

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1961
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ASBESTOS WORKERS LOCAL 84 PENSION 7440 WOODLAND DRIVE INDIANAPOLIS, IN 46278	2b Employer Identification Number (EIN) 34-6009649 2c Plan Sponsor's telephone number 800-398-6144 2d Business code (see instructions) 238900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	CARL HUGHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 215
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) 121 6a(2) 115 6b 51 6c 27 6d 193 6e 9 6f 202 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 25

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) 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
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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 ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 25998815
(2) Actuarial value of assets for funding standard account	1b(2) 26915317
c (1) Accrued liability for plan using immediate gain methods	1c(1) 23425376
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 23425376
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) 45687168
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2961405
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 1391314
(3) Expected plan disbursements for the plan year	1d(3) 1410584

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	08/19/2025
Signature of actuary KATHRYN A. GARRITY	Date 23-05379
Type or print name of actuary UNITED ACTUARIAL SERVICES INC	Most recent enrollment number 317-580-8670
Firm name 11590 N MERIDIAN STREET SUITE 610 CARMEL, IN 46032-4529	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	25998815
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	60	16627648
(2) For terminated vested participants	18	1384897
(3) For active participants:		
(a) Non-vested benefits		7243140
(b) Vested benefits		20431483
(c) Total active	117	27674623
(4) Total	195	45687168
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.91 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	1628129				
			Totals ►	3(b)	1628129
				3(c)	
				3(d)	0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	114.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.77 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	AF	AF
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.4 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	79227	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	751505	77113

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1213936

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	7199346	950054
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 151480**e** Total charges. Add lines 9a through 9d.....**9e** 2315470**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 7670177**g** Employer contributions. Total from column (b) of line 3.....**9g** 1628129**h** Amortization credits as of valuation date.....

Outstanding balance

9h	3019110	553179
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 632620**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	6752517	
9j(2)	16454851	

9j(3)**k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 10484105**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 8168635**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649	

Part I Service Provider Information (see instructions)

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

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

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

UNITED ACTUARIAL SERVICES, INC

11590 N MERIDIAN ST
CARMEL, IN 46032-4529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YURCHYK & DAVIS CPA'S INC.

34-1638235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	9900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACALA & PIATT LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	8112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PBGC PREMIUM

445 12TH ST SW
WASHINGTON, DC 20024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
73	NONE	7955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSULATORS 84 COMBINED FUND

3660 STUTZ DRIVE, STE 101
CANFIELD, OH 44406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	COLLECTION FUND	6240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHSCOPE BENEFITS, INC.

27 CORPORATE HILL DR
LITTLE ROCK, AR 72205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	THIRD PARTY ADMINISTRATOR	15252	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PNC BANK

116 ALLEGHENY CENTER
PITTSBURGH, PA 15212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	INVESTMENT CUSTODIAN	11895	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANCORA ADVISORS

6060 PARKLAND BLVD
CLEVELAND, OH 44124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	115694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY BROKERAGE SERVICES LLC

900 SALEM ST
SMITHFIELD, RI 02917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	INVESTMENT CUSTODIAN	9100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	191610	190662
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	42713	57941
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1444754	1920078
(2) U.S. Government securities	1c(2)	1416344	1259546
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2913413	2630863
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7918393	9114070
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1024145	1038649
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10433193	12042402
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	636204	1245899

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26020769	29500110
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	21954	82583
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21954	82583
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25998815	29417527

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)	1628129	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1628129
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54945	
(B) U.S. Government securities	2b(1)(B)	60155	
(C) Corporate debt instruments	2b(1)(C)	92469	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	32231	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		239800
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	268784	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	235212	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		503996
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4566475	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4071222	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		495253
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	739382	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1364677
c Other income	2c		1527
d Total income. Add all income amounts in column (b) and enter total	2d		4972764

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1338812	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1338812
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	15252	
(3) Recordkeeping fees	2i(3)	6240	
(4) IQPA audit fees	2i(4)	9900	
(5) Investment advisory and investment management fees	2i(5)	115694	
(6) Bank or trust company trustee/custodial fees	2i(6)	23346	
(7) Actuarial fees	2i(7)	17000	
(8) Legal fees	2i(8)	8112	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1503	
(11) Other expenses	2i(11)	18193	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		215240
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1554052

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3418712
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561880.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 PENSION				D Employer Identification Number (EIN) 34-6009649	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **CASCADE INSULATION CO**

b EIN **34-1396291**

c Dollar amount contributed by employer **302834**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **9.75**

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

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

b EIN **34-1302438**

c Dollar amount contributed by employer **199951**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **9.75**

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

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

b EIN **34-0678463**

c Dollar amount contributed by employer **184683**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **9.75**

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

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

b EIN **25-0926783**

c Dollar amount contributed by employer **176309**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **9.75**

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

a Name of contributing employer **THERMO TEC INSULATION INC**

b EIN **34-1736693**

c Dollar amount contributed by employer **161905**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **9.75**

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

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

b EIN **26-1345463**

c Dollar amount contributed by employer **115909**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **9.75**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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

b EIN **23-3085675**

c Dollar amount contributed by employer **113314**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **9.75**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

0

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

0

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
--	--	--

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	34-6009649	PN	001

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

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

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	34-6009649	PN	001

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

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

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	34-6009649	PN	001

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

Asbestos Workers Local No. 84 Pension Plan

Report on Audit of Financial Statements
And Supplementary Information

For the Years Ended December 31, 2024 and 2023

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

Asbestos Workers Local No. 84 Pension Plan

For the Years Ended December 31, 2024 and 2023

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of Asbestos Workers Local No. 84 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Asbestos Workers Local No. 84 Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Asbestos Workers Local No. 84 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Asbestos Workers Local No. 84 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Asbestos Workers Local No. 84 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Asbestos Workers Local No. 84 Pension Plan's ability to continue as a going concern for a reasonable period of time.

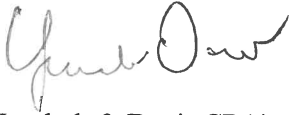
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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 schedule of assets held for investment as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in dark ink, appearing to read "Yurchyk & Davis", written in a cursive style.

Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
August 14, 2025

Asbestos Workers Local No. 84 Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Investments, at Fair Value:		
Registered Investment Companies	\$ 12,042,402	\$ 10,433,193
Money Market Funds	1,139,299	813,805
Real Estate Investment Trusts	1,038,649	1,024,145
Common Stocks	9,114,070	7,918,393
US Government Securities	1,259,546	1,416,344
Corporate Bonds	2,630,863	2,913,413
Mortgage Obligations	1,245,899	636,204
Total Investments, at Fair Value	<u>28,470,728</u>	<u>25,155,497</u>
Receivables:		
Employers' Contributions	190,662	191,610
Accrued Interest	46,373	40,080
Total Receivables	<u>237,035</u>	<u>231,690</u>
Other Assets:		
Interest-bearing Cash	780,779	630,949
Prepaid Expenses	11,568	2,633
Total Other Assets	<u>792,347</u>	<u>633,582</u>
 Total Assets	 29,500,110	 26,020,769

LIABILITIES

Accounts Payable - Administration	62,110	922
Accounts Payable - Reciprocity	18,788	21,032
Accounts Payable - Other	1,685	-
 Total Liabilities	 <u>82,583</u>	 <u>21,954</u>
 Net Assets Available for Benefits	 <u>\$ 29,417,527</u>	 <u>\$ 25,998,815</u>

The accompanying notes are an integral part of these statements.

Asbestos Workers Local No. 84 Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets:		
Investment Income:		
Interest and Dividend Income	\$ 743,796	\$ 647,948
Net Appreciation in		
Fair Value of Investments	2,599,312	3,116,970
Less: Investment Fees	(20,995)	(18,614)
Total Investment Income	<u>3,322,113</u>	<u>3,746,304</u>
Employers' Contributions	1,742,234	1,969,005
Less: Reciprocity Paid	(114,105)	(194,434)
Total Employers' Contributions	<u>1,628,129</u>	<u>1,774,571</u>
Other Income	<u>1,527</u>	<u>600</u>
Total Additions	4,951,769	5,521,475
Deductions from Net Assets:		
Benefits Paid to Participants	1,338,812	1,426,259
Administrative Expenses:		
Third Party Administrator	15,252	15,518
Actuarial Services	17,000	14,000
Legal Fees	8,112	10,867
Investment Consultant Fee	115,694	95,322
Accounting and Auditing Services	9,900	9,900
Collection Agency Fees	6,240	6,240
Insurance	14,492	13,448
Office and Administrative Expense	6,052	3,934
Travel, Meetings, and Conventions	1,503	17,107
Total Administrative Expenses	<u>194,245</u>	<u>186,336</u>
Total Deductions	<u>1,533,057</u>	<u>1,612,595</u>
Net Increase	3,418,712	3,908,880
Net Assets Available for Benefits, Beginning of Year	<u>25,998,815</u>	<u>22,089,935</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 29,417,527</u></u>	<u><u>\$ 25,998,815</u></u>

The accompanying notes are an integral part of these statements.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

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

1. **General** - The Plan is a multi-employer defined benefit pension plan covering all union member employees of participating employers of the Asbestos Workers Local No. 84 Union who meet minimum service requirements. An employee will become eligible at the beginning of the plan year or on July 1st, whichever is earlier, following 400 hours of covered service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
2. **Contributions** – Participating employers are required to make contributions for each hour worked on behalf of each active union member. The hourly contribution rates \$9.50 from January 1, 2023 to May 31, 2023, \$9.65 from June 1, 2023 to May 31, 2024, and \$9.75 from June 1, 2024 to December 31, 2024.

The Plan’s funding policy is for participating employers to contribute an amount which will meet, or exceed, the annual ERISA minimum funding requirements. The contributions for the years ended December 31, 2024 and 2023 met the minimum funding requirements of ERISA. See Note G for the status of the Plan.

3. **Pension Benefits** – Each participant who has attained normal retirement age and has retired from employment with all employers in the jurisdiction of the Plan is entitled to annual pension benefits. Normal retirement age means the participant is at least 65 years of age.

The Plan permits early retirement for a participant who has attained early retirement age. For collectively bargained employees, prior to January 1, 1988, early retirement age means the participant is 55 through 64 years of age and has at least ten years of credited service. For collectively bargained employees, effective January 1, 1998, early retirement age means the participant is 55 through 64 years of age, has at least five years of credited service and has earned at least one hour of service on or after January 1, 1998. Effective January 1, 1989, for employees who performed work under agreements other than collective bargaining agreements, early retirement age means the participant is 55 through 64 years of age and has at least five years of credited service. Effective January 1, 2024, early retirement age means the participant is 55 through 64 years of age and has at least ten years of credited service. Normal retirement benefits will be paid as a qualified joint and 50% survivor annuity, unless the participant and spouse elect otherwise or unless the participant has no surviving spouse.

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

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN - Continued

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

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

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

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

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

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

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

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN - Continued

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

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

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

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. **Basis of Accounting** – The accompanying financial statements are prepared on the accrual basis of accounting.
2. **Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by their investment advisors and custodians. See Note D for a discussion of fair value measurements.
- Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold, as well as held, during the year.
3. **Payment of Benefits** – Benefits are recorded when paid.
4. **Use of Estimates** – The preparation of financial statements in accordance with accounting policies generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statement and changes therein.
5. **Subsequent Events** – The Plan has evaluated subsequent events through August 14, 2025, the date the financial statements were available to be issued.
6. **Concentrations of Credit Risk** – The Plan maintains cash balances with regulated financial institutions. Balances with the financial institutions may exceed insured limits.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

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

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

The significant actuarial assumptions used in the valuations as of December 31, 2023 were (a) life expectancy of participants (for 2023: The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the 2021 projection scale, for males a 115% multiplier was added and for females a 120% multiplier was added, for 2022: The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the 2021 projection scale, for males a 115% multiplier was added and for females a 120% multiplier was added), (b) assumed investment return of 7.00% and 7.00% after investment expenses for the plan years ended December 31, 2023 and 2022, respectively, (c) operational expenses estimated was \$82,000 and \$80,000 per year excluding investment expenses for the plan years ended December 31, 2023 and 2022, respectively, (d) current liability interest rate was 2.77% for the plan year ended December 31, 2023, and 2.19% for the plan year ended December 31, 2022, (e) the contribution rate was \$9.65 per hour, effective June 1, 2023 and \$9.59 per hour, effective June 1, 2022, and (f) average future annual hours were; 1,600 for vested and 1,100 for non-vested participants for 2023 and 2022. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable to determine the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE C – ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of December 31, 2023 and 2022 was as follows:

Actuarial Present Value of Accumulated Plan Benefits	<u>2023</u>	<u>2022</u>
Vested Benefits:		
Participants Currently Receiving Payments	\$ 11,201,255	\$ 9,569,384
Expenses on parts. Currently rec. benefits	644,072	574,163
Other Participants	9,363,688	9,512,384
Expenses on other participants	538,412	570,743
Total Vested Benefits	<u>\$ 21,747,427</u>	<u>\$ 20,226,674</u>
Nonvested Benefits:		
Nonvested accumulated benefits	\$ 2,860,433	\$ 2,441,680
Expenses on nonvested benefits	164,475	146,501
Total Nonvested Benefits	<u>\$ 3,024,908</u>	<u>\$ 2,588,181</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 24,772,335</u>	<u>\$ 22,814,855</u>

The changes in Accumulated Plan Benefits were as follows:

Actuarial present value of Accumulated Plan Benefits as of December 31, 2022	\$ 22,814,855
Increase (Decrease) during the year attributable to:	
Change in actuarial assumptions	\$ -
Benefits accumulated and experience gain	1,877,713
Interest due to decrease in discount period	1,597,040
Benefits paid	(1,426,259)
Operational expenses paid	(91,014)
	<u>\$ 1,957,480</u>
Actuarial present value of Accumulated Plan Benefits as of December 31, 2023	<u>\$ 24,772,335</u>

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE D – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

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

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

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

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value at December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024				
	Level 1		Level 2	Total
Registered Investment Companies	\$	12,042,402	\$ -	\$ 12,042,402
Money Market Funds		1,139,299	-	1,139,299
Common Stocks		9,114,070	-	9,114,070
US Government Securities		-	1,259,546	1,259,546
Corporate Bonds		-	2,630,863	2,630,863
Mortgage Obligations		-	1,245,899	1,245,899
Total assets in the fair value hierarchy		22,295,771	5,136,308	27,432,079
Investments measured at NAV		-	-	1,038,649
Total Investments, at Fair Value	\$	<u>22,295,771</u>	\$ <u>5,136,308</u>	\$ <u>28,470,728</u>

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

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table summarized investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 and 2023:

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Real Estate Investment Trusts	\$ 1,038,649	\$ -	Monthly	30 Days
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Real Estate Investment Trusts	\$ 1,024,145	\$ -	Monthly	30 Days

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

NOTE E - TAX STATUS

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

Accounting Principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE F – RISKS AND UNCERTAINTIES

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

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

NOTE F – RISKS AND UNCERTAINTIES - CONTINUED

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

NOTE G – STATUS OF PLAN

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

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

The Plan's certified PPA status at January 1, 2024 and 2023 was "safe".

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

NOTE H – RELATED PARTY AND PARTIES – IN – INTEREST

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

Asbestos Workers Local No. 84 Pension Plan

Supplementary Information

Schedule of Assets Held for Investment

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

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

December 31, 2024

Number of Shares	Issuer/Face Value	Interest Rate	Maturity Date	Cost	Current Value
Government Securities					
75,000	USA Treasury Notes	2.750%	8/15/2032	\$ 70,790	\$ 66,512
50,000	USA Treasury Notes	3.500%	1/31/2030	49,945	47,969
50,000	USA Treasury Notes	4.000%	2/15/2026	50,340	49,869
50,000	USA Treasury Notes	3.500%	2/15/2033	50,092	46,514
50,000	USA Treasury Notes	3.375%	5/15/2033	48,459	45,949
125,000	USA Treasury Notes	4.000%	2/15/2034	123,071	119,670
250,000	Federal Home Loan Bank	1.000%	5/26/2026	249,812	238,775
100,000	Federal Home Loan Bank	1.500%	3/17/2027	99,975	99,652
250,000	Federal Farm Credit Bank	0.640%	1/5/2027	249,250	232,315
125,000	Federal Farm Credit Bank	2.150%	12/1/2031	124,500	105,959
150,000	Federal Farm Credit Bank	2.000%	12/7/2029	150,000	133,047
75,000	Federal Farm Credit Bank	4.050%	5/17/2029	74,887	73,315
	Total Government Securities			\$ 1,341,121	\$ 1,259,546
Mortgage Obligations					
41,183	Federal Natl Mtg Assn 2012 145	1.500%	1/25/2028	\$ 39,587	\$ 39,869
58,518	Federal Natl Mtg Assn 2013 5	1.500%	12/25/2032	56,031	54,409
34,785	Federal Natl Mtg Assn 2013 13	1.500%	3/25/2028	33,431	33,461
63,875	Federal Natl Mtg Assn 2013 41	1.750%	2/25/2033	61,261	60,221
150,329	Federal Natl Mtg Assn Pool FS3743	3.000%	9/1/2042	133,676	133,023
100,000	Federal Natl Mtg Assn 2024 48	5.000%	7/25/2054	99,172	93,995
124,282	Federal Natl Mtg Assn 2024 90	5.000%	11/25/2035	124,282	122,264
30,505	Federal Home Loan Mtg Corp 4165	1.500%	2/15/2028	29,332	29,492
44,466	Federal Home Loan Mtg Corp 4182	1.750%	2/15/2033	42,868	42,049
78,847	Federal Home Loan Mtg Corp 4869	3.500%	4/15/2049	80,776	75,332
150,000	Federal Home Loan Mtg Corp 5450	4.500%	9/25/2054	145,711	136,989
59,569	Federal Home Loan Mtg Corp 5220	3.500%	7/25/2033	55,697	55,545
126,732	Federal Home Loan Mtg Corp 5304	4.000%	2/25/2052	118,821	115,525
29,133	Government Natl Mtg Assn 2012 74	2.690%	5/20/2041	28,806	28,711
72,717	Government Natl Mtg Assn 2018 5	3.000%	6/20/2047	72,853	65,378
92,849	Government Natl Mtg Assn 2023 196	4.500%	1/20/2035	90,890	88,967
75,000	Government Natl Mtg Assn 2024 112	5.000%	7/20/2054	73,711	70,669
	Total Mortgage Obligations			\$ 1,286,905	\$ 1,245,899
Corporate Bonds					
100,000	Amazon.com Inc	3.150%	8/22/2027	\$ 95,468	\$ 96,552
250,000	American Honda	2.300%	9/9/2026	248,570	240,680
50,000	Amgen Inc	5.250%	3/2/2033	49,838	49,631
75,000	Bank of America Corporation	VAR	4/22/2032	63,104	64,469
100,000	Bristol Myers Squibb Co	3.900%	2/20/2028	95,174	97,904

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

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

December 31, 2024

Number of Shares	Issuer/Face Value	Interest Rate	Maturity Date	Cost	Current Value
Corporate Bonds - Continued					
100,000	Citigroup Inc	VAR	11/3/2032	\$ 84,642	\$ 83,384
75,000	Coca Cola Co	3.450%	3/25/2030	69,941	70,755
150,000	Commonwealth Edison Co	3.700%	8/15/2028	153,894	144,745
250,000	Walt Disney Company	2.000%	9/1/2029	237,275	222,307
100,000	Meta Platforms Inc	3.850%	8/15/2032	95,685	92,934
75,000	Goldman Sachs Group Inc	VAR	2/24/2033	64,760	64,640
75,000	JP Morgan Chase & Co	VAR	10/23/2029	74,435	77,793
75,000	JP Morgan Chase & Co	VAR	10/23/2034	74,130	79,267
150,000	Keycorp Ser Mtn UNSC	2.250%	4/6/2027	149,818	141,526
75,000	Lowes Companies Inc	2.625%	4/1/2031	63,971	65,143
250,000	Marsh & McLennan Companies	3.500%	3/10/2025	255,000	249,510
100,000	Nextera Energy Capital	5.250%	3/15/2034	99,183	98,907
75,000	Prudential Financial Inc	2.100%	3/10/2030	65,935	66,121
250,000	Roper Technologies Inc	2.950%	9/15/2029	276,155	228,395
250,000	UnitedHealth Group Inc	3.850%	6/15/2028	275,112	243,002
100,000	Visa Inc	2.050%	4/15/2030	84,227	87,449
75,000	Wells Fargo & Company	VAR	3/2/2033	65,162	65,749
	Total Corporate Bonds			\$ 2,741,479	\$ 2,630,863

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

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

December 31, 2024

Number of Shares	Description	Cost	Current Value
Common Stocks			
410	Helen of Troy Limited	\$ 23,618	\$ 24,530
2,610	Aramark	74,615	97,379
53	Cavco Industries Inc	13,611	23,650
4,271	Denny's Corporation	29,101	25,839
1,080	Frontdoor Inc	34,551	59,043
515	Home Depot Inc	116,481	200,330
615	Lakeland Industries Inc	13,998	15,713
550	Marriott International Inc	83,711	153,417
450	McDonald's Corp	95,240	130,450
520	Papa John's Intl Inc	20,566	21,356
590	Phinia Inc	18,674	28,420
2,558	Potbelly Corp	21,752	24,096
940	The ODP Corporation	25,103	21,376
590	Travel + Leisure Co	20,638	29,766
2,450	Wolverine World Wide Inc	32,493	54,390
437	Wyndham Hotels & Resorts	28,028	44,045
620	Wyndham Hotels & Resorts	35,539	62,490
4,711	Nomad Foods LTD	80,432	79,051
1,524	Kellanova	88,598	123,398
5,214	Kenvue Inc	115,707	111,319
2,158	Primo Brands Corp	28,415	66,402
946	Procter & Gamble Co	123,342	158,597
240	Spectrum Brands Holdings Inc	17,352	20,278
740	Chevron Corporation	94,994	107,182
611	DT Midstream Inc	27,756	60,752
1,666	EOG Res Inc	170,788	204,218
4,695	Helix Energy Solutions Group	50,296	43,757
6,940	NPK International Inc	47,809	53,230
1,696	Paysafe LTD	20,158	29,002
524	Ares Management Corp	74,466	92,764
4,268	Bank of America Corp	126,980	187,579
835	Cannae Holdings Inc	19,668	16,583
1,632	F&G Annuities & Amp; Life	47,449	67,630
227	Federal Agric Mtg Corp	24,195	44,708
770	First Internet Bancorp	14,895	27,712
285	Houlihan Lokey Inc	23,153	49,493
1,272	Houlihan Lokey Inc	79,532	220,896
1,160	Howard Hughes Holdings Inc	76,536	89,227
1,050	JPMorgan Chase & Co	124,613	251,695
467	Jackson Financial Inc	13,247	40,666
1,719	Perella Weinberg Partners	22,068	40,981

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

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

December 31, 2024

Number of Shares	Description	Cost	Current Value
Common Stocks - Continued			
338	Raymond James Financial Inc	\$ 25,106	\$ 52,502
948	Stifel Finl Corp	74,981	100,564
1,471	Abbvie Inc	164,875	261,397
1,756	Enovis Corp	88,386	77,053
2,120	Embecka Corp	34,475	43,778
390	Encompass Health Corp	22,439	36,017
864	Johnson & Johnson	123,719	124,952
1,406	Pennant Group Inc	18,056	37,287
1,980	Talkspace Inc	4,170	6,118
470	UnitedHealth Group Inc	137,632	237,754
1,350	Varex Imaging Corp	15,740	19,697
930	Zimvie Inc	13,443	12,973
800	Eaton Corp PLC	66,702	265,496
180	Pentair PLC	15,195	18,115
1,321	API Group Corp	27,331	47,516
5,239	Alight Inc	44,874	36,254
745	Arcosa Inc	39,896	72,071
2,520	Atmus Filtration Technologies	75,362	98,734
1,360	Centuri Holdings Inc	26,495	26,262
478	Crane Co	36,601	72,537
1,470	Dun & Bradstreet Holdings	15,328	18,316
1	Esab Corp	53	120
1,095	Everus Construction Group	39,621	71,996
1,210	Fortune Brands Innovations Inc	72,539	82,679
2,380	Freightcar America Inc	23,829	21,325
629	General Dynamics Corp	152,928	165,735
483	Gibraltar Industries Inc	35,569	28,449
400	Gorman Rupp Co	9,849	15,168
700	Honeywell Intl Inc	118,384	158,123
334	Distribution Solutions Group Inc	7,262	11,490
4,972	MDU Resources Group Inc	54,473	89,595
4,810	Mastercard Inc	47,992	70,274
2,055	Mayville Engineering Co Inc	28,627	32,305
5,170	Orion Group Holdings Inc	29,234	37,896
748	Paccar Inc	86,562	77,807
520	RB Global Inc	30,468	46,909
631	RCM Technologies Inc	14,038	13,983
812	V2X Inc	33,525	38,838
873	Pursuit Attractions and Hospitality Inc	31,848	37,111
360	Accenture PLC Class A	80,646	126,644
1,060	Apple Inc	52,653	265,445

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

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

December 31, 2024

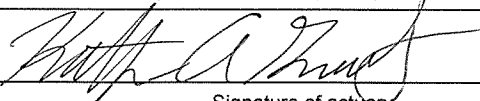
Number of Shares	Description	Cost	Current Value
Common Stocks - Continued			
2,113	Broadcom Inc	\$ 97,302	\$ 489,878
1,992	Crane Next Co	93,973	115,974
644	Diebold Nixdorf Inc	17,663	27,718
3,498	Kyndryl Holdings Inc	50,556	121,031
635	Microsoft Corp	87,542	267,653
3,062	Powerfleet Inc	15,782	20,393
366	Qualcomm	56,557	56,225
650	Red Violet Inc	12,155	23,530
1,990	Vontier Corp	56,262	72,575
1,433	CRH PLC	120,334	133,058
298	New Linde PLC	114,752	124,764
1,580	Berry Global Group Inc	99,470	102,179
260	Clearwater Paper Corp	6,795	7,740
640	Ingevity Corp	21,115	26,080
5,118	Magnera Corp	103,865	92,994
3,290	Sandstorm Gold LTD	19,928	18,358
1,190	Vox Royalty Corp	3,543	2,785
497	Alpine Income Property Trust	8,678	8,345
897	American Tower Corp	182,384	164,519
2,248	CTO Newco REIT Inc	40,596	44,308
1,350	Diamondrock Hospitality Co	10,863	12,191
1,260	Postal Realty Trust Inc	16,683	16,443
1,699	Potlatchdeltic Corp	74,444	66,655
2,500	Rayonier Inc	72,294	65,250
2,786	Seaport Entertainment Group	77,663	77,869
4,941	Weyerhaeuser Co	137,133	139,089
6,890	Advantage Solutions Inc	19,263	20,119
1,090	Atlanta Braves Holdings Inc	31,920	41,703
2,134	IAC Inc	110,598	92,061
12,112	National Cinimedia Inc	59,821	80,424
1	SiruisXM Holdings Inc	30	23
1,010	Warner Bros Discovery Inc	11,919	10,676
1,500	Northwestern Energy Group Inc	74,066	80,190
920	RGC Resources Inc	18,640	18,455
3,500	UGI Holding Corp	89,511	98,805
209	Vistra Corp	4,657	28,815
370	Jacobs Solutions Inc	48,949	49,439
213	Lions Gate Entertainment	1,654	1,511
1,342	Vitesse Energy Inc	32,212	33,550
	Total Common Stocks	\$ 6,322,646	\$ 9,114,070

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

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

December 31, 2024

Number of Shares	Description	Cost	Current Value
Money Market Funds			
36,448	Federated Government Obligations - 2889	\$ 36,448	\$ 36,448
149,249	Federated Government Obligations - 2897	149,249	149,249
522,973	Federated Government Obligations - 2928	522,973	522,973
413,986	Federated Government Obligations - 2952	413,986	413,986
16,643	Fidelity Government Cash Reserves	16,643	16,643
	Total Money Market Funds	\$ 1,139,299	\$ 1,139,299
Registered Investment Companies			
7,495	Invesco NASDAQ 100 ETF	\$ 1,224,833	\$ 1,577,323
10,539	iShares Russell 1000 Growth ETF	1,637,157	4,232,252
14,571	iShares Core MSCI EAFE ETF	936,122	1,024,050
8,261	iShares Core MSCI Emerging Markets ETF	438,163	431,389
33,327	Cohen & Steers Real Estate	525,108	575,222
12,348	Fidelity Emerging Markets Fund	432,153	470,195
84,775	Goldman Sachs GQP PRT Intl Instl	1,463,235	1,658,205
27,468	AQR Diversifying Strategies Fund	324,283	338,131
6,916	Calamos Market Neutral Income Fund	97,194	103,261
9,044	First Trust Merger Arbitrage Fund	94,950	95,415
6,974	JPMorgan Hedged Equity Fund	182,138	230,972
121,096	Blackrock Credit Strategies Fund I	1,127,219	1,026,890
4,100	Tidal ETF Trust Robinson Alternative Yield ETF	84,009	83,107
3,891	JPMorgan Exchange Traded Ultra Short Income Fund	195,589	195,990
	Total Registered Investment Companies	\$ 8,762,153	\$ 12,042,402
Real Estate Investment Trusts			
74,618	Blackstone Real Estate Income Trust	\$ 1,055,692	\$ 1,038,649
	Total Investments	\$ 22,649,295	\$ 28,470,728
Total Investment Summary			
	Money Market Funds	\$ 1,139,299	\$ 1,139,299
	Registered Investment Companies	8,762,153	12,042,402
	Real Estate Investment Trusts	1,055,692	1,038,649
	Common Stocks	6,322,646	9,114,070
	Government Securities	1,341,121	1,259,546
	Mortgage Obligations	1,286,905	1,245,899
	Corporate Bonds	2,741,479	2,630,863
	Total Investments	\$ 22,649,295	\$ 28,470,728

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 Asbestos Workers Local 84 Pension Plan	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Asbestos Workers 84 Pension Plan	D Employer Identification Number (EIN) 34-6009649	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
b Assets		
(1) Current value of assets	1b(1)	25,998,815
(2) Actuarial value of assets for funding standard account	1b(2)	26,915,317
c (1) Accrued liability for plan using immediate gain methods	1c(1)	23,425,376
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	23,425,376
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)	45,687,168
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,961,405
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,391,314
(3) Expected plan disbursements for the plan year	1d(3)	1,410,584
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE  Signature of actuary Kathryn A. Garrity, FSA, EA, MAAA Type or print name of actuary United Actuarial Services, Inc. Firm name 11590 N. Meridian Street, Suite 610 Carmel IN 46032-4529 Address of the firm	8/19/2025 Date 23-05379 Most recent enrollment number (317) 580-8670 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		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	25,998,815
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	60	16,627,648
(2) For terminated vested participants	18	1,384,897
(3) For active participants:		
(a) Non-vested benefits		7,243,140
(b) Vested benefits		20,431,483
(c) Total active	117	27,674,623
(4) Total	195	45,687,168
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.91 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	1,628,129				
Totals ▶			3(b)	1,628,129	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

0

0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	114.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.77 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.4%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	79,227
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	751,505	77,113

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,213,936

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	7,199,346	950,054
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 151,480**e** Total charges. Add lines 9a through 9d..... **9e** 2,315,470**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 7,670,177**g** Employer contributions. Total from column (b) of line 3..... **9g** 1,628,129

	Outstanding balance	
9h	3,019,110	553,179

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 632,620**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

9j(1)	6,752,517	
9j(2)	16,454,851	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... **9l** 10,484,105**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

(3) Total as of valuation date

9o(1)		0
9o(2)(a)		0
9o(2)(b)		0
9o(3)		0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 Employer Contributions

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

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

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

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

PLAN HISTORY

Origins/Purpose

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

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

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

Employer Contributions

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

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

PLAN HISTORY

Reciprocity

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

SUMMARY OF PLAN PROVISIONS

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

SUMMARY OF PLAN PROVISIONS (CONTINUED)

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

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

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Lump sum death benefit

Eligibility

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

Lump sum amount

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

ACTUARIAL ASSUMPTIONS

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

Valuation date	January 1, 2024
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.00% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.00% per year net of investment expenses
<i>Current liability</i>	2.77% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$82,000 per year excluding investment expenses, increasing 2.5% per year.
<i>ASC 960</i>	A 5.75% load was applied to the accrued liabilities for 2024 (6.00% for 2023).
Loading	
<i>Pop-up feature</i>	Liabilities for non-retired participants' benefits to be paid after retirement decreased 0.4%; liabilities for retired participants receiving a joint and survivor form of benefit are valued using the actual pop-up benefit amounts.
<i>Inactive vested pre-retirement death benefit</i>	Liabilities for inactive vested participants are increased by 0.2%.
Mortality	
<i>Assumed plan mortality</i>	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males a 115% multiplier was added and for females a 120% multiplier was added.
<i>Assumed plan mortality – disabled lives</i>	Same as healthy lives
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal

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

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

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

Disability

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

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

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future retirement rates <i>Active lives</i>	Rates are according to the following schedule:		
	<u>Age</u>	<u>With 30 Years</u>	<u>Without 30 Years</u>
	55	.30	.10
	56-59	.30	.05
	60	.50	.15
	61	.50	.10
	62	.50	.50
	63	.50	.10
	64	.50	.25
	65+	1.00	1.00
	Age when first eligible for 30 and out		.50
	Resulting in an average expected retirement age of 59.6.		
<i>Inactive vested lives</i>	Earliest eligible retirement age or current age, if older.		
<i>Disabled lives</i>	Disability benefit assumed payable until normal retirement age, then normal retirement benefit commences.		
Timing of decrements	Beginning of year		
Future hours worked			
<i>Vested lives</i>	1,600 hours per year, 0 after assumed retirement age		
<i>Non-vested lives</i>	1,100 hours per year, 0 after assumed retirement age		
Future hourly contribution rate	\$9.65		
Future annual credits	Vesting Service: 1.0 Benefit Service: Average future annual hours assumption divided by 1,600		
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birthdates and same vesting status		
Marriage assumptions	100% assumed married with the male spouse 3 years older than his wife		
Optional form assumption	All non-retired participants assumed to elect the life with the first 60 payments guaranteed form of benefit.		

ACTUARIAL ASSUMPTIONS (CONTINUED)

QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2022 are still assumed to be deceased.
Section 415 limit assumptions <i>Dollar limit</i>	\$275,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 75% survivor annuity
Benefits Vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 5 years of vesting service.
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

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

ERISA rate of return used to value liabilities

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2024 survey of investment consultants.

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

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

Mortality

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

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

Finally, a 115% multiplier for males and 120% multiplier for females was applied. This was based on a study of data from larger plans in generally similar industries, plus an adjustment for additional hazards of the industry of this plan. Based on information from the CDC on COVID-19 deaths through April 20, 2024, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

Retirement

Actual rates of retirement by age were last studied for this plan for the period January 1, 2017 to December 31, 2021. The assumed future rates of retirement were selected based on the results of this study. No adjustments were deemed at this time.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS(CONT.)

Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period January 1, 2017 to December 31, 2021. The assumed future rates of withdrawal were selected based on the results of this study. No adjustments were deemed necessary at this time.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 8B
STATEMENT BY ENROLLED ACTUARY

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

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

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2024

[illegible]

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 9
STATEMENT BY ENROLLED ACTUARY

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

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

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		
Charges							
1/1/1996	Assumptions	459,826	30	2	0	70,478	36,429
1/1/1997	Assumptions	230,641	30	3	0	51,163	18,222
1/1/1998	Plan Amendment	24,897	30	4	0	7,104	1,959
1/1/1999	Assumptions	114,238	30	5	0	39,333	8,966
1/1/2000	Assumptions	217,346	30	6	0	86,738	17,007
1/1/2001	Assumptions	48,613	30	7	0	21,867	3,793
1/1/2002	Assumptions	128,241	30	8	0	63,723	9,973
1/1/2007	Assumptions	604,794	30	13	0	415,060	46,413
1/1/2009	Relief 09 Asset Loss	4,010,386	29	14	0	2,898,645	309,762
1/1/2013	Assumptions	608,641	15	4	0	228,469	63,038
1/1/2016	Amendments	182,942	15	7	0	108,697	18,849
1/1/2016	Assumptions	53,384	15	7	0	31,717	5,500
1/1/2016	Experience Loss	371,233	15	7	0	220,568	38,249
1/1/2017	Assumptions	315,478	15	8	0	207,336	32,451
1/1/2017	Experience Loss	188,192	15	8	0	123,684	19,358
1/1/2018	Experience Loss	369,634	15	9	0	264,837	37,990
1/1/2019	Experience Loss	996,577	15	10	0	769,122	102,341
1/1/2020	Assumptions	404,271	15	11	0	332,842	41,483
1/1/2020	Experience Loss	428,977	15	11	0	353,184	44,018
1/1/2022	Assumptions	167,035	15	13	0	153,274	17,140
1/1/2024	Experience Loss	751,505	15	15	0	751,505	77,113
Total Charges:						7,199,346	950,054

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		

Credits

1/1/2010	Experience Gain	276,118	15	1	0	28,896	28,896
1/1/2010	Plan Amendment	367,516	15	1	0	38,465	38,465
1/1/2011	Assumptions	211,126	15	2	0	42,593	22,016
1/1/2011	Experience Gain	558,090	15	2	0	112,587	58,199
1/1/2012	Experience Gain	405,124	15	3	0	118,219	42,101
1/1/2013	Experience Gain	418,886	15	4	0	157,242	43,384
1/1/2014	Experience Gain	459,643	15	5	0	208,484	47,521
1/1/2015	Experience Gain	229,656	15	6	0	120,889	23,702
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1/1/2021	Assumptions	101,956	15	12	0	88,913	10,462
1/1/2021	Experience Gain	766,485	15	12	0	668,424	78,650
1/1/2022	Experience Gain	1,136,890	15	13	0	1,043,239	116,658
1/1/2023	Assumptions	75,232	15	14	0	72,238	7,720
1/1/2023	Experience Gain	279,520	15	14	0	268,396	28,682

Total Credits:	3,019,110	553,179
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Net Charges:	4,180,236	396,875
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Less Credit Balance:	7,670,177
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Less Reconciliation Balance:	0
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Unfunded Actuarial Liability:	-3,489,941
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ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

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

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

- The assumed hourly contribution rate was increased from \$9.59 to \$9.65 to reflect the remaining pro-rated portion of the negotiated increase effective June 1, 2023.
- The expense load on ASC 960 liabilities was changed from 6.00% to 5.75% based on recent plan experience.
- The current liability interest rate was changed from 2.19% to 2.77%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 3

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 Employer Contributions

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

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

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

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

PLAN HISTORY

Origins/Purpose

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

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

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

Employer Contributions

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

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

PLAN HISTORY

Reciprocity

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

SUMMARY OF PLAN PROVISIONS

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

SUMMARY OF PLAN PROVISIONS (CONTINUED)

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

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

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Lump sum death benefit

Eligibility

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

Lump sum amount

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

ACTUARIAL ASSUMPTIONS

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

Valuation date	January 1, 2024
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.00% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.00% per year net of investment expenses
<i>Current liability</i>	2.77% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$82,000 per year excluding investment expenses, increasing 2.5% per year.
<i>ASC 960</i>	A 5.75% load was applied to the accrued liabilities for 2024 (6.00% for 2023).
Loading	
<i>Pop-up feature</i>	Liabilities for non-retired participants' benefits to be paid after retirement decreased 0.4%; liabilities for retired participants receiving a joint and survivor form of benefit are valued using the actual pop-up benefit amounts.
<i>Inactive vested pre-retirement death benefit</i>	Liabilities for inactive vested participants are increased by 0.2%.
Mortality	
<i>Assumed plan mortality</i>	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males a 115% multiplier was added and for females a 120% multiplier was added.
<i>Assumed plan mortality – disabled lives</i>	Same as healthy lives
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal

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

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

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

Disability

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

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

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future retirement rates

Active lives

Rates are according to the following schedule:

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

Age when first eligible for 30 and out .50

Resulting in an average expected retirement age of 59.6.

Inactive vested lives

Earliest eligible retirement age or current age, if older.

Disabled lives

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

Timing of decrements

Beginning of year

Future hours worked

Vested lives

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

Non-vested lives

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

Future hourly contribution rate

\$9.65

Future annual credits

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

Age of participants with unrecorded birth dates

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

Marriage assumptions

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

Optional form assumption

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

ACTUARIAL ASSUMPTIONS (CONTINUED)

QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2022 are still assumed to be deceased.
Section 415 limit assumptions <i>Dollar limit</i>	\$275,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 75% survivor annuity
Benefits Vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 5 years of vesting service.
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

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

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

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2024 survey of investment consultants.

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

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

Mortality

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

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

Finally, a 115% multiplier for males and 120% multiplier for females was applied. This was based on a study of data from larger plans in generally similar industries, plus an adjustment for additional hazards of the industry of this plan. Based on information from the CDC on COVID-19 deaths through April 20, 2024, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

Retirement

Actual rates of retirement by age were last studied for this plan for the period January 1, 2017 to December 31, 2021. The assumed future rates of retirement were selected based on the results of this study. No adjustments were deemed at this time.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS(CONT.)

Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period January 1, 2017 to December 31, 2021. The assumed future rates of withdrawal were selected based on the results of this study. No adjustments were deemed necessary at this time.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 8B
STATEMENT BY ENROLLED ACTUARY

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

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

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2024

[illegible]

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2024 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

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

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

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		
Charges							
1/1/1996	Assumptions	459,826	30	2	0	70,478	36,429
1/1/1997	Assumptions	230,641	30	3	0	51,163	18,222
1/1/1998	Plan Amendment	24,897	30	4	0	7,104	1,959
1/1/1999	Assumptions	114,238	30	5	0	39,333	8,966
1/1/2000	Assumptions	217,346	30	6	0	86,738	17,007
1/1/2001	Assumptions	48,613	30	7	0	21,867	3,793
1/1/2002	Assumptions	128,241	30	8	0	63,723	9,973
1/1/2007	Assumptions	604,794	30	13	0	415,060	46,413
1/1/2009	Relief 09 Asset Loss	4,010,386	29	14	0	2,898,645	309,762
1/1/2013	Assumptions	608,641	15	4	0	228,469	63,038
1/1/2016	Amendments	182,942	15	7	0	108,697	18,849
1/1/2016	Assumptions	53,384	15	7	0	31,717	5,500
1/1/2016	Experience Loss	371,233	15	7	0	220,568	38,249
1/1/2017	Assumptions	315,478	15	8	0	207,336	32,451
1/1/2017	Experience Loss	188,192	15	8	0	123,684	19,358
1/1/2018	Experience Loss	369,634	15	9	0	264,837	37,990
1/1/2019	Experience Loss	996,577	15	10	0	769,122	102,341
1/1/2020	Assumptions	404,271	15	11	0	332,842	41,483
1/1/2020	Experience Loss	428,977	15	11	0	353,184	44,018
1/1/2022	Assumptions	167,035	15	13	0	153,274	17,140
1/1/2024	Experience Loss	751,505	15	15	0	751,505	77,113
Total Charges:						7,199,346	950,054

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2024 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2024 Outstanding Balance	1/1/2024 Amortization Payment
				Years	Months		

Credits

1/1/2010	Experience Gain	276,118	15	1	0	28,896	28,896
1/1/2010	Plan Amendment	367,516	15	1	0	38,465	38,465
1/1/2011	Assumptions	211,126	15	2	0	42,593	22,016
1/1/2011	Experience Gain	558,090	15	2	0	112,587	58,199
1/1/2012	Experience Gain	405,124	15	3	0	118,219	42,101
1/1/2013	Experience Gain	418,886	15	4	0	157,242	43,384
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Less Credit Balance:	7,670,177
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Less Reconciliation Balance:	0
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Unfunded Actuarial Liability:	-3,489,941
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ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 11
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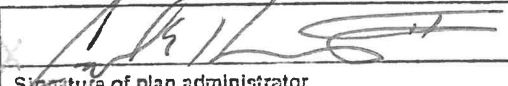
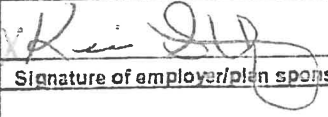
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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.	CMB Nos. 1210-0110 1210-0089 2024 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒ the DFVC program
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II Basic Plan Information—enter all requested information	
1a Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (Include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ASBESTOS WORKERS LOCAL 84 PENSION 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278	2b Employer Identification Number (EIN) 34-6009649 2c Plan Sponsor's telephone number 800-398-6144 2d Business code (see instructions) 238900

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

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

SIGN HERE		9-24-2025	CARL E. HUGHES II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9-16-2025	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 215
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) 121
	6a(2) 115
	6b 51
	6c 27
	6d 193
	6e 9
	6f 202
	6g(1)
	6g(2)
6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 25
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:	

1A

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

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

a Pension Schedules

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

b General Schedules

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

Federal Statements

FYE: 12/31/2024 **ASBESTOS WORKERS LOCAL 84 PENSION PLAN**
Plan: 001

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	MONEY MARKET FUNDS		\$ 813,805	\$
	REGISTERED INVESTMEN		8,664,501	
	REIT'S		1,047,770	
	COMMON STOCKS		5,862,227	
	GOVERNMENT SECURITIE		1,540,460	
	MORTGAGE OBLIGATIONS		657,052	
	CORPORATE BONDS		3,035,369	