

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>SOUTHWEST ASBESTOS WORKERS PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOUTHWEST ASBESTOS WORKERS LOCAL 94</u> <u>716 S.E. 79TH STREET</u> <u>OKLAHOMA CITY, OK 73149</u>	1c Effective date of plan <u>01/01/1965</u> 2b Employer Identification Number (EIN) <u>73-6158924</u> 2c Plan Sponsor's telephone number <u>405-632-6767</u> 2d Business code (see instructions) <u>238900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2025	ROGER BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	186
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)	94
	6a(2)	92
	6b	54
	6c	25
	6d	171
	6e	15
	6f	186
	6g(1)	
6g(2)		
6h		12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	8

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>SOUTHWEST ASBESTOS WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHWEST ASBESTOS WORKERS LOCAL 94</u>	D Employer Identification Number (EIN) <u>73-6158924</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>25856508</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>25856508</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>0</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	<u>0</u>
(b) Accrued liability under entry age normal method	1c(2)(b)	<u>24426233</u>
(c) Normal cost under entry age normal method	1c(2)(c)	<u>198034</u>
(3) Accrued liability under unit credit cost method	1c(3)	<u>22522013</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>34059277</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>686038</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>0</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>1233701</u>

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

SIGN HERE <u>SEAN M. GALLEN</u> Type or print name of actuary <u>DEFINITI, LLC</u> Firm name <u>3 HOLLAND STREET</u> <u>ERIE, PA 16507</u> Address of the firm	<u>09/18/2025</u> Date <u>23-09072</u> Most recent enrollment number <u>210-403-2506</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	25856508
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	68	16902372
(2) For terminated vested participants	24	2251374
(3) For active participants:		
(a) Non-vested benefits		92338
(b) Vested benefits		14813193
(c) Total active	94	14905531
(4) Total	186	34059277
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/19/2024	65932	0	06/19/2024	98030	0
02/16/2024	67424	0	07/17/2024	85449	0
03/22/2024	70473	0	08/21/2024	93342	0
04/18/2024	83351	0	09/18/2024	89013	0
05/21/2024	92984	0	10/18/2024	88589	0
Totals ▶			3(b)	1038427	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	114.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input checked="" type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j
k Has a change been made in funding method for this plan year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method			5m

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/20/2024	108384	0			
12/19/2024	95456	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

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

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j
k Has a change been made in funding method for this plan year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method			5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6M 6M
(2) Females	6c(2)	6F 6F
d Valuation liability interest rate	6d	6.00 % 6.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	13.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.7 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	250000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	921104

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		55266
e Total charges. Add lines 9a through 9d.....	9e		976370
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		6866712
g Employer contributions. Total from column (b) of line 3.....	9g		1038427
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		443145
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	6007621	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	3925326	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		8348284
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		7371914
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SOUTHWEST ASBESTOS WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST ASBESTOS WORKERS LOCAL 94	D Employer Identification Number (EIN) 73-6158924	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MERRILL, LYNCH, PIERCE, FENNER & SM

13-5674085

(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?
18 51 52 56 60 71	NONE	192022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2783	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BENEFIT RESOURCES, INC.

76-0560949

(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 38	NONE	45373	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EDWARDS & LEATHERS, P.C.

20-8739519

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	21208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

DEFINITI LLC

85-0833363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	16705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE UNION LABOR LIFE INSURANCE COMP

81-3142309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	12640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SOUTHWEST ASBESTOS WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST ASBESTOS WORKERS LOCAL 94	D Employer Identification Number (EIN) 73-6158924

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	38332	46941
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	83137
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	49124	52365
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	667947	653483
(2) U.S. Government securities	1c(2)	5307784	3709759
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1633327	3326971
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	16029975	17891651
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2073604	2427021
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	80810	92270

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	25880903	28283598
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	24395	28949
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	24395	28949
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25856508	28254649

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)	1038087	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	13822	
(2) Noncash contributions.....	2a(2)	0	1051909
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2847	228824
(B) U.S. Government securities.....	2b(1)(B)	119331	
(C) Corporate debt instruments.....	2b(1)(C)	106646	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		228824
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	514794
(B) Common stock.....	2b(2)(B)	445522	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	69272	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		514794
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	2074359
(B) Other.....	2b(5)(B)	2074359	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	3869886

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1154682
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1154682
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	45373
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	21208
(5) Investment advisory and investment management fees	2i(5)	217756
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	16705
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	16021
(11) Other expenses	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	317063
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1471745

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2398141
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: EDWARDS & LEATHERS, P.C.

(2) EIN: 20-8739519

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 580366.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SOUTHWEST ASBESTOS WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHWEST ASBESTOS WORKERS LOCAL 94</u>	D Employer Identification Number (EIN) <u>73-6158924</u>	

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 73-6158924

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

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

3		0
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **MIDWEST INSULATION**

b EIN **73-0724607** **c** Dollar amount contributed by employer **356170**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.70**

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

a Name of contributing employer **ALLIANCE SPECIALTIES, INC**

b EIN **73-1486200** **c** Dollar amount contributed by employer **285496**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.70**

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

a Name of contributing employer **BRANDON INSULATION, LLC**

b EIN **20-3310656** **c** Dollar amount contributed by employer **127697**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.70**

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

a Name of contributing employer **M&M INSULATION**

b EIN **73-1197395** **c** Dollar amount contributed by employer **141522**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.70**

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

a Name of contributing employer **LINIHAN INSULATION, INC.**

b EIN **56-2412133** **c** Dollar amount contributed by employer **58505**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.70**

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

a Name of contributing employer **APACHE UNITED**

b EIN **36-4814424** **c** Dollar amount contributed by employer **40288**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.70**

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.00
b The corresponding number for the second preceding plan year	15b	1.00

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

REPORT ON AUDITS OF
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2024 and 2023

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EDWARDS AND LEATHERS

Certified Public Accountants

Larry V. Edwards
Michael R. Leathers



The CPA. Never Underestimate The Value.™

INDEPENDENT AUDITOR'S REPORT

To the Participants and the Board of Trustees of
Southwest Asbestos Workers Local 94 Pension Plan
Houston, Texas

Opinion

We have audited the accompanying financial statements of Southwest Asbestos Workers Local 94 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024 and December 31, 2023, 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 accumulated plan benefits of Southwest Asbestos Workers Local 94 Pension Plan as of December 31, 2024 and December 31, 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2024 and December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis of Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Southwest Asbestos Workers Local 94 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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Independent Auditors Report – Continued

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 Southwest Asbestos Workers Local 94 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures including 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 Southwest Asbestos Workers Local 94 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Southwest Asbestos Workers Local 94 Pension Plan's ability to continue as a going concern for a reasonable period of time.

Independent Auditors Report - Continued

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 Investments Held at Year End are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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 Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Operating Expenses are presented for the purpose 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.

Baytown, Texas
July 30, 2025


Edwards and Leathers, P.C.
Certified Public Accountants

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

<u>Assets</u>	2024	2023
Investments, at fair value:		
Short-term investment funds	\$ 653,483	\$ 667,947
United States government securities	3,709,759	5,307,784
Corporate bonds and notes	3,326,971	1,633,327
Common Stock	17,891,651	16,029,975
Mutual Funds (Including funds of funds)	1,380,143	1,070,955
Pooled investment account	1,046,878	1,002,649
Total Investments at Fair Value	28,008,885	25,712,637
Receivables		
Employers' Contributions	83,137	65,191
Accrued interest	52,365	49,124
Total Receivables	135,502	114,315
Other assets		
Prepays Expenses	92,270	80,810
Cash	46,941	38,332
Total Assets	28,283,598	25,946,094
<u>Liabilities</u>		
Accrued liabilities	28,949	24,395
Total Liabilities	28,949	24,395
Net Assets Available for Benefits	\$ 28,254,648	\$ 25,921,699

The accompanying notes are an integral part of these financial statements.

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Investment Income		
Net appreciation (depreciation) in Fair value of investment	\$ 2,074,361	\$ 2,709,714
Interest	228,824	204,541
Dividends	514,794	474,356
Annuity experience credit	13,821	-0-
	2,831,800	3,388,612
Less: Investment Expenses	(217,756)	(173,525)
Investment Income / (Loss)	2,614,043	3,215,087
Employer Contributions	972,896	974,111
Total Additions to Net Assets	3,586,940	4,189,198
Benefits paid directly to Participants (Note A)	1,154,682	1,188,110
Operating Expense	99,307	93,754
Total Deductions from Net Assets	1,253,989	1,281,864
Net increase/(decrease)	2,332,950	2,907,334
Net Assets Available for Benefits		
Beginning of year	25,921,699	23,014,365
End of year	\$ 28,254,648	\$ 25,921,699

The accompanying notes are an integral part of these financial statements.

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN
 Statements of the Actuarial Present Value of Accumulated Plan Benefits
 December 31, 2024 and 2023

	2024	2023
<u>Actuarial Present Value of Accumulated Plan Benefits</u>		
<u>Vest Benefits</u>		
Participants currently receiving payments	\$ 14,121,045	\$ 12,706,675
Other participants	9,018,543	9,594,275
	23,139,588	22,300,950
<u>Non-Vested Benefits</u>	88,055	112,430
Total Actuarial Present Value of Accumulated Plan Benefits	\$23,227,643	\$22,413,380

The accompanying notes are an integral part of these financial statements.

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN
 Statements of Changes in the Actuarial Present Value
 Of Accumulated Plan Benefits
 December 31, 2024 and 2023

	2024	2023
<u>Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year</u>	\$ 22,413,380	\$ 21,798,408
<u>Increase (Decrease) During the Year Attributable to:</u>		
Increase in Benefits accumulated	360,446	315,343
Increase due to plan amendment	529,396	-0-
Increase due to passage of time	1,079,103	1,291,197
Increase due to change in assumption	-0-	114,830
Benefits paid	(1,154,682)	(1,106,398)
 Actuarial present value of accumulated plan Benefits at end of year	 \$23,227,643	 \$ 22,413,380

The accompanying notes are an integral part of these financial statements.

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Southwest Asbestos Workers Local 94 Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General: The Plan is a multi-employer defined benefit pension plan covering all members of Local 94 of the International Association of Heat and Frost Insulators and Asbestos Workers Union (the “Union”), formerly known as Asbestos Workers International Association Local 94. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is administered by the Board of Trustees, which includes elected current or retired union members. Trustees have overall responsibility for the operation and administration of the Plan. The Trustees determine the appropriateness of the Plan’s investments and monitor investment performance.

Pension Benefits. Members with five or more years of service are entitled to annual pension benefits beginning at normal retirement age. Normal retirement is the first of the month following attainment of age 65 or the fifth anniversary of the date of participation, if later. If otherwise eligible, unreduced early retirement is available at age 60, but is reduced by $\frac{1}{4}$ of 1% for each month the early retirement date precedes the attainment of age 65. A participant may retire without penalty upon attainment of 30 years of service or upon attainment of age 60 and 10 years of service in which at least 1,000 hours are completed in each year. The normal monthly pension benefit is \$0.038 multiplied by hours of service plus prior accrued benefit based on a maximum of 2,000 hours per year. The Plan has been amended as to no longer limit service to the previous maximum of 35 years. The Plan has been amended so that hours of services earned in 2004 through 2018 are calculated with a rate of \$0.05. See also Note F.

Members may elect to receive their pension benefits in the form of (A) a joint retirement option in which the Plan provides monthly benefit payments to the member for his lifetime and thereafter to the member’s duly named payee; (B) a direct rollover to an eligible retirement plan; or (C) a special benefit option to meet special needs, subject to limitations.

If a member terminates before rendering five years of service, he forfeits the right to receive his accumulated benefits. After five years or more of service, a member who terminates service will have a non-forfeitable interest in his accrued benefit. Any portion of a member’s benefit forfeited shall be used to reduce the employer contribution in the current and subsequent years.

Notes to Financial Statements – Continued

Pension benefits are calculated using the actuarial equivalence factors of life mortality rates as defined by 2014 Blue Collar table at an assumed interest rate of 6%. These are specified in the document and must be used for the purpose of converting the Normal Form of Benefit (Life with 10 Years Certain) to any alternate form of benefit.

Death and Disability Benefits: Upon the death of an active member (not yet retired) with vested interest, the spouse, meeting certain requirement, will receive a death benefit equal to the value of the employee's accumulated pension benefits. For those not meeting spouse coverage requirement, a death benefit, as defined in the Plan based upon years of service, will be paid to the member's beneficiary. Members who become disabled and who have a minimum of 120 months of service will receive 100% of the accrued benefit payable until retirement age.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies followed by the Plan which materially affect the determination of financial status and net assets available for plan benefits are summarized below.

Date of Management's Review. Subsequent events were evaluated through July 30, 2025 which is the date the financial statements were available to be issued.

Basis of Accounting. The accompanying financial statements are prepared in conformity with generally accepted accounting principles and conform to the 2024 Audit Guide of Employee Benefit Plans as recommended by the American Institute of Certified Public Accountants. The financial statements are prepared on the accrual basis, except for distributions which are prepared on the cash basis of accounting.

Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates. It is at least reasonably possible that a change in the estimate will occur in the near term.

Investment Valuation and Income Recognition. Investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the payment date versus the ex-dividend date. The difference is not considered material to the overall financial statements. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Funds that have been allocated and applied to purchase annuities (that is, the insurance company is obligated to pay the related pension benefits) are excluded from the Plan's assets.

Notes to Financial Statements-Continued

Contributions. The Board shall in accordance with the provisions of any law applicable to the Plan, contribute to the Trust Fund in such amounts as shall be necessary to provide the benefits set forth herein and to maintain this Plan on an actuarially sound basis. All contributions made by the Board to the Trust Fund shall be irrevocable and shall be used solely for the exclusive benefit of Participants and their Beneficiaries and to defray reasonable expenses of the Plan or Trust Fund. Forfeitures arising because of death or Termination of Employment before a Participant becomes eligible for a benefit from the Plan or arising for any other reasons shall be applied to reduce the cost of the Plan, not to increase the benefits otherwise payable to Participants. The Board shall retain an enrolled actuary on behalf of the Plan who shall certify to the Board the required contribution for the Plan Year.

Benefits. Benefit payments to members are recorded upon distribution.

Vesting Service. For any Member who works at least one hour in Covered Employment on or after January 1, 2001, a Member's Vested Percentage in his Accrued Benefit on the date he leaves Service in Covered Employment shall be determined from the following Vesting Schedule.

Vesting Schedule	
Years of Service	Vested Percentage
Less than 5	0
5 or more	100

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement 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 following is a description of the valuation methodologies used for assets measured at fair value.

Money market funds: Valued at the observable cash value.

Common stock: Valued at the closing price reported on the New York Stock Exchange.

Notes to Financial Statements – Continued

Corporate 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.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Funds of Funds: Valued using the net asset value (NAV) per share provided by the investee. These investments are funds which invest in other mutual funds. The value of the funds is determined monthly and based on the underlying assets held in mutual funds that the investments purchase. These funds can only be traded at the end of the month.

Pooled Investment Accounts: Valued using the net asset value per share provided by the investee. This investment is a pooled investment account investing primarily in mortgage investments collateralized by first mortgages on real property. The fair value is determined monthly and based on the underlying assets held by the pooled account. The funds can be redeemed no later than three weeks after the third valuation date after a written request. A redemption may be delayed when cash and other liquid assets, less amounts already committed for mortgages and reserves for account expenses, are inadequate to meet the request after satisfying all prior requests and funding commitments and expense reserves. Any redemption that is delayed has priority over redemption requests subsequently made.

	<u>Fair Value Measurements at Reporting Data Using:</u>			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2024</u>				
Money Funds	\$ 653,483	\$ 653,483		
U.S. Government Securities	3,709,759		\$ 3,709,759	
Corporate bonds and notes	3,326,971		3,326,971	
Common stock	17,891,651	17,891,651		
Mutual funds (including funds of Funds)	1,380,143	1,380,143		
Pooled investment accounts	<u>1,046,878</u>	<u>1,046,878</u>		
Total assets in the fair value hierarchy	<u>\$ 28,008,885</u>	<u>\$ 20,972,155</u>	<u>\$ 7,036,730</u>	<u>\$ -0-</u>
Investments	<u>\$ 28,008,885</u>			

Notes to Financial Statements – Continued

	Fair Value Measurements at Reporting Data Using:			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>				
Money Funds	\$ 667,947	\$ 667,947	\$	\$
U.S. Government Securities	5,307,784		5,307,784	
Corporate bonds and notes	1,633,327		1,633,327	
Common stock	16,029,975	16,029,975		
Mutual funds (including funds of Funds)	1,070,955	1,070,955		
Pooled investment accounts	<u>1,002,649</u>	<u>1,002,649</u>		
Total assets in the fair value hierarchy	<u>\$ 25,712,637</u>	<u>\$ 18,771,526</u>	<u>\$ 6,941,111</u>	<u>\$ -0-</u>
Investments	<u>\$ 25,712,637</u>			

The Plan invests in pooled investment accounts, which trade at the net asset value (NAV) per share practical expedient of the fund. These funds are not categorized within the fair value hierarchy.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available.

Level 1 Fair Value Measurements

The fair values of common stock, mutual funds, pooled investment accounts and cash equivalents in trust accounts are based on quoted market prices from active markets.

Level 2

The fair values of certain U.S. Government Securities and Corporate obligations for which no quoted market price is available are based on yields currently available on comparable investments.

Level 3

None.

NOTE D – RELATED PARTY AND PARTIES-IN-INTEREST

By definition, any fiduciary (Plan administrator, trustee, custodian), legal counsel, or person providing service to the Plan is a party-in-interest. The Plan pays the expenses incurred by the Plan for services performed by parties-in-interest, such as legal fees, auditing fees, investment fees, actuary fees, and administrative fees (third-party administrator as of December 31, 2024). These amounts have been separately disclosed on the Schedule of Operating Expenses.

NOTE E – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments to members based upon services rendered under the Plan's provisions. This includes lump-sum distributions. Accumulated plan benefits include benefits expected to be paid to (A) retired or terminated member or their beneficiaries, (B) beneficiaries of members who have died, and (C) present members or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to the member's service rendered to the valuation date.

Benefits to be provided through purchased annuity contracts that are excluded from the Plan's assets are excluded from accumulated plan benefits.

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

Significant actuarial assumptions are determined based on what is actuarially deemed to be most representative for this Plan's population. The foregoing actuarial 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 accumulated plan benefits.

Notes to Financial Statements – Continued

The significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023 were:

Life expectancy of participants: For years prior to December 31, 2020, the Plan's assumptions in determining the actuarial present value of benefits used the 2014 Blue Collar table. This table is the Plan's Actuarial Equivalence Mortality Table. As of December 31, 2024, the Plan's assumptions in determining the actuarial present value of benefits utilized the 2014 Blue Collar table. This assumption change is based on the increased life expectancy of the plan's retirees. This assumption change is reflected in the Actuarial Present Value of Accumulated Plan Benefits as of December 31, 2024.

Retirement age assumptions: The assumed ages for participant retirement used were between ages 55 and 60. As of January 1, 2024 and 2023, the early retirement reduction rates are (1) 20% for participants who retire at age 50 and (2) 10% per year for participants who retire between ages 51 and 59.

Investment rate of return: The Plan's 2024 and 2023 valuations used an assumed average rate of return of 6.0%.

Expense Load: An adjustment is made to the assumed rates of return to give consideration to administrative expenses expected to be paid by the Plan. This adjustment effectively increases the required contribution to the Plan. For the December 31, 2024 and 2023 valuations, the adjustments were \$250,000.

There were no other changes in actuarial assumptions in 2024 and 2023.

NOTE F – INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 23, 1987, and updated on January 8, 2016, for amendments executed through December 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code and, therefore, no provision for income taxes has been included in the Plan's financial statements. The plan has been amended since receiving the updated determination letter on January 8, 2016. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan has concluded that, as of December 31, 2024, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in-progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to December 31, 2021.

NOTE G – FUNDING POLICY

The Plan receives contributions from employers who are party to a collective bargaining agreement between the Union and the Associated Insulation Contractors of Oklahoma City, Inc. for each hour worked by the employee at the rate defined in the agreement. The rate in effect for the periods were \$5.70 from July 16, 2012 to December 31, 2024. The contributions are paid monthly based on the hours worked in the previous month. ERISA minimum funding requirements were met for 2024 and 2023.

NOTE H – RECONCILIATION TO FORM 5500

Following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	December 31,	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 28,254,648	\$ 25,921,699
Accrued liabilities	28,949	24,395
Prepaid expenses	(92,270)	(80,810)
Contribution receivable	<u>(83,137)</u>	<u>(65,191)</u>
Net Assets Available for Benefits Per Form 5500	<u>\$ 28,108,190</u>	<u>\$ 25,800,093</u>

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

Notes to Financial Statements - Continued

	December 31,	
	<u>2024</u>	<u>2023</u>
Change in net assets available for Benefits per the financial statements	\$ 2,332,950	\$ 2,907,334
Prior-year accrued liabilities	24,395	3,728
Prior-year contribution receivables	65,191	69,446
Current year accrued liabilities	28,949	24,395
Prepaid expenses	(92,270)	(80,810)
Current-year contribution receivable	<u>(83,137)</u>	<u>(65,191)</u>
 Change in Net Assets Available for Benefits Per Form 5500	 <u>\$ 2,276,078</u>	 <u>\$ 2,858,902</u>

The realized gain or loss per the financial statements is calculated by subtracting the cost of the investments sold from proceeds received. The realized gain or loss per the Form 5500 is calculated by subtracting from the proceeds on the sale of investments, the current value of the investments at the beginning of the Plan year, if the investment was held at the beginning of the Plan year, or the purchase price if the investment was purchased during the Plan year.

The unrealized gain (loss) on the Form 5500 is obtained by subtracting the current value of assets at the beginning of the year plus the cost of any assets acquired during the Plan year from the current value of assets at the end of the Plan year excluding the assets included in realized gain (loss) on the Form 5500. Unrealized gain (loss) in the separate financial statements is calculated by taking the difference between fair value at the end of the current Plan year and fair value at the end of the previous Plan year. After obtaining the results, the results are compared to determine if there is net appreciation or depreciation of investments.

NOTE I – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and 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 J – PLAN TERMINATION

Although it has not expressed any intention to do so, the Union has the right under the Plan to discontinue its contributions at any time to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Benefits to be provided by annuity contracts would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

Age	Service										<Total>	
	x < 1	1 <= x < 5	5 <= x < 10	10 <= x < 15	15 <= x < 20	20 <= x < 25	25 <= x < 30	30 <= x < 35	35 <= x < 40	40 <= x		
x < 1	0	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1 <= x < 5	0	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5 <= x < 10	0	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10 <= x < 15	0	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15 <= x < 20	1	0	0	0	0	0	0	0	0	0	0	1
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
20 <= x < 25	4	1	1	0	0	0	0	0	0	0	0	6
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25 <= x < 30	2	3	8	0	0	0	0	0	0	0	0	13
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 <= x < 35	3	0	4	0	0	0	0	0	0	0	0	7
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 <= x < 40	2	1	3	1	7	1	0	0	0	0	0	15
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40 <= x	3	2	7	8	7	14	9	0	0	0	0	50
Avg Mo Comp	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<Total>	15	7	23	9	14	15	9	0	0	0	0	92

Average Age: 40.5 Average Service: 11.8

STATEMENT OF ACTUARIAL ASSUMPTIONS, SCH MB LINE 6
SOUTHWEST ASBESTOS WORKERS PENSION PLAN
EIN/PN: 73-6158924/001

FUNDING METHOD

AGGREGATE FOR FUNDING
UNIT CREDIT FOR ZONE CERTIFICATION

ACTUARIAL ASSUMPTIONS

PRE-RETIREMENT

- (A) INTEREST: 6.00%
- (B) MALE MORTALITY: 2014 BLUE COLLAR MALE EMPLOYEE
- (C) FEMALE MORTALITY: 2014 BLUE COLLAR FEMALE EMPLOYEE
- (D) TURNOVER: T4
- (E) HOURS AFTER 12/31/2005: 1,750 PER YEAR
- (F) RATES OF RETIREMENT
 - (1) UPON COMPLETION OF 30 OR MORE YEARS OF VESTING SERVICE AND ATTAINMENT OF AGE 55 AND ABOVE: 100%
 - (2) UPON COMPLETION OF 10 YEARS OF SERVICE AND ATTAINMENT OF 60: 100%
 - (3) UPON COMPLETION OF 30 YEARS OF VESTING SERVICE PRIOR TO AGE 55:
 - AGE 50 TO AGE 54: 20% PER YEAR
 - (4) UPON COMPLETION OF 10 YEARS OF SERVICE: (EARLY RETIREMENT REDUCTION)
 - AGE 50: 20%
 - AGE 51 TO AGE 59: 10% PER YEAR
- (G) DISABILITY
 - (1) AGE 20 TO AGE 39: .001% PER YEAR
 - (2) AGE 40 TO AGE 44: .01% PER YEAR
 - (3) AGE 45 AND ABOVE: .3% PER YEAR
- (H) EXPENSE LOAD: \$250,000

POST-RETIREMENT

- (A) INTEREST: 6.00%
- (B) MALE MORTALITY: 2014 BLUE COLLAR MALE ANNUITANT
- (C) FEMALE MORTALITY: 2014 BLUE COLLAR FEMALE ANNUITANT

ACTUARIAL EQUIVALENCE

PRE-RETIREMENT

- (A) INTEREST: 7.5%
- (B) MORTALITY: GAM 1983 MALE

POST-RETIREMENT

- (A) INTEREST: 7.5%
- (B) MORTALITY: GAM 1983 MALE

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

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

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

A Name of plan SOUTHWEST ASBESTOS WORKERS PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHWEST ASBESTOS WORKERS LOCAL 94		D Employer Identification Number (EIN) 73-6158924	

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

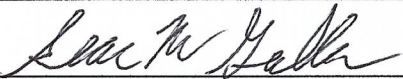
(1) Current value of assets	1b(1)	25,856,508
(2) Actuarial value of assets for funding standard account.....	1b(2)	25,856,508

c (1) Accrued liability for plan using immediate gain methods	1c(1)	0
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method.....	1c(2)(b)	24,426,233
(c) Normal cost under entry age normal method	1c(2)(c)	198,034
(3) Accrued liability under unit credit cost method.....	1c(3)	22,522,013

d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	34,059,277
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	686,038
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year.....	1d(3)	1,233,701

Statement by Enrolled Actuary

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

SIGN HERE		09/18/2025
Sean M. Gallen	Signature of actuary	Date
DEFINITI, LLC	Type or print name of actuary	2309072
3 HOLLAND STREET ERIE PA 16507	Firm name	Most recent enrollment number
Address of the firm		210-403-2506
		Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2024
v. 240311

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	6M
(2) Females	6c(2)	6F
d Valuation liability interest rate.....	6d	6.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	13.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.7 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	250,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	921,104
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	55,266
e Total charges. Add lines 9a through 9d	9e	976,370
Credits to funding standard account:		
f Prior year credit balance, if any	9f	6,866,712
g Employer contributions. Total from column (b) of line 3	9g	1,038,427
h Amortization credits as of valuation date:		
	Outstanding balance	
	9h	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	443,145
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	6,007,621
(2) "RPA '94" override (90% current liability FFL)	9j(2)	3,925,326
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	8,348,284
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	7,371,914
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan SOUTHWEST ASBESTOS WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST ASBESTOS WORKERS LOCAL 94	D Employer Identification Number (EIN) 73-6158924	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 73-6158924

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year 3 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer Midwest Insulation

b EIN 73-0724607 **c** Dollar amount contributed by employer 356,170

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.70

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

a Name of contributing employer Alliance Specialties, Inc

b EIN 73-1486200 **c** Dollar amount contributed by employer 285,496

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.70

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

a Name of contributing employer Brandon Insulation, LLC

b EIN 20-3310656 **c** Dollar amount contributed by employer 127,697

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.70

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

a Name of contributing employer M&M Insulation

b EIN 73-1197395 **c** Dollar amount contributed by employer 141,522

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.70

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

a Name of contributing employer Linihan Insulation, Inc.

b EIN 56-2412133 **c** Dollar amount contributed by employer 58,505

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.70

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

a Name of contributing employer Apache United

b EIN 36-4814424 **c** Dollar amount contributed by employer 40,288

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.70

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.00
b The corresponding number for the second preceding plan year	15b	1.00

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

SUMMARY OF PLAN PROVISION, SCH MB LINE 6
SOUTHWEST ASBESTOS WORKERS PENSION PLAN
EIN/PN: 73-6158924/001

EFFECTIVE DATE	JANUARY 1, 1965
VALUATION DATE	JANUARY 1, 2024
MONTHLY PENSION	\$0.038 MULTIPLIED BY HOURS OF SERVICE (NOT TO EXCEED 2,000 HOURS) PLUS PRIOR ACCRUED BENEFIT.
ELIGIBILITY REQUIREMENTS	(A) MINIMUM MONTHS OF SERVICE: NONE (B) MINIMUM AGE: NONE (C) PARTICIPANT ENTERS PLAN ON FIRST OF THE MONTH COINCIDING WITH OR FOLLOWING COMPLETION OF ELIGIBILITY REQUIREMENTS
NORMAL RETIREMENT AGE	(A) 1 ST OF MONTH FOLLOWING ATTAINMENT OF AGE 65, OR 5 YEARS OF PARTICIPATION IF LATER (B) ELIGIBILITY FOR EARLY RETIREMENT: ATTAINMENT OF AGE 50 AND 10 YEARS OF PARTICIPATION (C) ELIGIBLE FOR RETIREMENT WITH NO REDUCTION IN BENEFITS AT AGE 60 WITH 10 YEARS OF SERVICE OR AT AGE 50 WITH 30 YEARS OF SERVICE
FUNDING METHOD	AGGREGATE FOR FUNDING UNIT CREDIT FOR ZONE CERTIFICATION
TYPE OF ANNUITY	LIFE AND 10 YEARS CERTAIN
VESTING SCHEDULE	FIVE YEAR CLIFF
SIGNIFICANT CHANGES	NONE

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

EIN # 73-6158924

PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule I

*(a) (B) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
MERRILL LYNCH			
CLEARBRIDGE - ACCOUNT NUMBER: 585-05014			
	CASH/MONEY MARKETS	55,714	55,714
	EQUITIES		
80	ACCENTURE PLC SHS - ACN 01/23/13	13,371	28,143
724	AIA GROUP LTD - AAGIY 12/08/22	26,209	20,866
1,104	AIRBUS SE - EADSY 01/15/21	32,691	43,978
1,262	ANGLO AMERICAN PLC SHS - NGLOY 10/04/22	20,867	18,615
535	ANHEUSER-BUSCH INBEV ADR - BUD 01/10/22	31,912	26,787
2,081	ARCOS DORADOS HOLDING INC - ARCO 09/229/22	15,492	15,150
487	ASTRAZENECA PLS CPND ADR - AZN 02/14/23	34,360	31,908
1,367	AXA - SPONS ADR - AXAHY 01/10/13	35,446	48,638
2,071	BANCO BILBAO VIZCAYA - BBVA 12/28/20	13,318	20,130
1,561	BASF SE SPONSORED ADR - BASFY 05/06/16	28,946	17,019
2,110	BERKELEY GROUP-UNSPON - BKGRY 07/23/20	27,297	21,037
897	BNP PARIBAS SPONSORD ADR - BNPQY 08/01/13	26,342	27,538
848	BP PLC SPON ADR - BP 02/28/14	25,213	25,067
1,412	BRENTAG SE - BNTGY 11/25/19	17,523	16,888
505	BUREAU SE - BNTGY	31,169	30,441
836	CAPGEMINI SE SHS ADR - CGEMY 12/27/23	36,337	27,137
1,942	CELLNEX TELECOM SAU-UNSP - CLLNY 12/05/23	36,985	30,276
2,555	CNH INDUSTRIAL NV - REG. SHS CURRENT YIELD 1.743%	34,830	28,948
259	COCA COLA FEMSA SP ADR - KOF 02/21/20	13,689	20,174
2,203	COMPASS GROUP PLC SHS - CMPGY 03/19/20	44,307	73,999
1,006	DAITO TR CONSTRUCTION CO - DIFTY 02/22/21	29,914	27,401
3,413	DANONE SPONS ADR CURRENT YIELD 2.656% - DANQY 06/30/23	42,427	45,700
2,952	FUJITSU LTD NEW ADR - FJTSY	47,398	51,837
2,564	GLENORE PLC - GLNCY 04/30/20	16,612	22,384
311	HIKMA PHARMACEUTICALS - HKMPY 12/06/21	18,617	15,552
1,320	HITACHI LTD 10 NEW ADR - HTHIY 06/05/17	27,426	65,287
2,895	HOLCIM LTD NEW ADR - HCMLY 06/09/20	27,488	55,439
91	ICON PLC - ICLR	24,178	19,084
1,185	INDUSTRIA DE DISENO - IDEXY 04/20/20	158,889	30,229
574	INFINEON TECHS AD SPDADR - IFNNY 10/10/19	17,061	18,615
1,989	INTESA SANPAOLO SPON ADR - ISNPY 05/03/17	32,594	48,034
1,833	ITAU UNIBANCO BANCO HOLD - ITUB 07/23/15	9,524	9,092
958	KBC GROUPE SA SHS - KYCSY 03/19/20	29,893	36,950
18,545	LLOYDS BANKING GROUP PLC - LYG	47,768	50,442
208	MARUBENI CORP ADR - MARUY 03/12/21	17,684	31,267
4,613	MITSUBISHI UFJ FINL GRP - MUFJ 12/21/22	30,443	54,064
5,654	MURATA MANUFACTURING CO - MRAAY 04/14/23	55,989	45,175
617	NATIONAL GRID PLC SHS - NGG	38,763	36,662
244	NEW ORIENTAL EDUCATION - EDU 04/24/23	11,637	15,660
652	NEXANS SHS ADR - NEXNY 03/13/23	30,167	35,039
433	NOBLE CORP PLC REG SHS - NE 04/17/23	17,687	13,596
1,619	OLYMPUS CORP SHS ADR - OLYMY 05/31/23	24,964	24,091
2,384	PIRAEUS FINL HOLDINGS - BPIRY	9,658	9,417
970	SANOFI ADR - SNY 10/18/19	49,512	46,783
141	SAP SE SHS - SAP 06/24/21	15,840	34,716
1,000	SCHNEIDER ELEC SE ADR - SBGHSY 10/04/11	16,566	49,640
529	SENSATA TECHNOLOGIES - ST 10/07/16	23,569	14,495
621	SHELL PLC - SHEL 12/02/20	24,292	38,906
892	SHINHAN FINL GRP SP ADR - SHG 01/18/18	28,719	29,329
314	SIEMENS AG ADR - SIEGY	28,047	30,358
578	SIEMENS ENERGY AG-UNSP - SMNEY	18,365	30,229

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

EIN # 73-6158924

PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule I

*(a) (B) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
1,110	SONY GROUP CORP - SONY	20,064	23,488
423	TECK RESOURCES LTD CLS B - TECK	19,422	17,144
295	TENCENT HOLDINGS LTD ADR - TCEHY	16,725	15,688
1,059	THK CO LTD SHS - THKLY	10,142	12,126
596	TOTALENERGIES SE - TTE 11/18/20	26,196	32,482
1,106	TRAVELSKY TECHNOLOGY LTD - TSYHY 01/11/13	21,247	14,583
1,188	UBS GROUP AD NAMEN-AKT - UBS 03/13/12	16,031	36,020
149	UCB UNSPOND ADR - UCBJY	9,506	14,729
976	UNILEVER PLC NEW ADR - UL 01/25/22	47,871	55,339
347	UNITED UTILS GROUP ADR - UUGRY	9,197	9,130
96	WILLIS TOWERS WATSON PLC - WTW	27,741	30,071
	TOTAL EQUITY	1,742,134	1,869,008
	TOTAL - CLEARBRIDGE - ACCOUNT NUMBER: 585-05014	1,797,848	1,924,722
	MFS FUND/JOHNSON ACCOUNT NUMBER: 585-05020		
	CASH/MONEY MARKETS	74,172	74,172
	EQUITIES		
874	ABBOTT LABS - ABT	92,613	98,858
451	ABBVIE INC SHS - ABBV 08-30-23	68,618	80,143
259	ACCENTURE PLC SHS - ACN 05/07/14	62,399	91,114
278	AMER EXPRESS COMPANY - AXP 11/10/21	43,089	82,508
439	ANALOG DEVICES INC COM - ADI 10/18/23	73,358	93,270
309	AON PLC REG SHS - AON 06/08/16	43,110	110,980
531	BOEING COMPANY - BA	104,123	93,987
278	CHUBB LTD - CB 05/10/17	38,602	76,811
516	CIGNA CORP/THE - CI 02/13/19	116,641	142,488
960	CITIGROUP INC COM NEW - C 02/22/23	48,391	67,574
1,156	CONOCOPHILLIPS - COP 03/04/20	84,751	114,641
502	DIAGEO PLC SPSD ADR NEW - DEO 05/07/20	74,397	63,819
1,863	DOMINION ENERGY INC - D 07/28/20	118,213	100,341
881	DUKE ENERGY CORP NEW - DUK 12/13/17	77,972	94,919
191	EATON CORP PLC - ETN 02/08/17	14,268	63,387
1,122	EXXON MOBIL CORP COM - XOM	127,324	120,694
327	GENL DYNAMICS CORP COM - GD 05/04/22	73,692	86,161
256	ILLINOIS TOOL WORKS INC - ITW 08/15/18	36,771	64,911
606	JOHNSON AND JOHNSON COM - JNJ 05/30/18	89,275	87,640
709	JPMORGAN CHASE & CO - JPM 05/16/12	53,485	169,954
2,873	KENVUE INC - KVUE 08/02/23	65,995	61,339
570	KKR & CO INC CL A - KKR 09/30/21	39,051	84,309
75	KLA CORP - KLAC 09/07/22	25,831	47,259
310	LOWE'S COMPANIES INC - LOW 07/08/20	55,548	76,508
283	MARRIOTT INTL INC NEW A - MAR 11/17/21	48,960	78,940
367	MARCH & MCLENNAN COS INC - MMC 04/01/20	36,285	77,954
235	MCKESSON CORPORATION COM - MCK 02/01/17	48,656	133,929
999	MONDELEZ INTERNATIONAL - MDLZ	70,855	59,670
818	MORGAN STANLEY - MS 02/24/21	65,427	102,839
832	NASDAQ OMX GRP INC - NDAZ 12/12/13	20,459	64,322
641	NESTLE S A REP RG SHADR - NSRGY 02/21/13	43,727	52,370
258	NXP SEMICONDUCTORS N.V. - NXPI 02/12/20	54,091	53,625
953	PACCAR INC - PCAR 09/06/23	90,393	99,131
513	PEPSICO INC - PEP 05/29/19	79,028	78,007
2,855	PFIZER INC - PFE 02/02/22	109,703	75,743

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

EIN # 73-6158924

PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule 1

*(a) (B) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
642	PROGRESSIVE CRP OHIO - PGR 03/24/21	68,696	153,830
828	PROLOGIS INC - PLD 11/02/22	99,273	87,520
673	RTX CORP - RTX 11/01/23	55,758	77,880
1,109	SOUTHERN COMPANY - SO 07/19/19	62,711	91,293
332	TARGET CORP COM - TGT 08/10/22	45,585	44,880
375	UNION PACIFIC CORP - UNP 03/16/17	61,679	85,515
	TOTAL EQUITIES	2,688,802	3,591,062
	TOTAL - MFS FUND/JOHNSON ACCOUNT NUMBER: 585-05020	2,762,974	3,665,234
	LAZARD - ACCOUNT NUMBER: 585-05239		
	CASH/MONEY MARKETS	59,060	59,060
	EQUITIES		
204	ALIBABA GROUP HOLDING LT - BABA 09/10/21	23,528	17,297
5,756	ASE TECHNOLOGY - ASX 02/04/20	28,091	57,963
133	BAIDU INC SPON ADR - BIDU 02/07/22	19,247	11,213
771	BDO UNIBANK INC-SPON - BDOUY 03/17/17	16,885	19,661
229	CAPITEC BANK HOLDINGS - CKHGY 04/28/23	10,618	19,103
131	↓CREDICORP LTD COM PV \$5 - BAP 08/12/20	19,500	24,015
74	EPAM SYSTEMS INS SHS - EPAM 03/31/23	17,262	17,303
1,157	FOSCHINI GROUP LTD/THE - FHNGY 07/27/21	9,732	10,222
502	GRUPO FIN BANORTE-SPON - GBOOY 03/15/19	13,733	16,114
423	HDFC BANK LTD ADR - HDB 08/06/15	20,158	27,013
1,420	ICICI BANK LTD SPD ADR - IBN 08/14/18	19,205	42,401
3,360	INPOST SA - UNSP - INPOY 05/21/21	20,399	28,392
297	LENOVO GROUP LTD SP ADR - LNVGY	7,161	7,648
148	MAKEMYTRIP LIMITED - MMYT	13,782	16,617
16	MERCADOLIBRE INC - MELI 11/07/23	25,956	27,207
2,172	↓PAGSEGURO DIGITAL LTD - PAGES 10/30/19	28,051	13,960
1,297	PING AN INS GROUP CO - PNGAY 10/08/15	20,291	15,097
1,387	PT BANK CENT ASIA TBK - PBCRY 08/24/20	15,683	20,084
1,124	PT BANK RAKYAT ADR - BKRKY 08/03/16	14,385	13,938
294	RELIANCE INDS 114A GDR - RLNIY 03/11/20	12,800	16,696
508	SANDS CHINA LTD UNSP ADR - SCHYY 04/20/23	17,238	13,680
784	STD BANK GROUP LTD SHS - SGBLY 03/22/19	7,910	9,173
469	TAIWAN S MANUFCTRING ADR - TSM 10/29/14	29,291	92,623
141	TECHTRONIC INDS SPD ADR - TTNDY 02/04/20	10,999	9,251
447	TENARIS S A ADR - TS 02/01/23	14,108	16,892
718	TENCENT HOLDINGS LTD ADR - TCEHY 08/103/15	26,249	38,183
1,529	TOTVS ADR - TTVSY 10/18/23	17,068	13,134
194	TRIP.COM GROUP LTD - TCOM 02/04/20	7,794	13,320
604	XIAOMI CORP - UNSP - XIACY 03/24/22	5,849	13,203
597	ZTO EXPRESS CAYMAN ADR - ZTO 11/22/21	15,725	11,671
	TOTAL EQUITIES	508,697	653,074
	TOTAL - LAZARD - ACCOUNT NUMBER: 585-05239	567,757	712,134
	PIMCO - ACCOUNT NUMBER: 585-05361		
	CASH/MONEY MARKETS - BLF FEDFUND CASH RESERVE	47,311	47,311
	GOVERNMENT AND AGENCY SECURITIES		

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

EIN # 73-6158924

PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule 1

*(a) (B) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
137,000	U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 92.1796/921.80	140,406	130,224
129,000	U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 99.5507/126,429.49	128,423	128,431
80,000	U.S. TREASURY BOND ORIGINAL UNIT/TOTAL COST: 87.9380/5,276.28	80,063	62,130
1,000	FHLMC GO 8635 03%2045 AMORTIZED FACTOR 0.158244300 AMORTIZED VALUE 158	163	138
3,000	FNMA PAS4884 03%2045 AMORTIZED FACTOR 0.155666200 AMORTIZED VALUE 466	475	408
51,000	FHLMC GO 8701 03%2046 AMORTIZED FACTOR 0.154584200 AMORTIZED VALUE 7,883	8,172	6,849
15,000	FNMA PMA2670 03%2046 AMORTIZED FACTOR 0.179489700 AMORTIZED VALUE 717	2,666	2,335
1,000	FNMA PMA2705 03%2046 AMORTIZED FACTOR 0.184888100 AMORTIZED VALUE 184	178	160
3,000	FHLMC GO 8732 03%2046 AMORTIZED FACTOR 0.196204000 AMORTIZED VALUE 588	574	511
9,000	FNMA PAS8276 03%2046 AMORTIZED FACTOR 0.199334600 AMORTIZED VALUE 1,794	1,801	1,554
87,000	U.S. TREASURY BOND ORIGINAL UNIT/TOTAL COST: 96.2968/18,296.41	82,801	63,206
8,000	FHLMC GO 8737 03%2046 AMORTIZED FACTOR 0.211841800 AMORTIZED VALUE 847	1,682	1,467
24,000	FHLMC GO 8747 03%2047 AMORTIZED FACTOR 0.245746100 AMORTIZED VALUE 5,897	5,850	5,124
251,000	FNMA PMA3058 04%2047 AMORTIZED FACTOR 0.111832600 AMORTIZED VALUE 1,230	30,160	26,021
2,000	FNMA PMA3275 03%2048 AMORTIZED FACTOR 0.186322100 AMORTIZED VALUE 372	356	323
62,000	FNMA PFS0015 04%2050 AMORTIZED FACTOR 0.608147600 AMORTIZED VALUE 37,705	40,056	34,958
23,000	FNMA PMA3937 03%2050 AMORTIZED FACTOR 0.208527800 AMORTIZED VALUE 4,796	4,918	4,128
88,000	FNMA PFM5197 03 50%2050 AMORTIZED FACTOR 0.326392100 AMORTIZED VALUE 28,722	30,450	25,747
51,000	FNMA PMA4048 03%2050 AMORTIZED FACTOR 0.320339800 AMORTIZED VALUE 16,337	17,194	13,927
26,000	FHLMC RA 4206 02 50%2050 AMORTIZED FACTOR 0.703806000 AMORTIZED VALUE 18,298	15,254	14,940
15,000	FNMA PFM6293 03%2051 AMORTIZED FACTOR 0.595042700 AMORTIZED VALUE 8,925	9,458	7,671
8,000	FHLMC SD 8157 03%2051 AMORTIZED FACTOR 0.633881000 AMORTIZED VALUE 5,071	5,348	4,335
11,000	FHLMC SD 8168 03%2051 AMORTIZED FACTOR 0.693571100 AMORTIZED VALUE 7,629	8,027	6,514
22,000	FNMA PBT7263 02 50%/2051 AMORTIZED FACTOR 0.821069300 AMORTIZED VALUE 18,063	15,602	14,725
30,000	FNMA PMA4465 02%2051 AMORTIZED FACTOR 0.830132900 AMORTIZED VALUE 24,903	19,044	19,471
18,000	FHLMC SD 0853 02 50%/2052 AMORTIZED FACTOR 0.881320600 AMORTIZED VALUE 15,863	12,656	12,918
13,000	FHLMC SD 8190 03%2052 AMORTIZED FACTOR 0.777039600 AMORTIZED VALUE 10,101	10,329	8,609
21,000	FHLMC SD 8193 02%2052 AMORTIZED FACTOR 0.853444000 AMORTIZED VALUE 17,922	14,846	13,972
54,000	FHLMC SD 8196 03 50%2052 AMORTIZED FACTOR 0.730707500 AMORTIZED VALUE 39,458	41,203	35,060.79
20,000	FNMA PMA4562 02%2052 AMORTIZED FACTOR 0.862085800 AMORTIZED VALUE 17,241	13,872	13,424
189,000	FNMA PMA4564 03%23050 AMORTIZED FACTOR 0.810405100 AMORTIZED VALUE 153,166	139,023	130,204
21,000	FHLMC SD 1658 02 50%2052 AMORTIZED FACTOR 0.887569800 AMORTIZED VALUE 18,638	14,367	15,305
3,000	FHLMC SD 8206 03%2052 AMORTIZED FACTOR 0.843313300 AMORTIZED VALUE 2,529	2,230	2,151

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

EIN # 73-6158924

PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule 1

*(a) (B) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
180,000	FNMA PMA4578 02 50%2052 AMORTIZED FACTOR 0.854409600 AMORTIZED VALUE 153,793	134,065	125,717
16,000	FNMA PMA4579 03%2052 AMORTIZED FACTOR 0.840256700 AMORTIZED VALUE 9,242	12,004	11,428
202,000	FNMA PMA4597 02%2052 AMORTIZED FACTOR 0.865339300 AMORTIZED VALUE 174,798	143,962	136,160
62,000	FHLMC SD 8219 02 50%2052 AMORTIZED FACTOR 0.874370600 AMORTIZED VALUE 54,210	47,494	44,209
17,000	FNMA PBV2451 03%2052 AMORTIZED FACTOR 0.896540500 AMORTIZED VALUE 15,241	12,620	12,945
29,000	FNMA PMA4623 02 50%2052 AMORTIZED FACTOR 0.875369600 AMORTIZED VALUE 25,385	20,253	20,716
20,000	FNMA PMA4624 03%2052 AMORTIZED FACTOR 0.875156000 AMORTIZED VALUE 17,503	15,039	14,872
138,000	FHLMC SD 8225 03\$2052 AMORTIZED FACTOR 0.887313600 AMORTIZED VALUE 16,858	105,423	104,100
36,000	FHLMC SD 8242 03%2052 AMORTIZED FACTOR 0.883488700 AMORTIZED VALUE 31,805	26,389	27,025
38,000	FHLMC SD 8244 04%2052 AMORTIZED FACTOR 0.881073000 AMORTIZED VALUE 23,788	31,950	30,658
25,000	FNMA PMA4782 03 50%2052 AMORTIZED FACTOR 0.895258500 AMORTIZED VALUE 22,381	19,308	19,812
51,000	FHLMC SD 6653 50%2053 AMORTIZED FACTOR 0.987554200 AMORTIZED VALUE 50,365	44,876	44,558
20,000	FNMA PMA5127 04%2053 AMORTIZED FACTOR 0.931143100 AMORTIZED VALUE 18,622	16,650	17,032
90,000	FNMA PMA5137 05%2053 AMORTIZED FACTOR 0.918211500 AMORTIZED VALUE 82,639	78,336	79,851
90,000	FNMA PMA5163 04 50%2053 AMORTIZED FACTOR 0.944495200 AMORTIZED VALUE 85,004	78,287	79,995
50,000	FNMA PMA5495 04 50%2054 AMORTIZED FACTOR 0.985802400 AMORTIZED VALUE 49,290	46,641	46,364
48,000	FHLMC SD 8491 05%2054 AMORTIZED FACTOR 0.995470800 AMORTIZED VALUE 47,782	46,330	46,119
53,000	FNMA PMA5550 04%2054 AMORTIZED FACTOR 0.996745700 AMORTIZED VALUE 52,827	<u>48,601</u>	<u>48,314</u>
	TOTAL GOVERNMENT AND SECURITY AGENCIES	<u>1,825,878</u>	<u>1,716,817</u>
	CORPORATE BONDS		
27,000	AMERICAN EXPRESS CO - 03/23/23 ORIGINAL UNIT/TOTAL COST: 95.5860/25,808.22	25,808.22	26,917.11
30,000	PNC FINANCIAL SERVICES 03/23/23 ORIGINAL UNIT/TOTAL COST: 93.1540/26,083.12	27,933.28	29,061.00
53,000	NORTHERN TRUST CORP 03/23/23 ORIGINAL UNIT/TOTAL COST: 97.8370/51,853.61	51,853.61	52,302.52
26,000	TORONTO-DOMINION BANK 03/23/23 ORIGINAL UNIT/TOTAL COST: 97.3730/25,316.98	25,316.98	25,572.04
30,000	PUBLIC STORAGE 03/28/23 ORIGINAL UNIT/TOTAL COST: 94.0980/9,409.80	28,517.00	28,847.70
32,000	WALT DISNEY COMPANY/THE 05/12/23 ORIGINAL UNIT/TOTAL COST: 92.1710/5,530.26	28,715.14	29,882.56
25,000	INTEL CORP 06/09/23 ORIGINAL UNIT/TOTAL COST: 100.2160/25,054.00	25,037.32	24,872.50
65,000	GOLDMAN SACHS GROUP INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 95.3640/51,496.56	61,841.34	63,131.90
67,000	MORGAN STANLEY 03/23/23 ORIGINAL UNIT/TOTAL COST: 95.1210/51,365.34	63,574.28	64,612.12
33,000	JOHN DEERE CAPITAL CORP 05/12/23 ORIGINAL UNIT/TOTAL COST: 95.9420/27,823.18	31,611.78	31,310.07
67,000	CITIGROUP INC 03/28/23 ORIGINAL UNIT/TOTAL COST: 93.8560/51,620.80	62,908.10	63,967.58
65,000	REINSURANCE GRP OF AMER 03/23/23 ORIGINAL UNIT/TOTAL COST: 87.6690/50,848.02	56,922.41	58,676.80
65,000	JPMORGAN CHASE & CO 03/23/23 ORIGINAL UNIT/TOTAL COST: 87.7160/50,875.28	56,933.71	58,553.30
74,000	CHARLES SCHWAB CORP 03/23/23 ORIGINAL UNIT/TOTAL COST: 77.5330/51,171.78	57,323.38	60,587.50
35,000	HOME DEPOT INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 82.0730/25,442.63	28,706.95	28,913.85
37,000	MERCK & CO INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 84.4080/25,322.40	30,988.83	30,943.47

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30,000	DUKE ENERGY FLORIDA LLC 03/23/23 ORIGINAL UNIT/TOTAL COST: 83.9130/25,173.90	25,173.90	25,313.40
18,000	FLORIDA POWER & LIGHT CO 03/23/23 ORIGINAL UNIT/TOTAL COST: 85.0350/13,605.60	15,178.10	15,189.48
31,000	SOUTHWEST GAS CORP 03/23/23 ORIGINAL UNIT/TOTAL COST: 91.9820/24,834.14	28,489.34	28,790.01
35,000	QUALCOMM INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 80.6150/24,990.65	28,185.93	27,894.65
34,000	APPLE INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 94.2430/25,445.61	31,841.84	31,146.72
33,000	META PLATFORMS INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 93.9100/25,355.70	30,803.91	30,668.22
27,000	ALABAMA POWER CO 03/23/23 ORIGINAL UNIT/TOTAL COST: 94.2620/25,450.74	25,450.74	25,048.98
7,000	WISCONSIN ELECTRIC POWER 03/28/23 ORIGINAL UNIT/TOTAL COST: 100.5920/5,029.60	6,988.74	6,901.09
30,000	SOUTHERN CAL EDISON 03/23/23 ORIGINAL UNIT/TOTAL COST: 107.9690/24,832.87	31,797.92	31,287.90
30,000	PHILIP MORRIS INTL INC 07/28/23 ORIGINAL UNIT/TOTAL COST: 102.3460/27,633.42	30,487.76	30,847.50
32,000	AMAZON COM INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 102.6430/24,634.32	32,449.02	31,811.20
28,000	ENTERGY ARKANSAS LLC 03/23/23 ORIGINAL UNIT/TOTAL COST: 102.9840/24,716.16	28,670.62	27,869.52
31,000	LOCKHEED MARTIN CORP 08/15/23 ORIGINAL UNIT/TOTAL COST: 101.3060/27,352.62	31,368.85	31,328.29
29,000	PROLOGIS INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 98.9070/24,726.75	28,631.71	27,950.78
33,000	BP CAP MARKETS AMERICA 03/23/23 ORIGINAL UNIT/TOTAL COST: 101.1910/25,297.75	33,037.62	31,900.44
33,000	ELEVANCE HEALTH INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 100.4360/25,109.00	32,870.05	31,629.51
31,000	UNITEDHEALTH GROUP INC 03/23/23 ORIGINAL UNIT/TOTAL COST: 106.3680/25,528.32	32,457.81	31,194.99
32,000	ELI LILLY & CO 03/23/23 ORIGINAL UNIT/TOTAL COST: 103.0650/25,766.25	32,604.74	31,363.52
32,000	ASTRAZENECA FINANCE LLC 05/26/23 ORIGINAL UNIT/TOTAL COST: 100.7320/27,197.64	32,066.56	31,625.92
12,000	DTE ELECTRIC CO 11/03/23 ORIGINAL UNIT/TOTAL COST: 97.3430/7,787.44	11,871.80	11,985.96
46,000	STATE STREET CORP 03/23/23 ORIGINAL UNIT/TOTAL COST: 94.2030/43,333.38	43,333.38	42,925.36
47,000	BANK OF NY MELLON CORP 03/28/23 ORIGINAL UNIT/TOTAL COST: 105.1280/14,717.92	47,241.17	48,674.14
62,000	TRUIST FINANCIAL CORP 03/23/23 ORIGINAL UNIT/TOTAL COST: 105.4340/50,608.32	64,197.52	64,556.88
70,000	WELLS FARGO & COMPANY 03/23/23 ORIGINAL UNIT/TOTAL COST: 93.8960/48,825.92	64,828.04	62,135.50
TOTAL CORPORATE BONDS		<u>1,434,019.40</u>	<u>1,438,191.98</u>
TOTAL PIMCO - ACCOUNT NUMBER: 585-05361		<u>3,307,208.03</u>	<u>3,202,319.80</u>
WILLIAM BLAIR INTL - ACCOUNT NUMBER: 585-05479			
	CASH/MONEY MARKETS	4,256	4,256
	EQUITIES		
185	ABB LTD SPON ADR - ABBNY	10,542	9,936
327	ADVANTEST CORP ADR - ATEYY	13,825	18,603
266	AIA GROUP LTD - AAGIY 02/28/17	9,790	7,666
171	AIRBUS SE - EADSY 03/13/19	4,705	6,812
158	AMADEUS IT GROUP SA - AMADY 01/08/20	12,191	11,145
19	ASML HLDG NV NY RED SHS - ASML 03/25/20	10,869	13,169
125	ASTRAZENECA PLC SPND ADR - AZN 03/03/22	8,218	8,190
729	ATLAS COPCO A ADR NEW - ATLKY 06/26/19	6,248	11,030
174	BAE SYS PLC SPN ADR - BAESK	10,985	9,946
225	BROOKFIELD ASSET MGMT - BAM	12,079	12,193
22	CHUBB LTD - CB	6,200	6,079
455	CHUGAI PHARMA CO ADR - CHGKY	8,812	9,996
462	COMPASS GROUP PLC SHS - CMPGY 02/08/16	9,765	15,519
302	DAIICHI SANKYO CO LTD - DSNKY	8,201	8,242
77	DSV A/S - DSDVY 08/02/19	3,763	8,177
240	EXPERIAN PLC SP ADR - EXPGY 01/23/19	7,330	10,255
28	FERRARI NV - RACE 02/23/23	7,475	11,896
29	FLUTTER ENTERTAINMENT - FLUT	7,928	7,495
981	HALEON PLC SHS ADR - HLN	8,207	9,359
81	HDFC BANK LTD ADR - HDB 10/13/17	5,783	5,173
115	HOYA CORP ADR - HOCY 01/23/19	8,628	14,260
306	ICICI BANK LTD SPD ADR - IBN	8,809	9,137

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605	INDUSTRIA DE DISEÑO - INDEXY 10/05/23	10,893	15,434
1,272	ITUA UNIBANCO BANCO HJOLD - ITUB	8,658	6,309
55	ITOCHU CORP ADR ITOCY 10/27/23	3,969	5,421
105	KINGSPAN GROUP PLC-UNSP - KGSPY 08/28/23	8,746	7,638
32	LINDE PLC REG SHS - LIN 04/01/22	10,713	13,397
442	LONDON STK EXCHANGE - LNSTY 10/4/19	11,181	15,775
200	LONZA GROUP AG SHS - LZAGY	12,040	11,756
86	LVMH MOET HENNESSY ADR - LVMUY 05/30/19	9,139	11,239
11	MERCADOLIBRE INC - MELI 04/23/20	8,147	18,705
86	NOVO NORDISK A S ADR - NVO 09/05/19	2,267	7,398
499	RECRUIT HOLDINGS CO.LTD. - RCRUY	6,326	6,971
210	RELX PLC - RELX	9,373	9,538
176	SAFRAN SA-UNSPON ADR - SAFRY 09/17/19	6,508	9,592
337	SANDOZ GROUP AG - SDZNY	13,540	13,649
64	SAP SE SHS - SAP	12,310	15,757
347	SCHNEIDER ELEC SE ADR - SBGSY 07/28/23	12,733	17,225
479	SHIN-ETSU CHEM-UNSPON - SHECY 12/28/22	7,372	7,913
113	SHOPIFY INC CL A - SHOP	9,106	12,015
276	SIKA AG-BR-ADR - SXYAY	7,903	6,511
20	SPOTIFY TECH S.A. REG - SPOT	7,950	8,948
913	SUMITOMO MITSUI-UNSPONS - SMFG	10,772	13,229
296	SYMRISE AG ADR - SYIEY	10,181	7,817
195	TAIWAN S MANUFCTRING ADR - TSM 01/23/18	13,731	38,511
133	TECHTRONIC INDS SPD ADR - TTNDY	9,761	8,726
198	TENCENT HOLDINGS LTD ADR - TCEHY	11,958	10,530
319	THALES SA UNMSP ADR - THLLY 11/01/23	9,690	9,114
327	TOKIO MARINE HOLDINGS - TKOMY	9,388	11,779
191	TOKYO ELECTRON LTD SHS - TOELY 11/10/23	17,987	14,419
140	TOTALENERGIES SE - TTE 11/01/23	9,560	7,630
190	TRIP.COM GROUP LTD - TCOM	10,582	13,045
84	UCB UNSPOND ADR - UCBJY	8,226	8,303
144	YUM CHINA HOLDINGS INC - YUMC	7,215	6,936
544	II GROUP PLC SHS - TGOPY	10,109	12,294
TOTAL EQUITIES		508,384	607,801
TOTAL WILLIAM BLAIR INTL - ACCOUNT NUMBER: 585-05479		512,640	612,057
RIVERBRIDGE - ACCOUNT NUMBER: 585-05507			
CASH/MONEY MARKETS		5,495	5,495
EQUITIES			
58	A N S Y S INC COM - ANSS 06/01/16	5,116	19,565
1	ACUITY BRANDS INC - AYI 07/31/19	60	150
639	ACV AUCTIONS INC - ACVA 07/13/23	11,651	13,802
154	ALARM COM HLDGS INC COM - ALRM 06/07/17	8,203	9,363
46	ALIGN TECH INC DEL COM - ALGN 07/14/22	11,606	9,591
288	ALKAMI TECH INC REG SHS - ALKT	8,939	10,564
231	BIO TECHNE COMP COM STK - TECH 06/01/16	6,758	16,615
152	BLACKLINE INC - BL 11/29/18	6,535	9,236
685	CCC INTELLIGENT - CCCS 11/09/23	7,619	8,035
365	CERTARA INC - CERT 09/15/21	12,953	3,887
58	CHARLES RIVER LABS INTL - CRL 02/11/21	15,668	10,707
0	CHEMED CORP - CHE 06/20/19	202	265
213	COGNEX CORP - CGNX 06/01/16	8,494	7,624

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249	COSTAR GROUP INC COM - CSGP 06/01/16	13,643	17,826
16	CSW INDUSTRIALS INC SHS - CSWI	5,901	5,645
79	DESCARTES SYSTEMS GROUP - DSGX	7,115	8,974
423	DOUBLEVERIFY HOLDINGS - DV 10/30/23	11,676	8,126
125	ENSIGN GROUP INC - ENSG 04/14/21	11,684	16,608
118	ENTEGRIS INC MINNESOTA - ENTG 09/12/22	12,640	11,689
92	EXPONENT IUNC - EXPO 12/17/19	6,290	8,197
0	FASTENAL COMPANY - FASH 06/01/16	12	10
123	FIVE BELOW INC - FIVE 06/01/16	13,336	12,910
142	FLOOR AND DÉCOR HLDGS - FND 03/15/22	12,976	14,157
79	FRESHPET INC SHS - FRPT 01/13/22	7,734	11,701
0	GENTEX CORP - CNTX 10/20/21	10	8
119	GLOBANT S A - GLOB 06/30/17	5,100	25,516
108	GODADDY INC SHS CL A - GDDY 11/07/17	8,260	21,316
170	GRAND CANYON EDUCATN INC - LOPE 06/01/16	15,561	27,846
468	GRID DYNAMICS HLDGS INC - GDYN 09/15/21	12,467	10,408
142	GUIDEWIRE SOFTWARE INC - GWRE 10/26/18	13,436	23,938
0	HEALTH CARE SVCS GROUP - HCSG 03/25/21	6	4
120	HEICO CORP NEW COM - HEI 06/01/16	4,380	28,420
1	INTL FLAVORS& FRAGRNC - IFF 04/30/20	95	67
45	JACK HENRY & ASSOC INC - JKHY 05/08/20	8,325	7,889
32	KADANT INC - KAI	10,255	11,040
36	KINSALE CAPITAL GROUP0 - KNSL 01/13/23	11,760	16,745
254	KORNIT DIGITAL LTD - KRNT 02/10/20	9,645	7,861
0	LENNOX INTL INC - LII 10/14/20	111	223
54	MEDPACE HLDGS INC - MEDP 06/23/22	11,949	17,940
312	NEOGEN CORP - NEOG 06/01/16	8,807	3,788
219	OPTION CARE HEALTH INC - OPCH 10/16/23	7,085	5,081
96	PAYCOM SOFTWARE INC - PAYC 06/15/18	15,699	19,696
92	PAYLOCITY HLDG CORP - PCTY 04/18/19	11,851	18,351
0	PEGASYSTEMS INC COM - PEGA 04/18/19	13	24
749	PRIVIA HEALTH GROUP INC	17,088	14,643
274	RB GLOBAL INC - RBA 12/29/17	14,965	24,684
58	REPLIGEN CORP COM - RGEN 05/24/23	9,435	8,349
356	ROLLINS INC - ROL 06/01/16	5,350	16,486
60	SIMPSON MFG DEL PV \$0.01 - SSD	10,302	9,950
1	SMITH A O CORP DEL COM - AOS 05/14/21	36	34
1	SNAP ON INC COM - SNA 06/11/19	139	280
68	SPS COMM INC - SPSC 10/05/22	9,017	12,511
440	TOAST INC REG SHS CL A - TOST 09/05/23	9,573	16,038
46	TYLER TECHS INC DEL COM - TYL 07/24/17	10,403	26,525
36	VERISK ANALYTICS INC - VRSK 04/18/17	3,372	10,031
35	WATSCO INC COM - WSO 06/28/17	6,230	16,726
69	WEST PHARMACTL SVCS INC - WST 04/19/17	9,744	22,496
180	WORKIVA INC CL A - WK 07/06/20	9,991	19,710
TOTAL		477,269	679,870
TOTAL RIVERBRIDGE - ACCOUNT NUMBER: 585-05507		482,764	685,365
CLEARBRIDGE LCG - ACCOUNT NUMBER: 585-05559			
CASH/MONEY MARKETS		28,053	28,053
EQUITIES			
116	ACCENTURE PLC SHS - CAN	34,600	40,808

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63	ADOBE INC - SDBE 08/10/18	21,372	28,015
1	ADVANCE AUTO PARTS INC - AAP 12/30/22	114	38
209	AIRBNB INC CL A - ABNB	28,505	27,465
369	ALCON SA ACT NOM - ALC 04/27/20	24,262	31,324
296	ALPHABET INS SHS CL A - GOOGL	49,084	56,000
1,055	AMAZON.COM INC COM - AMZN 06/22/17	109,530	231,456
1	AMER EXPRESS COMPANY - AXP 08/07/20	58	166
603	APPLE INC - AAPL 01/10/19	61,049	150,953
63	ASML HLDG NV NY REG SHS - ASML 11/03/20	28,594	43,664
1	BLACKROCK INC - BLK 09/17/20	359	711
0	C.H. ROBINSON WORLDWIDE - CHRW 09/29/20	31	31
0	COMCAST CORP NEW CL A - CMCSA 04/27/21	26	18
0	COSTCO WHOLESALE CRP DEL - COST 12/10/20	112	271
0	DISNEY (WALT) CO COM STK - DIS 01/15/20	20	15
163	EATON CORP PLC - ETN 07/16/21	26,104	54,095
1	ECOLAB INC - ECL 07/14/21	196	212
55	ELI LILLY & CO - LLY 03/01/23	22,626	42,460
57	EQUINIX INC - EQIX 08/10/18	32,460	53,426
0	HOME DEPOT INC - HD 12/15/21	21	20
207	HONEYWELL INTL INC DEL - HON 08/10/18	33,417	46,857
58	ICON PLC - ICLR	12,533	12,163
110	INTERCONTINENTAL - ICE 10/19/23	12,195	16,391
79	INTUIT INC COM - INTU 06/16/23	40,552	49,652
107	INTUITIVE SURGICAL INC	35,034	55,850
0	JOHNSON AND JOHNSON COM - JNJ 12/09/12	40	41
0	LINDE PLC NEW - LIN 03/20/20	58	149
206	MARSH & MCLENNAN COS INC - MMC 10/07/22	33,631	43,756
1	MCCORMICK NON VTG - MKC 07/23/19	153	74
298	META PLATFORMS INC - META 11/06/18	65,446	174,569
478	MICROSOFT CORP - MSFT 05/16/11	58,462	201,593
735	MONSTER BEVERAGE SHS - MNST 03/11/20	27,055	38,632
121	NETFLIX.COM INC - NFLX 10/20/21	36,111	107,850
113	NOVO NORDISK A S ADR - NVO	10,012	9,720
1,974	NVIDIA - NVDA 01/30/19	28,587	265,147
1	ORACLE CORP \$0.01 DEL - ORCL 01/4/22/20	52	153
310	PALO ALTO NETWORKS INC - PANW 08/10/18	11,963	56,408
616	↑PAYPAL HOLDINGS INC SHS - PYPL 10/2/14/21	87,894	52,576
1	QUALCOMM INC - QCOM 12/15/21	97	80
102	S&P GLOBAL INC - SPGI 01/04/19	26,345	50,799
242	SALESFORCE INC - CRM 05/29/20	60,211	80,908
1	SCHWAB CHARLES CORP NEW - SCHW 11/21/19	31	46
127	SHERWIN WILLIAMS - SHW 04/29/22	32,180	43,171
137	STARBUCKS CORP - SBUX	12,874	12,501
116	STRYKER CORP - SYK 03/02/22	28,103	41,766
276	TAIWAN S MANUFACTURING ADR - TSM	44,923	54,507
243	TARGET CORP COM - TGT 09/05/23	29,467	32,849
135	TESLA INC - TSLA 01/26/23	28,534	54,518
1	TEXAS INSTRUMENTS - TXN 05/14/21	100	103
104	THERMO FISHER SCIENTIFIC - TMO 08/10/18	35,476	54,191
621	UBER TECHNOLOGIES INC - UBER 08/09/19	25,668	37,459
177	UNION PACIFIC CORP - UNP 07/28/23	40,536	40,363
1	UNITED PARCEL SVC CL GB - UPS 08/26/19	148	119
139	UNITEDHEALTH GROUP INC - UNH 12/23/14	47,339	70,545
455	VISA INC CL A SHRS - V 06/22/17	69,103	143,667
54	W W GRAINGER INCORP - GWW 08/10/18	16,813	56,599
196	WORKDAY INC CL A - WDAY 12/08/20	50,093	50,574

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192	ZOETIS INC - ZTS 10/11/22	28,466	31,283
	TOTAL	1,508,821	2,748,777
	TOTAL CLEARBRIDGE LCG - ACCOUNT NUMBER: 585-05559	1,536,874	2,776,830
	LOOMIS - ACCOUNT NUMBER 585-05560		
	CASH/MONEY MARKETS	23,147	23,147
	EQUITIES		
244	ALIBABA GROUP HOLDING LT - BABA 08/10/18	49,912	20,689
465	ALPHABET INC SHS CL C - GOOG 08/10/18	28,843	88,555
530	ALPHABET INC SHS CL A - GOOGL 08/13/12	19,809	100,329
889	AMAZON COM INC COM - AMZN 07/31/17	58,692	195,038
281	AUTODESK INC DEV PV\$0.01 - ADSK 08/10/18	38,305	83,055
364	BLOCK INC - SQ 03/16/22	38,488	30,936
739	BOEING COMPANY - BA 04/06/20	130,815	130,803
39	DEERE CO - DE 04/29/20	5,509	16,524
733	DISNEY (WALT) CO COM STK - DIS 05/21/20	87,043	81,620
280	EXPEDITORS INTL WASH INC - EXPD 08/10/18	20,526	31,016
72	FACTSET RESH SYS INC - FDS 08/10/18	15,651	34,580
225	JILLUMINA INC COM - ILMN 04/01/20	56,807	30,067
84	INTUITIVE SURGICAL INC NEW - ISRG 04/23/20	14,591	43,845
401	META PLATFORMS INC - FB 08/10/18	59,746	234,790
317	MICROSOFT CORP - MSFT 12/11/14	16,823	133,616
1,239	MONSTER BEVERAGE SHS - MNST 08/10/18	40,879	67,960
196	NETFLIX COM INC - NFLX 01/31/22	59,716	174,699
347	NIKE INC CL B - NKE	26,208	26,257
291	NOVARTIS ADR - NVS 11/30/20	24,838	28,317
556	NOVO NORDISK A S ADR - NVO 08/10/18	21,618	47,827
2,050	NVIDIA - NVDA 01/15/19	8,230	275,295
861	ORACLE CORP \$0.01 DEL - ORCL 08/10/18	41,834	143,477
330	↑PAYPAL HOLDINGS INC SHS - PYPL 03/16/22	34,832	28,166
273	QUALCOMM INC - QCOM 08/10/18	18,054	41,938
69	REGENERON PHARMACTCLS - REGN 08/10/18	30,134	49,151
689	ROCHE HLDG LTD SPN ADR - RHHBY 12/30/19	27,808	24,032
288	SALESFORCE COM INC - CRM 03/24/20	44,492	96,287
458	SEI INVT CO PA PV \$0.01 - SEIC 08/10/18	27,241	37,776
698	SHOPIFY INC CL A - SHOP 03/17/22	40,426	74,218
480	STARBUCKS CORP - SBUX 08/10/18	33,021	43,800
696	TESLA INC - TSLA 03/23/22	131,494	281,073
66	THERMO FISHER SCIENTIFIC - TMO 07/27/23	35,923	34,335
172	VERTEX PHARMCTLS INC - VRTX 07/07/21	38,819	69,264
465	VISA INC CL A SHRS - V 10/25/17	66,692	146,959
106	WORKDAY INC CL A - WDAYT 03/24/20	14,525	27,351
205	YUM BRANDS INC - YUM 08/10/18	17,010	27,503
243	YUM CHINA HOLDINGS INC - YUMC 08/10/18	8,362	11,705
	TOTAL	1,433,716	3,012,851
	TOTAL LOOMIS - ACCOUNT NUMBER 585-05560	1,456,863	3,035,998
	SCHAFFER - ACCOUNT NUMBER: 585-05573		
	CASH/MONEY MARKETS	86,414	86,414

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Schedule 1

*(a) (B) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
OTHER MONEY MARKET MUTUAL FUNDS			
	Federated Hermes Govt - GOVXX 11/03/22	69,401	69,401
SCHAFFER - ACCOUNT NUMBER: 585-05573 - EQUITIES			
855	↑ALTRIA GROUP INC - MO 08/01/19	39,526	44,708
3,510	AT&T INC - T 08/01/19	83,052	79,923
1,550	BCE INC - BCE 08/01/19	71,349	35,929
452	BROADCOM INC - AVGO 08/31/20	17,690	104,792
506	CHEVRON CORP - CVBX 08/01/19	57,233	73,289
431	CHUBB LTD - CB 08/01/19	65,967	119,085
1,560	CISCO SYSTEMS INC COM - CSCO 08/01/19	80,675	92,352
1,017	CITIGROUP INC COM NEW - C 01/22/20	68,412	71,587
1,772	COMCAST CORP NEW CL A - CMCSA 04/29/22	68,872	66,503
591	CONOCOPHILLIPS - COP 08/01/19	29,008	58,609
536	CROWN CASTLE INC - CCI 09/29/23	50,123	48,647
177	DIAGEO PLC SPSP ADR NEW - DEO 08/01/19	29,444	22,502
1,341	DOW INC REG - DOW 08/01/19	68,536	53,814
792	DUKE ENERGY CORP NEW - DUK 03/30/20	72,443	85,330
590	EXXON MOBIL CORP COM - XOM 11/10/20	21,544	63,466
340	GENL DYNAMICS CORP COM - GD 02/06/20	56,808	89,587
477	GENUINE PARTS CO - GPC 08/01/19	45,725	55,695
2,315	HEALTHPEAK PPTYS INC - PEAK 08/01/19	70,695	46,925
597	JOHNSON AND JOHNSON COM - JNJ 08/01/19	86,592	86,338
1,425	JOHNSON CONTROLS INTER - JCI 08/01/19	63,208	112,475
811	JPMORGAN CHASE & CO - JPM 08/01/19	93,235	194,405
3,242	KENVUE INC - KVUE 08/01/19	66,124	69,217
228	LOWE'S COMPANIES INC - LOW 03/13/20	21,138	56,270
758	MEDTRONIC PLC SHS - MDT 03/20/20	77,180	60,549
801	MERCK AND CO INC SHS - MRK 08/01/19	65,440	79,683
92	MICROSOFT CORP - MSFT 08/01/19	13,413	38,778
962	MORGAN STANLEY - MS 09/20/19	44,635	120,943
1,449	NEXTERA ENERGY INC SHS - NEE 08/01/19	81,398	103,879
770	NOVARTIS ADR 0 NVS 08/01/19	66,294	74,929
1,463	PFIZER INC - PFE 08/01/19	53,043	38,813
898	PHILIP MORRIS INTL INC - PM 08/01/19	74,002	108,074
543	PNC FINCL SERVICES GROUP - PNC 05/08/20	62,502	104,718
239	QUALCOMM INC - QCOM	40,423	36,715
813	RTX CORP - RTX 08/01/19	63,349	94,080
700	SIEMENS AG ADR - SIEGY 08/01/19	43,723	67,676
471	TARGET CORP COM - TGT 08/01/19	59,941	63,670
244	TRAVELERS COS INC - TRV 08/01/19	35,044	58,777
1,820	TRUIST FINL CORP - TFC 08/01/19	85,546	78,952
1,356	UNILEVER PLC NEW ADR - UL 08/01/19	76,614	76,885
320	UNITED PARCEL SVC CL B - UPS 08/31/20	52,396	40,352
1,942	VICI PPTYS INC - VICI 04/22/21	58,680	56,726
	TOTAL	2,381,024	3,035,647
	TOTAL SCHAFFER - ACCOUNT NUMBER: 585-05573	2,536,838	3,191,462
	SOUTHWEST ASBESTOS WORKERS - ACCOUNT NUMBER: 585-05619		
	CASH/MONEY MARKETS	45,500	45,500
	MUTUAL FUNDS/CLOSED END FUNDS/UITs/ET x		

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	SPDR BLOOMBERG - BIL 06/21/23	34,291	34,195
	EQUITIES		
320	ABACUS LIFE INC - ABL	2,780	2,506
1,789	ACCO BRANDS CORP - ACCO	10,947	9,392
1,770	AGNC INVT CORP - AGNC	17,939	16,302
159	AGREE RLTY CORP - ADC	9,273	11,202
284	AIR LEASE CORP CL A - AL	10,912	13,692
165	ALAMO GROUP INC - ALG	27,930	30,675
486	ALIGHT INC - ALIT	3,531	3,363
454	API GROUP CORP REG SHS - APG	8,681	16,330
13	ARCH RESOURCES INC REG - ARCH	1,586	1,836
265	ARDENT HEALTH PARTNERS - ARDT	4,509	4,526
574	ASSOCIATED BANC CRP .01 - ASB	13,323	13,719
220	ATKORE INC - ATKR	23,414	18,359
177	ATLANTIC UN BANKSHARES - AUB	6,409	6,705
213	ATMUS FILTRATION - ATMU	5,876	8,345
974	AVIENT CORPORATION - AVNT	37,263	39,798
218	AZENTA INC - AZTA]	10,483	10,900
271	BELDEN INC - BDS	20,695	30,517
1,016	BERRY CORPORATION (BRY) - BRY	7,319	4,196
231	BERRY GLOBAL GROUP INC - BERY	13,076	14,939
50	BOK FINCL CORP NEW - BOKF	4,516	5,323
51	BOYD GAMING CORP COM - BYD	3,436	3,700
204	CBIZ INC - CBZ	10,023	16,693
582	CENT GARDEN AND PET CO - CENTA	19,699	19,235
229	CENTRAL GRDEN & PET CO - CENT	8,702	8,885
195	CHORD ENERGY CORP - CHRD	27,808	22,799
177	CNO FINL GROUP INC - CNO	5,094	6,586
234	COLUMBUS MCKINNON CO P.Y - CMCO	8,628	8,714
1,200	COMPASS DIVERSIFIED - CODI	27,574	27,696
25	CONMED CORP COM - CNMD	1,742	1,711
22	CSW INDUSTRIALS INC SHS - CSWI	2,644	7,762
1,241	CUSTOM TRUCK ONE SOURCE - CTOS	9,165	5,969
1,682	DENNYS CORP - DENN	20,416	10,176
175	DIEBOLD NIXDORF INC REG - DBD	3,910	7,532
83	DINE BRANDS GLOBAL INC - DIN	5,508	2,498
63	DIODES INC COM - DIOD	4,989	3,885
682	DOUGLAS DYNAMICS INC - PLOW	25,109	16,116
192	EAGLE MATERIALS INC - EXP	25,824	47,378
1,336	ECOVYST INC - ECVT	13,918	10,207
173	EDGEWELL PERS CARE CO - EPC	6,471	5,813
619	ELME COMMUNITIES - ELME	11,911	9,452
463	ENNIS INC - EBF	10,067	9,765
115	EURONET WORLDWIDE INC - EEFT	10,779	11,827
1,009	E2OPEN PARENT HOLDINGS - ETWO	6,608	2,684
196	FIRST HAWAIIAN INC SHS - FHB	4,981	5,086
37	FIVE BELOW INC - FIVE	3,176	3,884
187	FOOT LOCKER INC N.Y. COM - FL	4,006	4,069
152	FORUM ENERGY - FET	2,847	2,354
561	FRANKLIN EL CO PV10CT - FELE	50,035	54,669
833	GATES INDL CORP PLC - GTE	10,232	17,135
389	GENIUS SPORTS LTD REG - GENI	3,697	3,365
409	GLOBAL BLUE GROUP HLDG - GB	2,623	2,834
91	GRIFFON CORP - GFF	3,168	6,486
176	HAEMONETICS CORP MASS - HAE	13,662	13,742

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528	HANCOCK WHITNEY CORP - HWC	26,574	28,892
195	HANOVER INIS GROUP INC - THG	26,169	30,159
1,924	HILLMAN SOLUTIONS CORP - HLMN	17,438	18,740
1,564	HOLLEY INC REG SHS - HLLY	10,491	4,723
235	INGRAM MICRO HLDG CORP - INGM	5,730	4,557
531	INNOSPEC INC - IOSP	56,504	58,442
15	INSIGHT ENTRPRISES INC - NSIT	2,237	2,282
364	J & J SNACK FOODS CRP - JJSF	53,409	56,467
207	JACK IN THE BOX INC - JACK	14,248	8,619
851	JANUS PARENT INC REG SHS - JBIJ	9,327	6,255
275	KNOWLES CORP SHS - KN	4,288	5,481
360	KORN FERRY - KFY	22,464	24,282
324	KYNDRLY HOLDINGS INCORP - KD	8,007	21,590
359	LEVI STRAUSS AND CO NEW - LEVI	5,439	6,211
559	LIBERTY ENERGY INC - LBRT	8,716	11,119
766	MAGNOLIA OIL & GAS CORP - MGY	18,918	17,909
241	MAREX GROUP PLC REG SHS - MRX	5,064	7,512
987	MATIV INC - MATV	25,084	10,758
220	MATTHEWS INTL INC CL A - MATW	7,202	6,090
183	MAXIMUS INC - MMS	12,893	13,661
523	MAYVILLE ENGR CO INC - MEC	7,329	8,222
471	MDU RESOURCES GRP INC - MDU	5,581	8,487
549	MIDCAP FINANCIAL - MFIC	8,134	7,406
110	MINERALS TECHNOLOGIES - MTX	6,944	8,383
739	MUELLER INDUSTRIES INC - MLI	25,004	58,647
588	MYERS INDUSTRIES INC - MYE	11,574	6,492
803	NEW MOUNTAIN FINANCE COR - NMFC	10,346	9,042
852	NEW YORK MORTGAGE TR INC - NYMT	9,522	5,163
43	NEWMARKET CORP - NEU	14,283	22,719
1,293	NOMAD FOODS LTD SHS - NOMD	27,008	21,697
354	NORTHERN OIL AND GAS INC - NOG	12,039	13,155
46	NOVANTA INC - NOVTA	7,434	7,027
362	OLD NATL BANCORP IND - ONB	8,404	7,857
270	PAGAYA TECHNOLOGIES LTD - PGY	2,915	2,230
488	PATTERSON COS INC - PDCO	13,288	15,060
1,442	PATTERSON UTI ENERGY INC - PTEN	24,302	11,911
257	PERRIGO CO PLC - PRGO	8,121	6,607
31	PERSHING SQUARE SPARC	N/A	N/A
127	PERSHING SQUATE TONTIESC	N/A	N/A
220	PERMIER INC - PINC	6,277	4,664
354	PRESTIGE CONSUMER - PBH	21,803	27,644
699	PRIMO WTR CORP REG SHS - PRMB	10,406	21,508
341	PROASSURANCE CORP - PRA	7,368	5,425
159	PROGRESS SOFTWARE CORP - PRGS	8,905	10,359
65	QUAKER HOUGHTON - KWR	11,004	9,149
695	QUANEX BUILDING PRODT CO - NX	16,815	16,847
475	RENASANT CORP - RNST	17,958	16,981
692	SILGAN HLDGS INC COM - SLGN	32,692	36,019
82	SIMPSON MFG DEL PV \$0.01 - SSD	9,116	13,598
84	SM ENERGY CO SHS - SM	3,311	3,256
295	SOUTHSTATE CORP - SSB	23,924	29,347
477	SPECTRUM BRANDS HOLDINGS - SPB	31,849	40,302
306	STEVEN MADDEN LTD SHS - SHOO	11,180	13,011
448	STEWART INFO SVC CRP - STC	23,113	30,236
126	SYNCHONOSS TECHNOLOGIES - SNCR	1,480	1,210
253	THRYV HOLDINGS INC REG - THRY	5,732	3,744

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304	TOOTSIE ROLL INDUST - TR	10,538	9,828
881	TRIMAS CORP - TRS	25,048	21,664
1,502	TWO HARBORS INVT CORP - TWO	25,986	17,769
245	UFP INDUSTRIES INC - UFPI	19,312	27,599
500	UMB FINANCIAL CORP - UMBF	44,429	56,430
531	VAREX IMAGING CORP REG - VREX	12,225	7,747
352	VIAD CORP - VVI	12,761	14,964
64	VSE CORP - VSEC	6,735	6,086
351	WEBSTER FINL CP PV \$0.01 - WBS	14,760	19,382
449	WERNER ENTERPRISES INC - WERN	18,554	16,128
153	WESTWOOD HLDGS GROUP INC - WHG	1,974	2,220
60	ZIFF DAVIS INC - ZD	3,868	3,260
TOTAL EQUITIES		1,590,472	1,693,560
TOTAL SOUTHWEST ASBESTOS WORKERS - ACCOUNT NUMBER: 585-05619		1,670,264	1,773,255
NEUBERGER - ACCOUNT NUMBER: 585-96W07			
CASH/MONEY MARKETS		56,255	59,255
GOVERNMENT AND AGENCY SECURITIES			
62,000	U.S. TREASURY NOTE 4.125% OCT 31 2026 MOODY'S: AAA S&P: ***	61,768	61,859
185,000	U.S. TREASURY NOTE 3.250% JUN 30 2027 MOODY'S: AAA S&P: ***	186,133	180,662
66,000	U.S. TREASURY NOTE 1.625% MAY 15 2031 MOODY'S: AAA S&P: ***	55,771	55,680
27,000	U.S. TREASURY NOTE 4.000% FEB 15 2034 MOODY'S: AAA S&P: ***	26,322	25,849
318,000	U.S. TREASURY BOND 4.500% FEB 15 2036 MOODY'S: AAA S&P: ***	395,570	317,542
111,000	U.S. TREASURY BOND 3.000% MAY 15 2042 MOODY'S: AAA S&P: ***	113,199	87,115
77,172	FNMA PAR2263 03 50%2043 AMORTIZED FACTOR 0.071171700 AMORTIZED VALUE 5,492	5,756	5,003
24,000	FNMA G0 8558 04%2043 AMORTIZED FACTOR 0.066897800 AMORTIZED VALUE 1,605	1,688	1,506
192,000	FHLMC Q2 4273 04%2044 AMORTIZED FACTOR 0.086069100 AMORTIZED VALUE 16,525	17,037	15,473
43,000	FNMA PMA1785 03 50%2044 AMORTIZED FACTOR 0.108837900 AMORTIZED VALUE 4,680	4,665	4,244
10,000	U.S. TREASURY BOND 3.625% FEB 15 2044 MOODY'S: AAA S&P: ***	10,840	8,438
2,822	FNMA PAW6230 04%2044 AMORTIZED FACTOR 0.043094400 AMORTIZED VALUE 121	130	113
85,002	FNMA PAS3154 04%2044 AMORTIZED FACTOR 0.065097800 AMORTIZED VALUE 5,533	5,931	5,150
22,793	FHLMC Q2 8962 04%2044 AMORTIZED FACTOR 0.0847180700 AMORTIZED VALUE 1,918	2,043	1,789
1	FNMA PAY0811 03 50%2045 AMORTIZED FACTOR 0.141179100 AMORTIZED VALUE 0	0	0
8,000	FNMA PAY9608 03 50%2045 AMORTIZED FACTOR 0.258256000 AMORTIZED VALUE 2,066	2,155	1,854
55,000	FNMA PMA2405 04%2045 AMORTIZED FACTOR 0.125176000 AMORTIZED VALUE 6,884	7,367	6,391
1,000	FHLMC G0 8677 04%2045 AMORTIZED FACTOR 0.110452200 AMORTIZED VALUE 110	118	103
25,000	FNMA PAS7601 04%2046 AMORTIZED FACTOR 0.141844400 AMORTIZED VALUE 3,546	3,740	3,291
8,000	FHLMC G0 8717 04%2046 AMORTIZED FACTOR 0.138203800 AMORTIZED VALUE 1,105	1,161	1,027
22,000	FNMA PMA2772 03 50%2046 AMORTIZED FACTOR 0.188787800 AMORTIZED VALUE 4,153	4,237	3,726
5,000	FNMA PMA2907 04%2047 AMORTIZED FACTOR 0.121686900 AMORTIZED VALUE 608	639	564
2,000	FNMA PMA2929 03 50%2047 AMORTIZED FACTOR 0.157173900 AMORTIZED VALUE 314	322	282
3,000	FNMA PAS9485 03 50%2047 AMORTIZED FACTOR 0.108692300 AMORTIZED VALUE 326	338	293
1,000	FNMA PMA2959 03 50%2047 AMORTIZED FACTOR 0.156579100 AMORTIZED VALUE 156	162	140
1,000	FHLMC G0 8762 04%2047 AMORTIZED FACTOR 0.116311400 AMORTIZED VALUE 116	123	108
5,000	FNMA PMA2995 04%2047 AMORTIZED FACTOR 0.112968300 AMORTIZED VALUE 225	597	524
20,000	FHLMC G0 8767 04%2047 AMORTIZED FACTOR 0.115078300 AMORTIZED VALUE 2,301	2,381	2,137
2,000	FNMA PMA3058 04%2047 AMORTIZED FACTOR 0.111832600 AMORTIZED VALUE 223	235	207
1,000	FNMA PMA3120 03 50%2047 AMORTIZED FACTOR 0.143079100 AMORTIZED VALUE 143	148	128
4,000	FNMA PMA3182 03 50%2047 AMORTIZED FACTOR 0.151018000 AMORTIZED VALUE 604	621	542
115,000	FNMA PMA3332 03 50%2048 AMORTIZED FACTOR 0.148670900 AMORTIZED VALUE 17,097	18,144	15,339
218,000	FNMA PBJ9169 04%2048 AMORTIZED FACTOR 0.113504100 AMORTIZED VALUE 24,743	24,842	22,938
94,000	FNMA PFM3093 04%2048 AMORTIZED FACTOR 0.161841600 AMORTIZED VALUE 15,213	16,452	14,104

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262,000	U.S.TREASURY BOND 2.875% MAY 15 2049 MOODY'S: AA S&P: ***	202,546	185,724
142,000	FNMA PMA3833 02 50%2049 AMORTIZED FACTOR 0.252176100 AMORTIZED VALUE 35,809	37,258	29,561
113,000	FNMA PMA3835 03 50%2049 AMORTIZED FACTOR 0.147502300 AMORTIZED VALUE 16,667	17,650	14,883
17,000	FNMA PFM5197 03 50%2050 AMORTIZED FACTOR 0.326392100 AMORTIZED VALUE 5,548	5,882	4,974
118,000	FNMA PMA4048 03%2050 AMORTIZED FACTOR 0.235075700 AMORTIZED VALUE 27,738	29,174	23,747
48,000	FNMA PMA4048 03%2050 AMORTIZED FACTOR 0.320339800 AMORTIZED VALUE 15,376	16,183	13,108
133,000	FHLMC SD 8089 02 50%2050 AMORTIZED FACTOR 0.444660700 AMORTIZED VALUE 59,139	61,561	48,779
10,000	FNMA PFM5000 03 50%2050 AMORTIZED FACTOR 0.253985600 AMORTIZED VALUE 2,539	2,690	2,279
14,000	FNMA PMA4097 03%2050 AMORTIZED FACTOR 0.354329200 AMORTIZED VALUE 4,960	5,188	4,264
60,000	FHLMC SD 8129 02 50%2051 AMORTIZED FACTOR 0.591620600 AMORTIZED VALUE 35,497	37,483	29,182
9,000	FNMA PFM6479 02 50%2051 AMORTIZED FACTOR 0.728005300 AMORTIZED VALUE 6,552	6,760	5,399
45,000	FNMA PMA4548 02 50%2052 AMORTIZED FACTOR 0.829200000 AMORTIZED VALUE 37,314	33,962	30,444
9,000	FHLMC SD 2494 03 50%2052 AMORTIZED FACTOR 0.902383800 AMORTIZED VALUE 8,121	7,059	7,184
142,000	FNMA PCB3049 02 50%2052 AMORTIZED FACTOR 0.866484600 AMORTIZED VALUE 123,040	98,606	100,506
78,000	FNMA PMA4564 03%2052 AMORTIZED FACTOR 0.810405100 AMORTIZED VALUE 63,211	62,135	53,735
6,000	FNMA PFS5387 02 50%2052 AMORTIZED FACTOR 0.935134100 AMORTIZED VALUE 5,610	4,664	4,571
31,000	FNMA PMA4700 04%2052 AMORTIZED FACTOR 0.869763900 AMORTIZED VBALUE 26,962	24,283	24,689
12,000	FHLMC SD 8242 03%2052 AMORTIZED FACTOR 0.883488700 AMORTIZED VALUE 10,601	8,848	9,008
48,000	FHLMC SD 8244 04%2052 AMORTIZED FACTOR 0.881073000 AMORTIZED VALUE 42,291	40,276	38,725
32,000	FNMA PMA4782 03 50%2052 AMORTIZED FACTOR 0.895258500 AMORTIZED VALUE 28,648	24,060	25,359
8,000	FHLMC SD 8315 05%2053 AMORTIZED FACTOR 0.893762600 AMORTIZED VALUE 7,150	6,837	6,916
70,000	FHLMC SD 8316 05 50%2053 AMORTIZED FACTOR 0.855163400 AMORTIZED VALUE 59,861	60,315	59,132
9,000	FNMA PMA5107 05 50%2053 AMORTIZED FACTOR 0.880052800 AMORTIZED VALUE 7,920	7,765	7,820
14,000	FNMA PMA5139 06%2053 AMORTIZED FACTOR 0.828275800 AMORTIZED VALUE 115,958	112,344	116,628
109,000	FNMA PMA5164 05%2053 AMORTIZED FACTOR 0.931631900 AMORTIZED VALUE 101,547	93,345	98,038
10,000	FHLMC SD 8384 06%2053 AMORTIZED FACTOR 0.827994300 AMORTIZED VALUE 8,279	8,280	8,327
213,000	FHLMC SD 8438 05 50%2054 AMORTIZED FACTOR 0.931636300 AMORTIZED VALUE 198,438	200,051	195,840
TOTAL GOVERNMENT AND AGENCY SECURITIES		2,185,837	1,992,942
CORPORATE BONDS			
83,000	TORONTO DOMINION BANK SER MTN 00.750% SEP 11 2025 MOODY'S: A1 S&P: A	82,801	80,792
41,000	Δ SOUTHERN CO GLB 03.250% JUL 01 2026 MOODY'S" BAA2 S&P: BBB	40,949	40,155
78,000	Δ AMERICAN EXPRESS CO GLB VAR%OCT 30 2026 MOODY'S:" A1 S&P: BBB+	78,518	78,966
78,000	Δ TRUIST FINANCIAL CORP SER MTN VAR%JUN 08 2027 MOODY'S": A1 S&P: A-	78,304	79,283
41,000	Δ BP CAPITAL MARKETS PLC COMPANY GUARNT 03.279% SEP 19 2027 MOODY'S: A2 S&P:	40,859	39,637
83,000	⊕ ORACLE CORP GLB 03.250% NOV 15 2027 MOODY'S: BAA2 S&P: BBB CUSIP: 68389XBN4	78,308	79,801
81,000	CVS HEALTH CORP GLB 04.300% MAR 25 2028 MOODY'S: BAA2 S&P: BBB	80,005	78,482
82,000	⊕ COMCAST CORP COMPANY GUARNT GLB 03.550% MAY 01 2028 MOODY'S: A3 S&P: A-	77,763	78,715
80,000	Δ ABBVIE INS GLB 04.250% NOV 14 2028 MOODY'S: A3 S&P: A-	83,996	78,779
78,000	Δ CATERPILLAR FINL SERVICE GLB 04.850% FEB 27 2029 MOODY'S: A2 S&P	78,216	78,414
79,000	NEXTERA ENERGY CAPITAL COMPANY GUARNT GLB 04.900% MAR 15 2029	78,852	78,752
84,000	Δ HOME DEPOT INC GLB 02.950% JUN 15 2029 MOODY'S: A2 S&P: A CUSIP: 437076BY7	84,488	77,898
82,000	Δ UBER TECHNOLOGIES INC GLB 04.300% JAN 15 2030 MOODY'S: BAA2 S&P	82,162	79,351
88,000	Δ JP MORGAN CHASE & CO GLB VAR%OCT 125 2030 MOODY'S: A1 S&P: A-	88,327	79,272
44,000	- MORGAN STANLEY SER GMTN GLB VAR%JAN 22 2031 MOODY'S: A1 S&P: A-	44,178	39,094
92,000	VERIZON COMMUNICATION GLB 02.550% MAR 21 2031 MOODY'S: BAA1 S&P: BBB+	88,333	79,228
93,000	Δ AMERICAN TOWER CORP GLB 02.700% APR 15 2031 MOODY'S: BAA3 S&P: BBB-	90,772	80,288
93,000	Δ DUKE ENERGY CORP GLB 02.550% JUN 15 2031 MOODY'S: BAA2 S&P: BBB	90,057	79,402
81,000	Δ WALMART INC GLB 04.150% SEP 09 2032 MOODY'S: AA2 S&P: AA	80,262	78,001
81,000	PFIZER INVESTMENT ENTER COMPANY GUARNT GLB 04.750% MAY 19 2033 MOODY'S: A2	79,298	78,706
37,000	Δ CITIGROUP INC GLB VAR%NOV 17 2033 MOODY'S: A3 S&P: BBB+ CUSIP: 172967PA3	39,309	38,798
58,000	AT&T INC GLB 05.400% FEB 15 2034 MOODY'S: BAA2 S&P: BBB CUSIP: 00206RMT6	57,409	58,232
79,000	Δ T-MOBILE USA INC COMPANY GUARNT GLB 05.150% APR 15 2034 MOODY'S: BAA2	81,147	77,724
37,000	Δ WELLS FARGO & COMPANY GLB VAR%OCT 23 2034 MOODY'S: A1 S&P: BBB+	377,554	39,330
36,000	Δ GOLDMAN SACHS GROUP INC GLB VAR%OCT 24 2034 MOODY'S: A2 S&P: BBB+	37,093	38,697

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

EIN # 73-6158924

PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule I

*(a) (B) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
70,000	MICROSOFT CORP GLB 03.750% FEB 12 2045 MOODY'S: AAA S&P: AAA CUSIP: 594918BD5	65,570	58,387
44,000	Δ VISA INC GLB 04.300% DEC 14 2045 MOODY'S: AA3 S&P: AA- CUSIP: 92826CARF9	42,636	37,660
43,000	Δ ANHEUSER-BUSCH INBEV FIN COMPANY GUARNT GLB 0.4900% FEB 01 2046 MOODY'S: A	42,563	38,882
48,000	Δ SHELL INTERNATIONAL FIN COMPANY GUARNT GLB 04.000% MAY 10 2046 MOODY'S: A/	49,682	38,051
	TOTAL CORPORATE BONDS	2,319,409	1,888,779
	TOTAL NEUBERGER - ACCOUNT NUMBER: 585-96W07	4,561,501	3,940,976
	CIO MODERATE - ACCOUNT NUMBER: 585-05623		
	CASH/MONEY MARKETS	7,182	7,182
	OTHER MONEY MARKET MUTUAL FUNDS		
4,375	BLACKROCK LIQUIDITY FUND - BUPXX 09/25/24	4,375	4,375
	MUTUAL FUNDS		
3,581	ABBEY CAPITAL MULTI - MAFIX 10/24/23	41,608	41,826
7,204	ABBEY CAPITAL FUTURES - ABYIX 01/28/22	84,417	79,316
9,152	AQR DIVERSIFIED - ADAIX 01/28/22	109,089	110,922
4,925	BLACKROCK GLOBAL LONG - BGCIX 01/28/22	46,486	44,276
11,045	BLACKROCK EVENT DRIVEN - BILPX 01/28/22	108,857	110,450
3,200	BLACKROCK GLOBAL EQUITY - BDMIX 01/28/22	39,283	43,200
1,149	CATALYST MILLBURN HEDGE - MBXIX 09/25/24	43,708	44,604
4,064	EATON VANCE GLB MACRO - EGRIX 07/20/23	41,712	42,103
2,193	GOTHAM ABSOLUTE RETURN - GARIX 01/28/22	41,416	43,443
787	GOTHAM INDEX PLUS FUND - GINDX 10/24/23	17,170	21,768
4,797	JOHN HANCOCK DIVERSIFIED - JDJIX 06/01/22	47,739	43,365
2,400	JPMORGAN HEDGED EQUITY - JHQDX 10/24/23	36,974	44,520
7,118	NEUYBERGER BERMAN LONG - NLSIX 01/28/22	123,261	133,463
4,377	PIMCO DYNAMIC BOND FUND - PUCPX 01/28/22	44,494	43,682
2,578	VICTORY MARKET NEUTRAL - CBHIX 10/24/23	22,128	21,887
	TOTAL MUTUAL FUNDS	848,343	868,826
	TOTAL CIO MODERATE - ACCOUNT NUMBER: 585-05623	859,900	880,383
	ALTERNATIVE INVESTMENT FUND - ACCOUNT NUMBER: 585-05019		
	CASH/MONEY MARKETS	84,149	84,149
	MUTUAL FUNDS		
188	IRONWOOD MULTI-STRATEGY 10/01/14	212,215	228,968
50,000	IRONWOOD MULTI-STRATEGY 12/30/24	50,000	50,000
50	PMF TEI FUND, LP - 04/01/14	5,049	3,323
151	SKYBRIDGE MULTI-ADVISER - 10/01/14	187,067	194,831
	TOTAL MUTUAL FUNDS	454,331	477,122
	TOTAL ALTERNATIVE INVESTMENT FUND - ACCOUNT NUMBER: 585-05019	538,480	561,271
	ULLICO		
FIXED INCOME	SEPARATE ACCOUNT J	995,293	1,046,878
	TOTAL ULLICO	995,293	1,046,878

SOUTHWEST ASBESTOS WORKERS LOCAL 94 PENSION PLAN

EIN # 73-6158924

PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule 1

*(a) (B) Identity of
issue, borrower,
lessor, similar party

(c) Description of investment including maturity date, rate of interest, par or maturity value

(d) Cost

(e) Current
Value

TOTAL INVESTMENTS

\$ 22,591,910

\$ 28,008,885