27	5.250%	145,000	134,500	139,068
	LAMAR MEDIA CORP	Notes	02/15/28	3.750%	350,000	318,793	329,662
	MURPHY OIL CORP	Notes	12/01/27	5.875%	115,000	113,554	114,960
	NMI HOLDINGS	Notes	08/15/29	6.000%	315,000	313,236	317,189
	ONEMAIN FINANCE CORP	Notes	01/15/27	3.500%	170,000	157,010	160,653
	PENSKE AUTOMOTIVE GROUP	Notes	09/01/25	3.500%	310,000	310,959	302,455
	SBA COMMUNICATIONS CORP	Notes	02/15/27	3.875%	350,000	350,013	336,980
	SLM CORP	Notes	10/29/25	4.200%	335,000	339,930	328,880
	SERVICE CORP INTL	Notes	12/15/27	4.625%	340,000	321,982	330,541
	SILGAN HOLDINGS INC	Notes	02/01/28	4.125%	345,000	312,884	328,640
	SPRINGLEAF FINANCE CORP	Notes	03/15/26	7.125%	30,000	30,495	30,513
	STARWOOD PROPERTY TRUST	Notes	03/15/25	4.750%	325,000	333,394	322,238
	SUNOCO LP/FINANCE CORP	Notes	04/15/27	6.000%	325,000	335,450	324,340
	TEGNA INC	Notes	03/15/28	4.625%	320,000	288,194	293,581
	TELEFLEX INC	Notes	11/15/27	4.625%	345,000	329,250	335,516
	TENET HEALTHCARE CORP SR	Notes	11/01/27	5.125%	165,000	162,188	162,065
	TENET HEALTHCARE CORP SR SEC	Notes	06/01/29	4.250%	185,000	171,069	174,535
	TEVA PHARMACEUTICALS NE	Notes	10/01/26	3.150%	170,000	152,253	160,990
	TEVA PHARMACEUTICALS NE	Notes	03/01/28	6.750%	45,000	45,338	46,190
	TEVA PHARMACEUTICAL INDU	Notes	05/09/27	4.750%	125,000	119,063	121,138
	UNDER ARMOUR INC	Notes	06/15/26	3.250%	350,000	348,037	333,599
	UNITED RENTALS NORTH AM	Notes	05/15/27	5.500%	333,000	339,022	331,725
	VICI PROPERTIES LP	Notes	02/15/28	4.750%	85,000	82,172	84,017
	WESTERN DIGITAL CORP	Notes	02/15/26	4.750%	340,000	357,797	334,094
	WESTERN MIDSTREAM OPERAT	Notes	02/01/25	3.100%	305,000	303,084	300,850
	WYNDHAM WORLDWIDE CORP	Notes	10/01/25	5.100%	220,000	231,108	221,852
	WYNDHAM WORLDWIDE CORP	Notes	04/01/27	4.500%	100,000	97,532	100,324
Total corporate notes and bonds						24,884,024	24,748,083

THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	<u>Common Stock</u>						
	AUTONATION INC (AN)	Equities	N/A	N/A	169	\$ 25,854	\$ 32,232
	AUTOZONE INC (AZO)	Equities	N/A	N/A	19	16,035	59,540
	BOOKING HOLDINGS INC (BKNG)	Equities	N/A	N/A	7	14,312	26,005
	HOME DEPOT INC (HD)	Equities	N/A	N/A	89	30,771	32,766
	LENNAR CORP (LEN)	Equities	N/A	N/A	259	42,113	45,825
	MGM RESORTS INTERNATIONAL (MGM)	Equities	N/A	N/A	617	27,262	26,512
	STARBUCKS CORP (SBUX)	Equities	N/A	N/A	301	23,649	23,463
	COCA-COLA EUROPACIFIC PART PLC (CCEP)	Equities	N/A	N/A	280	12,322	20,656
	KENVUE INC (KVUE)	Equities	N/A	N/A	1,451	30,601	26,829
	PHILIP MORRIS INTERNAT-W/I (PM)	Equities	N/A	N/A	605	57,723	69,672
	JM SMUCKER CO/THE-NEW COM WI (SJM)	Equities	N/A	N/A	201	25,357	23,708
	TARGET CORP (TGT)	Equities	N/A	N/A	198	30,560	29,781
	US FOODS HOLDING CORP (USFD)	Equities	N/A	N/A	881	34,357	47,918
	WALMART INC (WMT)	Equities	N/A	N/A	903	42,259	61,982
	CANADIAN NATURAL RESOURCES (CNQ)	Equities	N/A	N/A	836	8,955	29,661
	CENOVUS ENERGY INC (CVE)	Equities	N/A	N/A	2,729	44,554	54,935
	CONOCOPHILLIPS (COP)	Equities	N/A	N/A	378	22,687	42,034
	DIAMOND BACK ENERGY INC (FANG)	Equities	N/A	N/A	234	42,964	47,341
	MARATHON PETROLEUM CORP (MPC)	Equities	N/A	N/A	267	7,693	47,264
	NOV INC (NOV)	Equities	N/A	N/A	817	16,400	17,010
	PHILLIPS 66 (PSX)	Equities	N/A	N/A	294	38,685	42,771
	SCHLUMBERGER LTD (SLB)	Equities	N/A	N/A	963	30,419	46,503
	AON PLC/IRELAND-A (AON)	Equities	N/A	N/A	120	36,635	39,421
	CHUBB LTD (CB)	Equities	N/A	N/A	125	14,799	34,458
	AMERICAN EXPRESS CO (AXP)	Equities	N/A	N/A	223	37,489	56,428
	BERKSHIRE HATHAWAY INC (BRKB)	Equities	N/A	N/A	263	50,631	115,326
	BLUE OWL CAPITAL INC (OWL)	Equities	N/A	N/A	1,415	25,517	26,984
	CORPAY INC (CPAY)	Equities	N/A	N/A	113	27,285	32,976
	FIDELITY NATIONAL INFORMATION (FIS)	Equities	N/A	N/A	680	48,458	52,244
	GALLAGHER ARTHUR J & CO (AJG)	Equities	N/A	N/A	92	17,130	26,081
	GOLDMAN SACHS GROUP INC (GS)	Equities	N/A	N/A	86	23,239	43,777
	HUNTINGTON BANCSHARES INC (HBAN)	Equities	N/A	N/A	3,362	44,246	50,262
	INTERCONTINENTAL EXCHANGE INC (ICE)	Equities	N/A	N/A	202	20,786	30,615
	JPMORGAN CHASE & CO (JPM)	Equities	N/A	N/A	740	74,283	157,472
	LPL FINANCIAL HOLDINGS INC (LPLA)	Equities	N/A	N/A	119	30,859	26,361
	MORGAN STANLEY (MS)	Equities	N/A	N/A	697	59,746	71,937
	WELLS FARGO & COMPANY (WFC)	Equities	N/A	N/A	937	42,281	55,602
	ICON PLC (ICLR)	Equities	N/A	N/A	139	30,621	45,653
	ABBOTT LABORATORIES INC (ABT)	Equities	N/A	N/A	392	37,443	41,528
	ABBVIE INC (ABBV)	Equities	N/A	N/A	259	42,635	47,998
	CENCORA INC (COR)	Equities	N/A	N/A	264	35,681	62,800
	AMGEN INC (AMGN)	Equities	N/A	N/A	154	39,373	51,200
	AVANTOR INC (AVTR)	Equities	N/A	N/A	746	16,444	19,956
	THE CIGNA GROUP (CI)	Equities	N/A	N/A	120	23,310	41,840
	CENTENE CORP (CNC)	Equities	N/A	N/A	527	38,331	40,537
	MCKESSON CORPORATION (MCK)	Equities	N/A	N/A	80	24,556	49,362
	UNITEDHEALTH GROUP INC (UNH)	Equities	N/A	N/A	131	53,459	75,477
	ALLEGION PLC (ALLE)	Equities	N/A	N/A	133	14,935	18,196
	BUILDERS FIRSTSOURCE INC (BLDR)	Equities	N/A	N/A	214	36,711	35,817
	DEERE & CO (DE)	Equities	N/A	N/A	44	6,297	16,367
	FORTIVE CORP (FTV)	Equities	N/A	N/A	435	28,471	31,255
	GENERAL DYNAMICS CORP (GD)	Equities	N/A	N/A	163	30,551	48,690
	HONEYWELL INTL INC (HON)	Equities	N/A	N/A	202	39,644	41,360
	LEIDOS HOLDINGS INC-W/I (LDOS)	Equities	N/A	N/A	269	25,982	38,844
	MASCO CORP (MAS)	Equities	N/A	N/A	317	16,957	24,678
	NORFOLK SOUTHERN CORP (NSC)	Equities	N/A	N/A	169	43,094	42,176
	UNITED RENTALS INC (URI)	Equities	N/A	N/A	59	13,065	44,669

THE NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JULY 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038498

Plan No: 501

(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	WABTEC CORP (WAB)	Equities	N/A	N/A	211	\$ 18,044	\$ 34,003
	WESCO INTERNATIONAL INC (WCC)	Equities	N/A	N/A	88	12,780	15,396
	WILLSCOT HOLDINGS CORP CL A (WSC)	Equities	N/A	N/A	669	28,087	27,429
	NXP SEMICONDUCTORS (NXPI)	Equities	N/A	N/A	88	15,735	23,158
	FLEX LTD (FLEX)	Equities	N/A	N/A	1,137	32,795	36,555
	ADVANCED MICRO DEVICES INC (AMD)	Equities	N/A	N/A	269	24,466	38,865
	APPLIED MATERIALS INC (AMAT)	Equities	N/A	N/A	206	14,185	43,713
	COGNIZANT TECHNOLOGY SOLUTIONS (CTSH)	Equities	N/A	N/A	271	19,912	20,509
	DELL TECHNOLOGIES -C (DELL)	Equities	N/A	N/A	283	14,726	32,171
	HEWLETT PACKARD ENTERPRISE CO (HPE)	Equities	N/A	N/A	965	20,256	19,213
	KEYSIGHT TECHNOLOGIES IN-W/I (KEYS)	Equities	N/A	N/A	131	20,161	18,284
	MICROCHIP TECHNOLOGY INC (MCHP)	Equities	N/A	N/A	565	42,673	50,161
	MICRON TECHNOLOGY INC (MU)	Equities	N/A	N/A	475	30,282	52,165
	NICE LTD (NICE)	Equities	N/A	N/A	100	17,971	18,100
	ORACLE CORP (ORCL)	Equities	N/A	N/A	612	68,364	85,343
	QUALCOMM (QCOM)	Equities	N/A	N/A	94	13,088	17,009
	CRH PLC (CRH)	Equities	N/A	N/A	631	28,403	53,752
	KINROSS GOLD CORP (KGC)	Equities	N/A	N/A	1,630	13,359	14,768
	TECK RESOURCES LTD CL B (TECK)	Equities	N/A	N/A	472	19,418	23,133
	EXTRA SPACE STORAGE INC (EXR)	Equities	N/A	N/A	141	20,448	22,506
	WEYERHAEUSER CO (WY)	Equities	N/A	N/A	276	8,496	8,761
	ALPHABET INC/CA-CL A (GOOGL)	Equities	N/A	N/A	583	49,992	100,008
	OMNICOM GROUP (OMC)	Equities	N/A	N/A	390	35,679	38,236
	T-MOBILE US INC (TMUS)	Equities	N/A	N/A	193	23,774	35,180
	CENTERPOINT ENERGY INC (CNP)	Equities	N/A	N/A	813	19,079	22,561
	FIRSTENERGY CORP (FE)	Equities	N/A	N/A	614	24,258	25,733
	JACOBS SOLUTIONS INC (J)	Equities	N/A	N/A	258	34,615	37,758
	Total common stock					2,447,522	3,407,225
	Mutual Funds						
	Blackrock High Yield Bond Funds	Mutual Funds	N/A	N/A	1,168	7,879	8,306
	Total mutual funds					7,879	8,306
	Limited Partnerships						
	Blackrock Real Estate Debt Strategies	Limited Partners	N/A	N/A	N/A	581,970	174,694
	Crescent Mezzanine Partners VIB Fund	Limited Partners	N/A	N/A	N/A	1	204,179
	Crescent Mezzanine Partners VIIIB Fund	Limited Partners	N/A	N/A	N/A	383,267	974,623
	Hamilton Lane Strategic Opps Fund IV LP	Limited Partners	N/A	N/A	N/A	330,930	1,313,006
	Boyd Watterson State Government Fund LP	Limited Partners	N/A	N/A	N/A	3,514,388	3,968,049
	U.S. Real Estate Investment Fund	Limited Partners	N/A	N/A	N/A	3,699,453	4,087,387
	Total limited partnerships					8,510,009	10,721,938
	Common Collective Trusts						
	State Street Russell 1000 Growth Index SL	CCT	N/A	N/A	N/A	2,363,614	3,298,334
	Total common collective trusts					2,363,614	3,298,334
	Total assets (held at end of year)					\$ 47,289,835	\$ 51,371,518

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. 1510 - 0110
1510 - 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 **08/01/2023** and ending **07/31/2024**

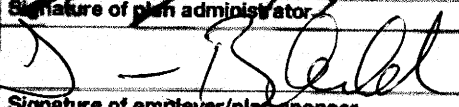
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report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

Part II Basic Plan Information - enter all requested information

1a Name of plan NATIONAL ASBESTOS WORKERS MEDICAL FUND	1b Three-digit plan number (PN) ► 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL ASBESTOS WORKERS MEDICAL FUND BOARD OF NEBA 2010 N W 150TH AVENUE PEMBROKE PINES FL 33028	1c Effective date of plan 07/22/1953 2b Employer Identification Number (EIN) 52-6038498 2c Plan Sponsor's telephone number 888-632-2887 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		5/6/25	RON PIERSOL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		5/6/25	TIM BLALOCK
	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)
v. 230728

3a Plan administrator's name and address ☐ Same as Plan Sponsor
**EXECUTIVE COMMITTEE OF THE NATIONAL
 ASBESTOS WORKERS MEDICAL FUND**

**2010 N W 150TH AVENUE
 PEMBROKE PINES FL 33028**

3b Administrator's EIN
52-1090353

3c Administrator's telephone number
888-632-2887

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	4,228
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)	2,862
a (2) Total number of active participants at the end of the plan year	6a(2)	2,968
b Retired or separated participants receiving benefits	6b	1,257
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	182

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

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

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 2
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____



NATIONAL ASBESTOS WORKERS MEDICAL FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JULY 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 52-6038498
Plan No. 501

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	PNC Money Market Fund	\$ 10,338,724	N/A	\$ 10,338,724	\$ 10,338,724	N/A
N/A	PNC Money Market Fund	N/A	\$ 9,663,756	\$ 9,663,756	\$ 9,663,756	\$ -