

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 42 PENSION FUND 1b Three-digit plan number (PN) 001 1c Effective date of plan 12/30/1959 2a Plan sponsor's name (employer, if for a single-employer plan) ASBESTOS WORKERS LOCAL 42 PENSION FUND 2b Employer Identification Number (EIN) 51-6011235 2c Plan Sponsor's telephone number 888-717-2091 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature. Signature of plan administrator, Date 10/07/2025, Name PRESTON SMITH. 2. Filed with incorrect/unrecognized electronic signature. Signature of employer/plan sponsor, Date, Name. 3. Signature of DFE, Date, Name.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ASBESTOS WORKERS LOCAL 42 PENSION FUND PHOENIX BENEFIT ADMINISTRATORS, LLC 1000 WEST VALLEY ROAD, SUITE 405 SOUTHEASTERN, PA 19399-1687		3b Administrator's EIN 84-4000013	
		3c Administrator's telephone number 484-328-8111	
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		309
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)		104
6a(2) Total number of active participants at the end of the plan year	6a(2)		113
b Retired or separated participants receiving benefits.....	6b		158
c Other retired or separated participants entitled to future benefits	6c		43
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		314
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		
f Total. Add lines 6d and 6e	6f		314
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		9

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

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	D Employer Identification Number (EIN) <u>51-6011235</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>36607889</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>39935245</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>49282586</u>
(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) <u>49282586</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>82015449</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>917529</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>4377000</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>4601000</u>

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

SIGN HERE <u>BRIAN HARTSELL</u> Type or print name of actuary <u>THE MCKEOGH COMPANY</u> Firm name <u>1001 CONSHOHOCKEN STATE ROAD SUITE</u> <u>WEST CONSHOHOCKEN, PA 19428</u> Address of the firm	<u>10/07/2025</u> Date <u>23-08563</u> Most recent enrollment number <u>484-530-0692</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	36607889
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	159	54333970
(2) For terminated vested participants	41	3810809
(3) For active participants:		
(a) Non-vested benefits		4288894
(b) Vested benefits		19581776
(c) Total active	104	23870670
(4) Total	304	82015449
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	44.64 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/15/2024	3011453					
			Totals ▶	3(b)	3011453	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	81.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6+5
(2) Females	6c(2)	6F+5
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.6 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	224000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1241160	127358

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	1817858

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	601843

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)	19857043	2682334
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d 229892

e Total charges. Add lines 9a through 9d.....

9e 3514069

Credits to funding standard account:

f Prior year credit balance, if any.....

9f 4493494

g Employer contributions. Total from column (b) of line 3.....

9g 3011453

h Amortization credits as of valuation date.....

9h 6016208

Outstanding balance

738851

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i 470472

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)	19013937	
9j(2)	35123691	
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 8714270

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m 5200201

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n

o Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date.....

9o(3)

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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

A Name of plan ASBESTOS WORKERS LOCAL 42 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 42 PENSION FUND	D Employer Identification Number (EIN) 51-6011235	

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)

ZENITH AMERICAN SOLUTIONS INC

302 KNIGHTS RUN AVENUE SUITE 100
TAMPA, FL 33602

52-1590516

(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 50	NONE	62959	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVESTMENT PERFORMANCE SERVICES

12 PENNS TRAIL
NEWTOWN, PA 18940

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 27	NONE	50000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEDGE CAPITAL MANAGEMENT LLP

301 COLLEGE STREET SUITE 3800
CHARLOTTE, NC 28202

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	30794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MCKEOGH COMPANY

FOUR TOWER BRIDGE SUITE 225
WEST CONSHOHOCKEN, PA 19428

23-3003375

(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?
50 11	NONE	30400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK OF CHICAGO

30 N. LA SALLE STREET
CHICAGO, IL 60602

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	28480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BACHELER & COMPANY PC

400 SOUTH KINGS HIGHWAY
CHERRY HILL, NJ 06034

23-2978066

(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?
50 10	NONE	21193	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MERANZE KATZ & GAUDIOSO PC

121 SOUTH BROAD STREET 12TH FLOOR
PHILADELPHIA, PA 19107

23-2943773

(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?
50 29	NONE	20005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREAT LAKES ADVISORS

231 S. LA SALLE STREET 4TH FLOOR
CHICAGO, IL 60604

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK (CUSTODIAN)

275 7TH AVENUE
NEW YORK, NY 10001

13-4920330

(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?
50 19	NONE	12770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHARTWELL INVESTMENT PARTNERS

1205 WESTLAKES DRIVE SUITE 100
BERWYN, PA 19312

23-2891243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	5961	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	D Employer Identification Number (EIN) <u>51-6011235</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEWTOWER TRUST COMPANY MEPT</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1323174</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INTL EQUITY GROUP</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON ASSET MANAGEMENT</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3124710</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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	
A Name of plan ASBESTOS WORKERS LOCAL 42 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 42 PENSION FUND	D Employer Identification Number (EIN) 51-6011235

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	540363	307407
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	190845	300816
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	410325	308227
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	334993	360409
(2) U.S. Government securities	1c(2)	1264604	1959590
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4134558	1583719
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9044365	8837504
(5) Partnership/joint venture interests	1c(5)	6867300	10904224
(6) Real estate (other than employer real property)	1c(6)	3741141	3460345
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1376939	1323173
(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)	2765317	3124711
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6020201	6263926
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	36690951	38734051
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	28752	22572
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	54310	23030
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	83062	45602
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36607889	38688449

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)	3222575	
(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)		3222575
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	25001	
(B) U.S. Government securities.....	2b(1)(B)	38703	
(C) Corporate debt instruments.....	2b(1)(C)	190953	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		254657
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	144482	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	32223	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		176705
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9920310	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9296137	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		624173
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2031105	
(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)		3601
(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)		-35977
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		515879
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6792718

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4192683	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	211125	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4403808
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)	62959	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21193	
(5) Investment advisory and investment management fees	2i(5)	145535	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	30400	
(8) Legal fees	2i(8)	20006	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	28257	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		308350
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4712158

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2080560
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: **BACHELER & COMPANY PC**

(2) EIN: **23-2978066**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 562764.

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

A Name of plan <u>ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	D Employer Identification Number (EIN) <u>51-6011235</u>	

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): 51-6011235

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	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **BRAND SAFWAY**

b EIN **13-3909680**

c Dollar amount contributed by employer **752751**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **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) **15.77**

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

a Name of contributing employer **DELAWARE INSULATION COMPANY**

b EIN **46-1024016**

c Dollar amount contributed by employer **421991**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **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) **15.77**

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

a Name of contributing employer **DAY & ZIMMERMAN**

b EIN **23-2499111**

c Dollar amount contributed by employer **572982**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **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) **15.77**

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

a Name of contributing employer **PATRIOT INSULATION**

b EIN **27-1823199**

c Dollar amount contributed by employer **328248**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **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) **15.77**

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

a Name of contributing employer **ADVANCED SPECIALTY CONTRACTORS**

b EIN **23-3085675**

c Dollar amount contributed by employer **225744**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **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) **15.77**

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

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

b EIN **36-2733624**

c Dollar amount contributed by employer **301064**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **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) **15.77**

(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 GLOBAL SCAFFOLD CONSTRUCTION SERVIC

b EIN 27-1258935 **c** Dollar amount contributed by employer 424194

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 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) 15.77

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

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 _____.



INDEPENDENT AUDITOR'S REPORT

Trustees of Asbestos Workers Local 42 Pension Fund
Southeastern, Pennsylvania

Opinion

We have audited the accompanying financial statements of the Asbestos Workers Local 42 Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Asbestos Workers Local 42 Pension Fund as of December 31, 2024 and 2023, and the changes in 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Asbestos Workers Local 42 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Asbestos Workers Local 42 Pension Fund'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.

(Continued on next page)

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Asbestos Workers Local 42 Pension Fund's internal control. Accordingly, no such opinion is expressed.

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

Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Asbestos Workers Local 42 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

(Continued on next page)



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA

Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules for the year ended December 31, 2024 on pages 16 through 28 are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental information on pages 16 through 28 is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Fund's 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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.

Bachelor & Company

Cherry Hill, New Jersey
October 8, 2025



Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment C to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Summary of Plan Provisions

The following is a summary of principal plan provisions as in effect on the valuation date. Plan provisions which apply infrequently or to a limited group of participants may be omitted from this summary. The plan document will govern if there is any discrepancy with this summary.

Participation Each person for whom an employer is required to make contributions to the Pension Fund.

Definitions

Effective Date July 15, 1959.

Plan Year The calendar year.

Covered Employment Employment with respect to which contributions are made or due to be made to the fund.

Contribution Hours Hours worked in Covered Employment or other hours on behalf of which contributions are required to be made to the fund.

Vesting Service Prior to 1976: One year of service for each year of credited service.
After 1975: One year of service for each calendar year with 800 or more contribution hours.

Credited Service A participant's Credited Service equals the sum of his Future Service and his Past Service. Credited Service earned prior to January 1, 2000 is limited to 35 years.

Past Service Service prior to 1960, credited for all service under the collective bargaining agreement.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment C to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Summary of Plan Provisions
(Continued)

Future Service

1960 – 1963: One year of service for each calendar year of contributions.

1964 – 1999: One year of service for each calendar year with 1,000 or more contribution hours. Fractional years (on hours) permitted for the 1st and 2nd years of service.

2000 – 2016: According to the following table:

Contribution Hours	Regular Future Service	Enhanced Future Service	Total Future Service
0 – 799	0.00	0.00	0.00
800 – 899	0.80	0.00	0.80
900 – 999	0.90	0.00	0.90
1,000 – 1,599	1.00	0.00	1.00
1,600 – 1,699	1.00	0.05	1.05
1,700 – 1,799	1.00	0.10	1.10
1,800 – 1,899	1.00	0.15	1.15
1,900 – 1,999	1.00	0.20	1.20
2,000 +	1.00	0.25	1.25

2017: According to the following table:

Contribution Hours	Regular Future Service	Enhanced Future Service*	Total Future Service
0 – 799	0.00	0.00	0.00
800 – 899	0.80	0.00	0.80
900 – 999	0.90	0.00	0.90
1,000 – 1,599	1.00	0.00	1.00
1,600 – 1,699	1.00	0.02	1.02
1,700 – 1,799	1.00	0.04	1.04
1,800 – 1,899	1.00	0.06	1.06
1,900 – 1,999	1.00	0.08	1.08
2,000 +	1.00	0.10	1.10

*Effective June 2, 2017 Enhanced Future Service was removed from the Plan prospectively.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment C to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Summary of Plan Provisions
(Continued)

2018 – present: According to the following table:

Contribution <u>Hours</u>	Regular <u>Future Service</u>
0 – 799	0.00
800 – 899	0.80
900 – 999	0.90
1,000 +	1.00

<i>One-Year Break-in-Service</i>	A year with less than 400 contribution hours.
<i>Annuity Account</i>	A benefit (also called “Annuity Benefit”) that is a hypothetical account determined on a cumulative basis with a “contribution credit” each year determined by collective bargaining agreements and an interest credit set by the Trustees. The benefit is paid as a single sum (subject to any applicable Red Zone lump sum restrictions) or annuitized. The value of the Annuity Account is the sum of the “Pre-2010 Account” and the “Post-2009 Account.”
<i>Annuity Account Interest Credit</i>	The interest credited on the Pre-2010 Account is 4.0%. The interest credited on the Post-2009 Account is 1.0%.
<i>Pension Normal Forms of Benefit</i>	Life annuity for unmarried participants. 50% Joint and Survivor benefit with pop-up for married participants.
<i>Pension Optional Form of Benefit</i>	Married participants may elect life annuity with \$300 monthly benefit guaranteed for 180 payments. Effective January 1, 2008, married participants may also elect 75% Joint & Survivor benefit.
<i>Annuity Account Forms of Benefit</i>	Annuity Benefits shall be payable as (a) a Lump Sum, (b) a single life annuity, (c) a 50% Joint and Survivor annuity, or (d) a 75% Joint and Survivor annuity. The spouse is the only permitted beneficiary for the Joint and Survivor annuity options. The lump sum option is not available while the Plan is certified to be in the Red Zone.
<i>Accrued Benefit</i>	The monthly accrued benefit is the sum of (a) and (b) below: (a) \$90 times Years of Credited Service (b) \$12 times Years of Credited Service up to a maximum of 25 years.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment C to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Summary of Plan Provisions
(Continued)

Normal Retirement Pension

Eligibility Age requirement: 65
 Service requirement: Earlier of 5th anniversary of plan participation, attainment of 3 years of Vesting Service

Benefit The Accrued Benefit payable without reduction.

Early Retirement Pension

Eligibility Age requirement: 55
 Service requirement: 10 years of Credited Service.

If hired prior to January 1, 2003, the completion of 25 years of Credited Service.

Participants hired on or after January 1, 2003 are not eligible to retire before age 55.

Benefit For participants with 10-24.9 years of service, the Accrued Benefit reduced by 6% for each year that the retirement date precedes age 65. For participants with 25-29.9 years of service, the Accrued Benefit reduced by 6% per year prior to age 65 for the first 10 years early and further reduced to the Actuarial Equivalent of the Normal Retirement benefit if payable prior to age 55. For participants with 30+ years of service, the Accrued Benefit reduced 3% for each year that the retirement date precedes age 55.

Disability Retirement

Eligibility Age requirement: None
 Service Requirement: 10 years of Credited Service and worked 500+ contribution hours during the 2-year period preceding disability retirement.

Benefit The Accrued Benefit reduced by 6% for each year that the retirement date precedes the participant's 65th birthday. The maximum reduction is 60%.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment C to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Summary of Plan Provisions
(Continued)

Surviving Children's Benefit

Eligibility A vested participant with 5 years of Credited Service at the time of death

Benefit \$25 per month for each unmarried, dependent child under age 18 payable until the child turns 18, marries or ceases to be dependent.

Post-Retirement Surviving Spouse Benefit

If receiving the 50% Joint and Survivor Optional Form of Payment 50% of the monthly benefit that had been payable to the participant.

If NOT receiving the 50% Joint and Survivor Optional Form of Payment \$300 monthly benefit payable until the earlier of the end of the 15- year payment period or until the spouse remarries. If the spouse dies prior to remarriage, the \$300 benefit is payable to any surviving unmarried children under age 18 for the remainder of the 15-year payment period.

Annuity Benefits

Eligibility 2 years of Credited Service or 3 years of Vesting Service. An additional benefit shall be payable to an Active Participant with a vested interest in his Annuity Account upon Normal, Early or Disability Retirement. This benefit shall be payable at the later of termination of covered employment and age 55 for a vested participant who is not eligible for a Normal, Early or Disability Retirement pension.

Benefit A hypothetical account determined on a cumulative basis based on contribution credits and interest credits.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment C to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Summary of Plan Provisions
(Continued)

Contributions

Employers make contributions to fund the plan in accordance with the terms of the applicable collective bargaining agreements between the Union and the Employers. Employee contributions are neither required nor permitted. Recent contribution rates are as follows:

	<u>Pension</u>	<u>Annuity</u>	<u>Total</u>		<u>Pension</u>	<u>Annuity</u>	<u>Total</u>
7/16/2007	\$6.60	\$1.00	\$7.60	6/26/2016	\$12.22	\$1.75	\$13.97
7/14/2008	7.30	1.50	8.80	6/26/2017	13.58	1.75	15.33
7/13/2009	8.72	1.50	10.22	6/26/2018	13.94	1.75	15.69
7/19/2010	9.22	1.50	10.72	6/30/2019	14.30	1.75	16.05
7/18/2011	9.82	1.50	11.32	6/30/2020	14.80	1.75	16.55
7/16/2012	10.52	1.60	12.12	6/30/2021	15.20	1.75	16.95
7/22/2013	10.92	1.60	12.52	6/30/2022	15.31	1.75	17.06
6/23/2014	11.42	1.60	13.02	6/30/2023	15.41	1.75	17.16
6/22/2015	11.82	1.60	13.42	6/30/2024	15.77	1.75	17.52

Actuarial Equivalence

Unless specified contrary in the Plan, factors for actuarial equivalent benefits shall be based on the RP-2000 Base Annuitant Mortality table for males for participants, the RP-2000 Base Annuitant Mortality Table for females for beneficiaries and alternate payees, and 6% interest compounded annually.

Changes to the Plan of Benefits from the Prior Year

There were no changes to the plan of benefits from the prior year.

ASBESTOS WORKERS LOCAL 42 PENSION FUND

SCHEDULE A

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

DECEMBER 31, 2024

EIN: 51-6011235, Plan 001

(a)	(b) Issue	(c) Shares/ Principal	(c) Interest Rate	(c) Maturity Date	(d) Cost	(e) Current Value
<u>United States Government and Government agencies bonds and notes:</u>						
	FFCB	\$ 25,000	3.300 %	03/23/32	\$ 25,000	\$ 22,722
	FFCB	15,000	4.300	05/17/32	15,000	14,473
	FFCB	25,000	4.980	07/20/32	25,000	24,869
	FFCB	34,125	1.000	03/23/26	34,125	32,771
	FHLB	25,000	3.500	04/26/27	25,000	24,499
	FHLB	30,000	1.150	10/26/26	30,000	28,323
	FHLB	40,000	1.500	11/23/26	40,000	37,949
	FHLB	15,000	1.900	02/17/27	15,000	14,264
	FHLMA Pool #G04484	308	6.000	08/01/38	318	319
	FHLMC Pool # SB8233	15,204	4.500	06/01/38	15,002	14,874
	FHLMC Pool # SB8257	28,524	5.500	09/01/38	28,368	28,716
	FHLMC Pool # SB3857	18,407	6.000	09/01/53	18,239	18,499
	FHLMC UMBS Pool #QE9161	8,517	4.500	09/01/52	8,326	8,024
	FHLMC UMBS Pool #RB5318	39,663	4.500	11/01/44	38,206	37,847
	FHLMC UMBS Pool #RA8248	8,783	5.000	11/01/52	8,780	8,511
	FHLMC REMIC	26,821	6.000	07/25/48	26,821	27,078
	FNMA Pool #AI6578	919	4.500	07/01/41	978	891
	FNMA	25,000	4.125	08/28/25	25,000	24,943
	FNMA REMIC	29,095	5.000	09/25/50	28,841	28,699
	FNMA UMBS Pool #MA5099	20,893	4.000	07/01/38	19,995	20,061
	FNMA UMBS Pool #MA5202	27,013	6.000	11/01/38	26,970	27,464
	FNMA UMBS Pool #BY3394	13,486	5.500	06/01/53	13,144	13,323
	FNMA UMBS Pool #CB5384	54,640	4.500	12/01/52	52,143	51,507
	U.S. Treasury Note	135,000	2.750	08/15/32	122,375	119,722
	U.S. Treasury Note	180,000	1.625	09/30/26	180,633	172,135
	U.S. Treasury Note	105,000	3.250	06/30/29	101,681	100,194
	U.S. Treasury Note	10,000	4.375	05/15/34	9,935	9,846
	U.S. Treasury Note	120,000	1.125	08/31/28	109,297	107,030
	U.S. Treasury Note	15,000	4.125	09/30/27	15,246	14,941
	U.S. Treasury Note	80,000	4.500	11/15/33	82,734	79,637
	U.S. Treasury Note	120,000	0.625	05/15/30	96,523	98,464
	U.S. Treasury Note	105,000	2.375	05/15/27	99,440	100,555
	U.S. Treasury Note	220,000	1.375	11/15/31	177,763	179,775
	U.S. Treasury Note	175,000	2.625	03/31/25	176,057	174,311
	U.S. Treasury Note	145,000	1.125	02/15/31	131,668	119,663
	Total U.S. Government and Government agencies bonds and notes				<u>1,823,608</u>	<u>1,786,899</u>
<u>United States Treasury inflation protected securities:</u>						
	U.S. Treasury Notes (TIPS)	\$ 39,128	0.125 %	04/15/27	\$ 35,890	\$ 37,503
	U.S. Treasury Notes (TIPS)	90,072	1.125	01/15/33	82,228	82,841
	U.S. Treasury Notes (TIPS)	52,735	1.750	01/15/28	49,875	52,347
	Total United States Treasury inflation protected securities				<u>167,993</u>	<u>172,691</u>
	Total U.S. Government and Government agencies securities				<u>1,991,601</u>	<u>1,959,590</u>
Note: Column (a) is blank as there were no parties-in-interest.						Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

(a)	(b) Issue	(c) Principal	(c) Interest Rate	(c) Date	(d) Cost	(e) Current Value
	<u>Corporate bonds - domestic</u>					
	Accenture Capital	\$ 15,000	3.900 %	10/04/27	\$ 14,907	\$ 14,778
	Amgen, Inc.	45,000	5.250	03/02/33	44,935	44,667
	Anheuser-Busch InBev	15,000	3.500	06/01/30	14,912	14,063
	Anthem Inc.	40,000	3.650	12/01/27	39,798	38,913
	Ares Capital	25,000	3.250	07/15/25	25,536	24,757
	Ares Capital	40,000	3.875	01/15/26	40,183	39,542
	Blackrock Funding	10,000	4.600	07/26/27	10,006	10,022
	Blackrock Funding	30,000	4.700	03/14/24	29,988	30,022
	Comcast Corp.	65,000	4.150	10/15/28	65,657	63,389
	Comcast Corp.	45,000	4.250	10/15/30	49,243	43,393
	CVS Health Corp.	50,000	3.250	08/15/29	50,121	45,520
	Duke Energy Carolinas	60,000	4.850	01/15/34	58,798	58,153
	Extra Space Storage, Inc.	35,000	2.200	10/15/30	33,347	29,779
	FMC Corp.	20,000	3.450	10/01/29	21,214	18,317
	FMC Corp.	15,000	5.150	05/18/26	14,957	15,016
	General Motors Fin'l Co.	20,000	5.650	01/17/29	20,363	20,297
	Georgia Power Company	25,000	5.000	02/23/27	24,988	25,192
	Goldman Sachs Group	70,000	3.691	06/05/28	70,112	67,988
	Healthpeak Properties	25,000	2.875	01/15/31	24,910	22,014
	Hewlett Packard, Inc.	30,000	5.000	10/15/34	29,603	28,835
	InterContinental Hotels	20,000	4.600	03/15/33	19,626	19,173
	Jefferies Financial Group, Inc.	20,000	5.875	07/21/28	20,061	20,451
	Jefferies Financial Group, Inc.	25,000	6.200	04/14/34	25,142	25,764
	Lincoln National Corp.	20,000	3.400	01/15/31	19,778	17,982
	Oracle Corp.	30,000	6.250	11/09/32	30,828	31,793
	Owl Rock Capital Corp.	40,000	3.400	07/15/26	39,720	38,755
	Philip Morris International, Inc.	45,000	5.250	02/13/34	44,116	44,474
	Philip Morris International, Inc.	30,000	5.625	09/07/33	29,564	30,478
	Precision Castparts Corp.	15,000	3.250	06/15/25	16,241	14,913
	Rockwell Automation	35,000	3.500	03/01/29	37,726	33,243
	Safehold Operating Partnership	30,000	2.850	01/15/32	29,736	25,205
	Safehold Operating Partnership	35,000	2.800	06/15/31	34,635	29,883
	Simon Property Group LP	65,000	2.450	09/13/29	61,988	58,448
	Simon Property Group LP	15,000	3.500	09/01/25	16,281	14,894
	Tractor Supply Company	20,000	5.250	05/15/33	19,890	19,988
	Verizon Communications, Inc.	45,000	2.550	03/21/31	42,843	38,752
	Virginia Electric & Power	10,000	5.050	08/15/34	9,977	9,750
	Virginia Electric & Power	30,000	3.500	03/15/27	32,734	29,236
	Walt Disney Company	25,000	3.375	11/15/26	27,532	24,466
	WarnerMedia Holdings, Inc.	25,000	6.412	03/15/26	25,019	25,027
	Total corporate bonds - domestic				\$ 1,267,015	\$ 1,207,332

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> <u>Issue</u>	<u>(c)</u> <u>Principal</u>	<u>(c)</u> <u>Interest</u> <u>Rate</u>	<u>(c)</u> <u>Date</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current</u> <u>Value</u>
<u>Corporate bonds - floating rate:</u>						
	Bank of America	\$ 25,000	Floating	02/05/26	\$ 25,005	\$ 25,021
	Bank of America	25,000	Floating	11/10/28	26,406	25,882
	JP Morgan Chase & Co.	45,000	Floating	02/24/26	44,297	44,845
	JP Morgan Chase & Co.	45,000	Floating	12/05/29	49,250	44,099
	Merrill Lynch & Co.	35,000	Floating	09/15/26	34,217	35,050
	Morgan Stanley	40,000	Floating	04/28/26	40,568	39,643
	Morgan Stanley	30,000	Floating	04/20/28	29,347	29,570
	Morgan Stanley	30,000	Floating	04/18/30	31,212	30,538
	PNC Financial Services Group, Inc	35,000	Floating	01/21/28	35,069	35,304
	Totals corporate bonds - floating rate				<u>315,371</u>	<u>309,952</u>
<u>Money market instruments:</u>						
	Truist Bank	\$ 65,000	2.250 %	03/11/30	\$ 60,463	\$ 55,817
<u>Corporate asset backed securities:</u>						
	Small Business Admin ABS	\$ 11,572	2.920	01/01/38	\$ 11,129	\$ 10,618
	Total corporate bonds				<u>1,653,978</u>	<u>1,583,719</u>

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(j)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic:</u>				
	3M Company	114	\$ 13,672	\$ 14,716
	A.O. Smith Corp.	160	11,869	10,914
	AbbVie Inc.	217	27,389	38,561
	Abercrombie & Fitch, Corp.	462	53,570	69,055
	Acadia Pharmaceuticals, Inc.	1,396	24,135	25,617
	Acadia Realty Trust	439	10,796	10,606
	ACI Worldwide, Inc.	606	22,407	31,457
	Acuity Brands, Inc.	177	27,541	51,707
	ACV Auctions, Inc.	949	19,859	20,498
	AerCap Holdings	501	48,229	47,946
	Affiliated Managers Group, Inc.	278	44,349	51,408
	AGCO Corporation	146	12,332	13,648
	Agilysys, Inc.	217	27,362	28,581
	Akero Therapeutics, Inc.	495	15,606	13,771
	Allison Transmission Holdings, Inc.	130	5,443	14,048
	Ally Financial Inc.	1,312	54,895	47,245
	Alphabet, Inc. Class A	440	77,787	83,292
	Amdocs Limited	956	81,458	81,394
	Ameriprise Financial Inc.	87	14,150	46,321
	Amphenol Corp. Class A	1,093	69,303	75,909
	Apple Inc.	346	40,942	86,645
	Aptar Group, Inc.	131	19,014	20,580
	Archrock, Inc.	907	9,329	22,575
	Arista Networks, Inc.	808	25,067	89,308
	Astera Labs, Inc.	194	24,894	25,695
	Atkore, Inc.	161	18,320	13,435
	Autoliv, Inc.	149	11,878	13,975
	Avient Corp.	329	14,438	13,443
	Baker Hughes, Inc.	642	17,358	26,335
	Bancfirst Corp.	100	11,205	11,718
	Bank OZK	252	10,313	11,222
	Belden, Inc.	241	28,715	27,139
	Berry Global Group Inc.	129	6,329	8,342
	Bill Holdings, Inc.	580	51,664	49,132
	Bio Rad Labs, Inc.	111	36,246	36,465
	Biogen, Inc.	238	58,296	36,395
	Black Hills Corp.	432	25,958	25,281
	Bluelinx Holdings, Inc.	87	10,122	8,888
	Boise Cascade Co.	106	11,643	12,599
	Booz Allen Hamilton Holdings	647	75,453	83,268

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Borg Warner Inc.	438	\$ 14,709	\$ 13,924
	Bread Financial Holdings, Inc.	631	33,378	38,528
	Brinker Intl, Inc.	498	61,473	65,881
	Bristol Myers Squibb Corp.	687	32,175	38,856
	Builders FirstSource, Inc.	51	5,045	7,289
	Cabot Corp.	121	9,668	11,048
	Cactus, Inc.	716	31,587	41,786
	Cadence Design Systems Inc.	265	32,674	79,622
	Caleres, Inc.	249	10,259	5,766
	Cardinal Health, Inc.	302	33,853	35,718
	Cargurus, Inc.	685	19,220	25,029
	Carlisle Corp.	33	5,163	12,171
	Carnival Corp.	2,497	62,107	62,225
	Casey's General Stores, Inc.	151	37,508	59,830
	Cencora, Inc.	149	17,376	33,477
	Centene Corp.	641	48,318	38,832
	Centerspace	144	10,709	9,525
	CF Industries Holdings, Inc.	99	8,040	8,446
	Chefs' Warehouse Holdings	277	11,810	13,661
	Cisco Systems, Inc.	1,401	79,545	82,939
	Citigroup Inc.	704	33,455	49,555
	Clearwater Analytics Holdings, Inc.	781	20,949	21,493
	CNX Resources Corp.	801	11,634	29,373
	Coherent Corp.	431	34,065	40,828
	Comerica, Inc.	340	20,784	21,029
	Commercial Metals Co.	135	5,813	6,696
	Compass Diversified Holdings Co.	389	9,151	8,978
	Confluent, Inc.	1,741	51,675	48,678
	Conmed Corp.	264	25,290	18,068
	COPT Defense Properties	689	21,064	21,324
	Core & Main, Inc.	268	10,413	13,643
	Crocs, Inc.	174	19,668	19,058
	CSG Systems Intl, Inc.	302	16,592	15,435
	CSW Industries, Inc.	61	11,503	21,521
	CSX Corp.	419	14,297	13,521
	Cummins Inc.	43	7,321	14,989
	Customers Bancorp, Inc.	260	7,942	12,656
	Davita, Inc.	231	22,426	34,546
	Deckers Outdoor Corp.	290	26,210	58,896
	Dicks Sporting Goods Inc.	281	45,642	64,304

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Dominion Energy, Inc.	278	\$ 14,634	\$ 14,973
	Dorman Products, Inc.	135	14,288	17,489
	Dover Corp.	75	6,990	14,070
	Duolingo, Inc.	58	9,329	18,805
	Eagle Materials, Inc.	111	13,050	27,390
	East West Bancorp., Inc.	279	17,348	26,717
	Eastman Chemical Co.	83	6,378	7,579
	Elanco Animal Health, Inc.	2,458	43,441	29,766
	EMCOR Group, Inc.	29	1,661	13,163
	Emerson Electric Co.	120	8,325	14,871
	Empire State Realty Trust	1,112	12,345	11,475
	Encompass Health Corp.	562	36,159	51,900
	Enersys	168	17,929	15,528
	Equitable Holdings, Inc.	988	45,333	46,603
	ESCO Technologies, Inc.	104	13,351	13,853
	Euronet Worldwide, Inc.	281	30,637	28,898
	Evercore, Inc.	219	29,510	60,704
	Evergy, Inc.	251	15,816	15,449
	Expand Energy Corp.	249	20,480	24,787
	F5, Inc.	456	94,271	114,669
	Fabrinet	346	83,048	76,078
	First Energy Corp.	384	15,919	15,275
	Flour Corp.	788	33,217	38,864
	FNF Group	805	33,664	45,192
	Fortinet, Inc.	830	46,632	78,418
	Fox Corp. Class B	1,334	58,399	61,017
	Franklin BSP Realty Trust, Inc.	828	12,375	10,383
	Freshpet, Inc.	78	10,158	11,552
	Frontdoor, Inc.	657	31,571	35,918
	Garmin LTD	292	51,454	60,227
	Gartner, Inc.	168	52,709	81,390
	Gentex Corporation	503	12,046	14,451
	Genuine Parts Co.	119	15,433	13,894
	G-III Apparel, Ltd.	504	10,000	16,440
	Gilead Sciences, Inc.	381	28,405	35,192
	Glaukos Corp.	270	27,515	40,483
	Globe Life, Inc.	489	41,052	54,533
	GoDaddy, Inc.	436	67,155	86,053
	Goldman Sachs Group Inc.	82	30,394	46,954
	Goosehead Insurance	205	20,322	21,980

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Guidewire Software, Inc.	364	\$ 41,969	\$ 61,363
	H&R Block, Inc.	1,014	65,310	53,579
	Halliburton Corp.	912	34,607	24,797
	Hancock Whitney Corp.	241	9,222	13,187
	Hartford Financial Services Group, Inc.	412	27,891	45,072
	HCA Healthcare, Inc.	108	30,187	32,416
	HCI Group, Inc.	89	9,969	10,371
	Hologic, Inc.	461	34,052	33,233
	Independent Bank Corp.	252	13,180	16,175
	Ingredion Inc.	63	6,325	8,666
	Innovative Industrial Properties	157	19,059	10,462
	Installed Building Products, Inc.	129	14,142	22,607
	Intuit, Inc.	116	53,569	72,906
	iShares 1-3 Year Treasury Bond ETF	1,900	154,261	155,762
	iShares Short Term Corporate Bond ETF	3,035	152,999	156,909
	J&J Snack Foods Corp.	90	14,987	13,961
	Jackson Financial, Inc.	482	40,867	41,972
	Jacobs Solutions, Inc.	103	6,987	13,762
	Janus Henderson Group, PLC	569	18,350	24,199
	Jazz Pharmaceuticals, PLC	383	44,065	47,165
	Jones Lang LaSalle, Inc.	120	20,840	30,376
	KB Home	792	54,309	52,050
	Kirby Corporation	330	40,095	34,914
	KLA Corp.	135	63,960	85,066
	Knight Swift Transportation	264	14,921	14,002
	Laboratory Corp. American Holdings	152	29,967	34,856
	Lear Corporation	143	19,210	13,542
	Leidos Holdings, Inc.	568	85,162	81,826
	Liberty Media Corp.	249	12,830	16,946
	Lithia Motos, Inc.	164	59,831	58,618
	Lockheed Martin Corp.	173	89,860	84,067
	Louisiana Pacific Corp.	75	6,421	7,766
	Masco Corporation	189	7,573	13,715
	Masimo Corp.	239	31,929	39,506
	Mastec, Inc.	260	30,594	35,396
	Matson, Inc.	90	14,613	12,135
	McKesson Corporation	59	15,113	33,624
	Merit Medical Systems, Inc.	307	26,365	29,693
	Meritage Homes Corp.	345	65,337	53,067
	META Platforms, Inc.	134	65,903	78,458

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	METLIFE, Inc.	582	\$ 32,967	\$ 47,654
	MGE Energy, Inc.	118	12,739	11,087
	Microsoft Corp.	189	76,420	79,663
	MKS Instruments, Inc.	445	53,091	46,453
	Molina Healthcare, Inc.	126	39,572	36,672
	Molson Coors Beverage Co.	587	36,358	33,646
	Mueller Industries, Inc.	189	8,547	14,999
	Murphy Oil Corp.	773	28,977	23,390
	Murphy USA, Inc.	117	36,446	58,704
	National Fuel Gas Company	197	10,787	11,953
	National Health Investors, Inc.	189	15,521	13,097
	NBT Bancorp, Inc.	236	11,999	11,271
	NCR Atleos Corp.	543	12,177	18,418
	NetApp, Inc.	712	66,297	82,648
	Nordstrom, Inc.	2,249	52,688	54,313
	Northrup Gruman Corp.	184	94,330	86,349
	NRG Energy, Inc.	602	35,162	54,311
	Nucor Corporation	61	6,250	7,119
	Nutanix, Inc.	379	25,758	23,187
	OGE Energy, Inc.	372	13,190	15,345
	Onto Innovation, Inc.	219	18,388	36,500
	Oshkosh Corp.	138	14,147	13,119
	Ovintiv Inc.	645	29,465	26,122
	Owens Corning	44	3,435	7,494
	Pacira Biosciences, Inc.	601	12,869	11,322
	Packaging Corp. America	36	4,546	8,104
	Parker Hannifin Corp.	22	3,736	13,992
	Parsons Corp.	851	78,635	78,504
	Paychex, Inc.	618	73,077	86,655
	Peloton Interactive, Inc.	1,185	12,015	10,309
	Pfizer, Inc.	1,464	41,386	38,839
	PG&E Corp.	762	16,051	15,377
	Philip Morris Intl, Inc.	276	25,193	33,216
	Phinia, Inc.	369	14,709	17,774
	Pinnacle West Cap Corp.	175	13,241	14,834
	Piper Sandler Companies	92	12,556	27,595
	Post Holdings, Inc.	296	26,614	33,880
	PPL Corp.	471	13,401	15,288
	Prestige Consumer Healthcare, Inc.	203	16,752	15,852
	PROG Holdings, Inc.	413	20,303	17,453

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Prudential Financial, Inc.	389	\$ 42,193	\$ 46,108
	Quest Diagnostics, Inc.	224	31,842	33,792
	Regions Financial Corp.	1,874	33,445	44,076
	Reinsurance Group of America	192	34,200	41,016
	Reliance Steel and Aluminum, Co.	27	3,853	7,270
	Revolution Medicines, Inc.	278	8,540	12,159
	RingCentral, Inc.	312	11,699	10,923
	Rivian Automotive, Inc.	912	12,577	12,129
	Royal Caribbean Cruises, LTD	264	26,070	60,902
	Royal Gold, Inc.	201	28,579	26,501
	RxSight, Inc.	445	14,582	15,299
	Ryder Systems, Inc.	93	8,300	14,587
	Select Water Solutions, Inc.	984	13,634	13,028
	Sensient Technologies Corp.	160	11,848	11,401
	Sentinelone, Inc.	1,291	34,052	28,660
	Shift4 Payments, Inc.	219	16,148	22,727
	SM Energy Co.	622	24,026	24,108
	Snap-On, Inc.	42	8,961	14,258
	Sonoco Products Company	160	8,969	7,816
	Spectrum Brands Holdings, Inc.	240	20,848	20,277
	Sprouts Farmers Markets, Inc.	437	11,680	55,529
	State Street Corp.	507	36,896	49,762
	Steel Dynamics Inc.	65	4,286	7,414
	Supernus Pharmaceuticals, Inc.	439	16,623	15,874
	Synchrony Financial	748	23,943	48,620
	Synovus Financial Corp.	834	30,043	42,725
	Tanger, Inc.	650	19,999	22,184
	Taylor Morrison Home Corp.	884	51,018	54,109
	Tenet Healthcare Corp.	247	22,584	31,178
	The CIGNA Group	117	30,026	32,308
	The Timken Co.	199	16,007	14,202
	T-Mobile US Inc.	68	8,117	15,009
	Toast, Inc.	1,555	45,128	56,679
	Travel Plus Leisure Company	696	32,069	35,113
	TriNet Group, Inc.	157	16,863	14,250
	Trinity Industries, Inc.	619	20,264	21,726
	TXNM Energy, Inc.	267	12,863	13,128
	UFP Industries, Inc.	69	6,007	7,772
	UGI Corp.	558	15,203	15,752
	Ultragenyx Pharmaceuticals, Inc.	422	23,661	17,753

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

(a)	(b) Issue	(c) Shares	(d) Cost	(e) Current Value
<u>Common stocks - domestic - continued:</u>				
	UMB Financial Corp.	136	\$ 8,320	\$ 15,348
	United Parcel Service	115	14,846	14,501
	United Rentals Inc.	17	3,530	11,975
	United Therapeutics Corp.	102	24,748	35,989
	UNUM Group	693	28,809	50,609
	US Foods Holdings Corp.	805	43,172	54,305
	Vaxcyte, Inc.	111	12,738	9,086
	Verizon Communications Inc.	379	16,414	15,156
	Vistra Corp.	109	3,715	15,027
	Vontier Corp.	378	11,854	13,785
	Vornado Realty Trust	843	32,697	35,439
	Warby Parker, Inc.	1,520	34,522	36,799
	Wells Fargo & Co.	669	25,463	46,990
	Western Alliance Bancorp	163	10,305	13,617
	Western Union Co.	3,502	43,005	37,121
	Westlake Chemical Corp.	68	6,373	7,796
	Woodward, Inc.	67	10,976	11,150
	World Kinect Corp.	852	26,628	23,438
	WSFS Financial Corp.	303	17,910	16,098
	Xcel Energy, Inc.	229	14,534	15,462
	Zillow Group, Inc.	530	24,310	37,550
	Zions Bancorporation	815	32,377	44,315
	Totals common stocks - domestic		7,234,108	8,551,636
<u>American Depository Receipts:</u>				
	BP PLC ADR	850	\$ 28,584	\$ 25,126
	Shell PLC	412	23,711	25,812
	TotalEnergies SE ADR	413	22,453	22,508
	Total American Depository Receipts		74,748	73,446
<u>Common stocks - foreign</u>				
	Allegion PLC	339	\$ 44,279	\$ 44,300
	Amcor PLC	848	9,187	7,980
	Cimpres PLC	146	14,085	10,471
	Livanova PLC	699	40,021	32,371
	LyondellBasell Industries N.V.	99	8,321	7,353
	Norwegian Cruise Line Holdings	2,147	59,277	55,242
	Nvent Electric PLC	282	17,079	19,221
	Pentair PLC	215	18,081	21,638
	Primo Brands Corp.	450	10,274	13,846
	Totals common stocks - foreign		220,604	212,422
	Totals common stocks		7,529,460	8,837,504

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares/ Principal	<u>(c)</u> Interest Rate	<u>(c)</u> Maturity Date	<u>(d)</u> Cost	Current Value
<u>Mutual Funds</u>						
	Vanguard Growth Index	37,626	N/A	N/A	\$ 3,781,294	\$ 6,263,927
	Total Mutual Funds				<u>3,781,294</u>	<u>6,263,927</u>
<u>Common Collective Trusts</u>						
	NewTower Trust Company Multi-Employer Property Trust	105	Variable	N/A	772,828	1,323,134
	Total common collective trusts				<u>772,828</u>	<u>1,323,134</u>
<u>Limited Partnerships and Other Trusts</u>						
	Boyd Watterson GSA Fund, L.P.	986	Variable	N/A	1,880,891	1,945,861
	Grosvenor Institutional Partners, L.P.	2,548	Variable	N/A	2,548,840	3,048,831
	GCM Grosvenor Opp. Credit Fund, Ltd.	1,800,000	Variable	N/A	1,800,000	2,096,423
	APC High Yield Bond Fund, LP	3,813,855	Variable	N/A	3,830,645	3,813,855
	U.S. Real Estate Investment Fund, LLC	2,979	Variable	N/A	2,517,507	3,459,623
	Hardman Johnston International Equity Group Trust	73,743	Variable	N/A	1,056,394	3,124,687
	Total limited liability partnerships and other trusts				<u>13,634,277</u>	<u>17,489,280</u>
<u>Money market funds:</u>						
	Dreyfus Cash Management Fund	36,448	Variable	N/A	36,448	36,448
	JPMorgan 100% U.S. Treasury Money Market	184,507	Variable	N/A	184,507	184,507
	JPMorgan 100% U.S. Treasury Money Market	138,708	Variable	N/A	138,708	138,708
	AB Interest Bearing Accounts	746	Variable	N/A	746	746
	Total money market funds				<u>360,409</u>	<u>360,409</u>
	Total Assets Held for Investment Purposes				<u>\$29,723,847</u>	<u>\$37,817,563</u>

Note: Column (a) is blank as there were no parties-in-interest.



**Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001**

*Attachment D to the 2024 Schedule MB of Form 5500
Schedule MB, line 8b(2) - Schedule of Participant Data*

Years of Benefit Accrual Service*											
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	Totals
Under 25	2	2	0	0	0	0	0	0	0	0	4
25 to 29	3	4	6	0	0	0	0	0	0	0	13
30 to 34	1	2	5	8	2	0	0	0	0	0	18
35 to 39	0	4	4	3	3	0	0	0	0	0	14
40 to 44	0	0	0	4	5	3	2	0	0	0	14
45 to 49	0	0	0	1	4	3	3	0	0	0	11
50 to 54	1	0	1	1	1	3	4	3	0	0	14
55 to 59	0	0	3	1	0	3	2	0	1	1	11
60 to 64	0	0	1	0	1	2	1	0	0	0	5
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Total	7	12	20	18	16	14	12	3	1	1	104
							Average Age:	41.6			
							Average Service:	13.4			

* Participants earned up to 1.25 years of benefit accrual service per calendar year through June 2, 2017. Benefit accrual service is capped at 1.0 for calendar years starting with 2018.

N:\0212\2024\Government Forms\Attachment D - Schedule of Active Participant Data.pdf

The McKeogh Company

**Asbestos Workers Local No. 42
Pension Plan**

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

Part I – Basic Plan Information

1a. Name of plan Asbestos Workers Union Local 42 Pension Fund	1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Board of Trustees, Asbestos Workers Union Local 42 Pension Fund	1d. Employer identification number (EIN) 51-6011235
1e. Plan sponsor's telephone number (410) 997-3657	1f. Plan sponsor's address, city, state, ZIP code 10440 Little Patuxent Parkway, Suite 700, Columbia, MD 21044-3594

Part II – Plan Actuary's Information

2a. Plan actuary's name Brian Hartsell, FSA, EA	2b. Plan actuary's firm name The McKeogh Company
2c. Plan actuary's firm address, city, state, ZIP code 200 Barr Harbor Drive, Suite 225, West Conshohocken, PA 19428	
2d. Plan actuary's enrollment number 23-08563	2e. Plan actuary's telephone number (484) 530 - 0692

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

<input checked="" type="checkbox"/> Neither endangered nor critical	<input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)
<input type="checkbox"/> Endangered	<input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)
<input type="checkbox"/> Seriously endangered	<input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
<input type="checkbox"/> Critical	
<input type="checkbox"/> Critical and declining	

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature <i>Brian W. Hartsell</i>	Date 3/27/2024
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VIA ELECTRONIC MAIL

March 27, 2024

Board of Trustees,
Asbestos Workers Union Local 42
Pension Fund
c/o Zenith American Solutions
10440 Little Patuxent Parkway, Suite 700
Columbia, MD 21044-3594
c/o khoffman@zenith-american.com

The Secretary of the Treasury
c/o Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 – 17th Floor
Chicago, IL 60604
c/o EPCU@irs.gov

Dear Trustees and the Secretary of the Treasury:

ACTUARIAL CERTIFICATION FOR THE 2024 PLAN YEAR

Attached is the actuarial certification of the status of the Asbestos Workers Union Local 42 Pension Plan under IRC Section 432 for the January 1, 2024 through December 31, 2024 Plan Year. This certification is intended to comply with the requirements of IRC Section 432(b)(3) and proposed regulation §1.432(b)-1(d).

Plan Status

The Plan is neither in endangered nor in critical status (i.e., it is in the Green Zone) for the January 1, 2024 through December 31, 2024 Plan Year. The Plan is Green Zone without regard to the special rule of IRC Section 432(b)(5). The Plan is not projected to be in critical status in any of the five succeeding plan years. Details of the certification tests are attached in a separate exhibit.

Because the Plan is neither in endangered nor in critical status, the notification to the participants, beneficiaries, bargaining parties, PBGC and Secretary of Labor is not required, nor is the Plan required to adopt a funding improvement plan or a rehabilitation plan.

Funded Percentage

The funded percentage is measured by the actuarial value of assets divided by the present value of accrued benefits (determined using funding assumptions). The funded percentage as of January 1, 2024 for certification purposes is 82.3% (= \$40,266,000 ÷ \$48,942,000).

Projection of Credit Balance

The Funding Standard Account Credit Balance is a measure of compliance with ERISA's minimum funding standards. If contributions exceed the minimum required, the credit balance

will tend to grow. The credit balance will be reduced when contributions are less than the minimum required (before taking into account the credit balance offset). However, short-term fluctuations are not indicative of long-term trends. Consequently, a projection of 15-20 years is more informative as to the long-term health of the plan.

The projection of the credit balance as shown on the attached exhibit shows a positive credit balance throughout the projection period.

Assumptions

The Plan's assets, liabilities and funding standard account credit balance were projected forward from the January 1, 2023 valuation for certification purposes based on the following:

- The January 1, 2024 market value of assets is approximately \$37,392,000 based on unaudited financial information provided by the fund administrator. This results in an estimated return of 9.4% net of investment expenses for the year ended December 31, 2023.
 - Plan Year January 1, 2023 – December 31, 2023 contributions were approximately \$3,025,000 (\$2,659,000 pension contributions and \$366,000 annuity contributions), and benefit payments were approximately \$4,276,000 (\$4,104,000 pension payments and \$172,000 annuity payments) based on information provided by the fund administrator.
 - Administrative expenses were approximately \$168,000 during 2023 based on information provided by the fund administrator. Future expenses are assumed to equal the average of the prior 3 years' actual expenses, adjusted for 5% annual growth.
 - There were approximately 176,000 pension hours and 174,000 annuity hours reported for the 2023 Plan Year.
 - All Plan assumptions other than the January 1, 2023 – December 31, 2023 investment return are assumed to be met during the projection period including specifically that the Plan's investment return assumption of 7.0% is attained on the market value of assets from January 1, 2024 forward.
 - Current differences between the market value of assets and the actuarial value of assets are phased in during the projection period in accordance with the regular operation of the asset valuation method.
 - The contribution rate increased from \$17.06 per hour (\$15.31 pension rate and \$1.75 annuity rate) as of January 1, 2023 to \$17.16 per hour (\$15.41 pension rate and \$1.75 annuity rate) as of July 1, 2023. The total contribution rate is assumed to remain at the July 1, 2023 level of \$17.16 per hour for the duration of the projection period. This represents reasonably anticipated employer contributions for the current and succeeding Plan Years, assuming that the terms of the collective bargaining agreements pursuant to which this Plan is maintained for the current Plan Year continue in effect for succeeding Plan Years.
-

- The projected benefit payments are based on the prior year's results and are assumed to remain level for the duration of the projection period.
- There are 150,000 projected hours for 2024 and each subsequent year based on information provided by the Board of Trustees. Ten percent of the hours for pension contributions are subsidized by the Target Fund, resulting in contributions on approximately 135,000 Journeyman hours for each year of the projection period.
- The Plan's pension normal cost is projected to remain a constant percentage of total hours while the plan's annuity normal cost is projected to vary with changes in interest and contribution credits. The active population as a whole will have similar demographic characteristics from year to year and the active plan participant count is assumed to remain level.
- The projection of the credit balance reflects an IRC § 431(d)(1) extension of eligible amortization charge bases which were effective January 1, 2017. The application for extension was granted on September 13, 2018.

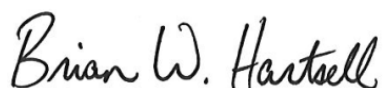
The determination of whether the plan is projected to be in critical status within the succeeding 5 years was based on the above assumptions.

Activity in the industry (including future covered employment and contribution levels) is based upon information provided by the plan sponsor.

This certification is for the 2024 Plan Year only. Actual future valuation results will differ from those projected to the extent that future experience deviates from that anticipated.

In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that, except for the projected industry activity supplied by the plan sponsor, offer my best estimate of anticipated experience under the Plan.

Sincerely,



Brian W. Hartsell, FSA, EA

BWH:sdm

Enclosure

cc (via email): Amanda Notaristefano, FSA, EA
David Gaudio, Esquire, Fund Counsel
William Bacheler, CPA, Fund Auditor
Jeff Smith, Local 42

ACTUARIAL CERTIFICATION OF PLAN STATUS UNDER IRC SECTION 432

To:	The Secretary of the Treasury	The Plan Sponsor
	Internal Revenue Service Employee Plans Compliance Unit Group 7602 (TEGE:EP:EPCU) 230 S. Dearborn Street Room 1700 – 17 th Floor Chicago, IL 60604	Board of Trustees, Asbestos Workers Union Local 42 Pension Fund c/o Zenith American Solutions 10440 Little Patuxent Parkway, Suite 700 Columbia, MD 21044-3594 410-997-3657

Plan

Identification: Plan Name: Asbestos Workers Union Local 42 Pension Plan

EIN/PN: 51-6011235/001

Plan Sponsor: See Above

Certification for Plan Year: January 1, 2024 – December 31, 2024

**Information on
Plan Status:**

The Plan is neither in endangered nor critical status for the Plan Year referenced above (i.e. it is in the Green Zone). The Plan is Green Zone without regard to the special rule of IRC Section 1.432(b)(5). The Plan is not projected to be in critical status in any of the five succeeding plan years.

**Enrolled Actuary
Identification:**

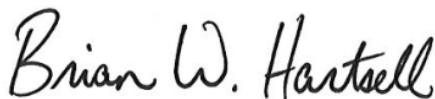
Name: Brian W. Hartsell, FSA, EA

Address: The McKeogh Company
200 Barr Harbor Drive, Suite 225
Four Tower Bridge
West Conshohocken, PA 19428

Telephone Number: 484-530-0692

Enrollment Identification
Number: 23-08563

I hereby certify that, to the best of my knowledge, the information provided in this certification is complete and accurate.



Signature

3/27/2024

Date

This certification is intended to comply with the requirements of IRC Section 432(b)(3) and proposed regulation §1.432(b)-1(d).

**Asbestos Workers Local No. 42
Pension Plan**

Certification Tests for the Plan Year Beginning in 2024

A. Critical Status (Red Zone) Tests

- FALSE 1. 6-Year Projection of Benefit Payments
FALSE a. Funded percentage < 65%, **and**
FALSE b. Present value of 7 years of projected benefit payments and expenses greater than sum of market value of assets plus present value of 7 years of projected contributions
- FALSE 2. Short Term Funding Deficiency (not taking automatic extensions into account)
FALSE a. Funding deficiency for current year, **or**
FALSE b. TRUE (i) Funded percentage is > 65%, **and**
FALSE (ii) Projected funding deficiency in any of 3 succeeding plan years, **or**
FALSE c. FALSE (i) Funded percentage is <= 65%, **and**
FALSE (ii) Projected funding deficiency in any of 4 succeeding plan years
- FALSE 3. Contributions less than Normal Cost Plus Interest
FALSE a. Present value of current year expected contributions less than sum of unit credit normal cost plus interest on excess if any of unit credit accrued liability less actuarial value of assets, **and**
TRUE b. Present value of nonforfeitable benefits for inactive participants is greater than the present value of nonforfeitable benefits for active participants, **and**
FALSE c. Funding deficiency projected for current or any of 4 succeeding plan years (no extensions)
- FALSE 4. 4-Year Projection of Benefit Payments
FALSE a. Present value of 5 years of projected benefit payments and expenses greater than sum of market value of assets plus present value of 5 years of expected contributions
- FALSE 5. Failure to Meet (Regular) Emergence Criteria
FALSE a. In Critical Status for immediately preceding year, **and either (b) or (c)**
FALSE b. Projected funding deficiency for current or any of 9 succeeding plan years (**with** any extensions)
FALSE c. Projected insolvency within 30 succeeding plan years
- FALSE 6. Election to be in Critical Status
FALSE a. Projected to be In Critical Status in any of 5 succeeding years, **and**
FALSE b. Plan sponsor elected Critical Status for current year?

FALSE

Plan in Critical Status (Red Zone - meets either (b) or (c) but not (a))?

- FALSE a. Pass Special Emergence Rule for a plan with an automatic extension of amortization periods?
TRUE (i) Plan has an automatic extension of amortization periods, **and**
FALSE (ii) Plan in Critical Status for immediately preceding plan year, **and**
TRUE (iii) No projected funding deficiency for current or any of 9 succeeding plan years (**with** any extensions), **and**
TRUE (iv) No projected insolvency within 30 succeeding plan years
- FALSE b. Pass reentry criteria for a plan that emerged from Critical Status using Special Emergence Rule (see (a) above)?
TRUE (i) Plan NOT in Critical Status for immediately preceding plan year, **and**
TRUE (ii) Used special emergence rule for plans w/ automatic extensions of amort periods, **and either (iii) or (iv)**
FALSE (iii) Projected funding deficiency for current or any of 9 succeeding plan years (**with** any extensions)
FALSE (iv) Projected insolvency within 30 succeeding plan years
- FALSE c. Pass regular Critical Status Tests?
TRUE (i) Fail special emergence rule for a plan with an automatic extension of amortization periods, **and**
FALSE (ii) Did not use special emergence rule for plans w/ automatic extensions of amort periods, **and**
FALSE (iii) Meets at least one of Tests #1 through #6, **and**
TRUE (iv) Not in Critical and Declining Status

FALSE

Plan in Critical and Declining Status (Red Zone - meets (a) and either (b) or (c) but not (d))?

- FALSE a. Meets at least one of Tests #1 through #4
- FALSE b. FALSE (i) Projected insolvency within current or any of 14 succeeding plan years, **and**
TRUE (ii) Ratio of inactive to active participants does not exceed 2 to 1 (<= 200%)
- FALSE c. FALSE (i) Projected insolvency within current or any of 19 succeeding plan years, **and either (ii) or (iii)**
FALSE (ii) Ratio of inactive to active participants exceeds 2 to 1 (> 200%)
FALSE (iii) Funded percentage < 80%
- FALSE d. Pass emergence test for a plan that suspended benefits while in Critical and Declining Status?
FALSE (i) Plan in Critical and Declining Status for immediately preceding plan year, **and**
FALSE (ii) Benefits suspended while in critical and Declining Status, **and**
TRUE (iii) Does not meet any of Tests #1 through #4, **and**
TRUE (iv) Funded percentage >= 80%, **and**
TRUE (v) No funding deficiency for current or any of the 6 succeeding plan years (**with** any extensions), **and**
TRUE (vi) No projected insolvency

**Asbestos Workers Local No. 42
Pension Plan**

Certification Tests for the Plan Year Beginning in 2024
(Continued)

B. Endangered Status (Yellow and Orange Zones) Tests

- FALSE 1. Funded Percentage
FALSE a. Funded percentage < 80%, **and**
TRUE b. Not in Critical Status
- FALSE 2. Projection of Funding Deficiency
FALSE a. Funding deficiency for current or any of the 6 succeeding plan years (**with** any extensions), **and**
TRUE b. Not in Critical Status
- TRUE 3. Special Rule - Exemption from Endangered Status
TRUE a. Not in Critical or Endangered (or Seriously Endangered) Status in preceding year, **and**
TRUE b. As of the end of the plan year beginning in 2034:
TRUE (i) Funded percentage >= 80%, **and**
TRUE (ii) No Funding deficiency for current or any of the 6 succeeding plan years
(**with** any extensions)

FALSE

Plan in Endangered Status (Yellow Zone - meets *only* Test #1 or Test #2 but not Test #3)?

- FALSE a. Meets only Test #1 or Test #2, but not both
TRUE b. Meets Special Rule exemption from Endangered Status

FALSE

Plan in Seriously Endangered Status (Orange Zone - meets *both* Tests #1 and #2 but not Test #3)?

- FALSE a. Meets both Tests #1 and #2
TRUE b. Meets Special Rule exemption from Endangered Status

C. Neither Critical Status Nor Endangered Status (Green Zone) Tests

- TRUE 1. Not in Critical Status
- TRUE 2. Not in Seriously Endangered Status
- TRUE 3. Not in Endangered Status

TRUE

Plan in neither Critical Status Nor Endangered Status (Green Zone - meets *all* tests 1-3)?

TRUE

Plan did NOT need Special Rule Exemption to meet Green Zone criteria

FALSE

Plan would have been in Endangered Status without Special Rule Exemption
Green (Yellow) Zone - Green Zone with additional notice requirements

FALSE

Plan would have been in Seriously Endangered Status without Special Rule Exemption
Green (Orange) Zone - Green Zone with additional notice requirements

D. Projected Critical Status in any of 5 Succeeding Plan Years?

FALSE

Plan projected to be in Critical Status in any of 5 succeeding plan years

Asbestos Workers Local No. 42 Pension Plan

Information Needed for the Certification Tests for the Plan Year Beginning in 2024

A. Projected Asset Information

1. Market Value of Assets	37,392,362
2. Actuarial Value of Assets	40,266,440
3. Present Value of Contributions for Current Plan Year	
a. During the Current Plan Year	2,264,919
b. During the Current Plan Year and each of the 4 Succeeding Plan Years	9,936,676
c. During the Current Plan Year and each of the 6 Succeeding Plan Years	13,060,743

B. Projected Liability Information

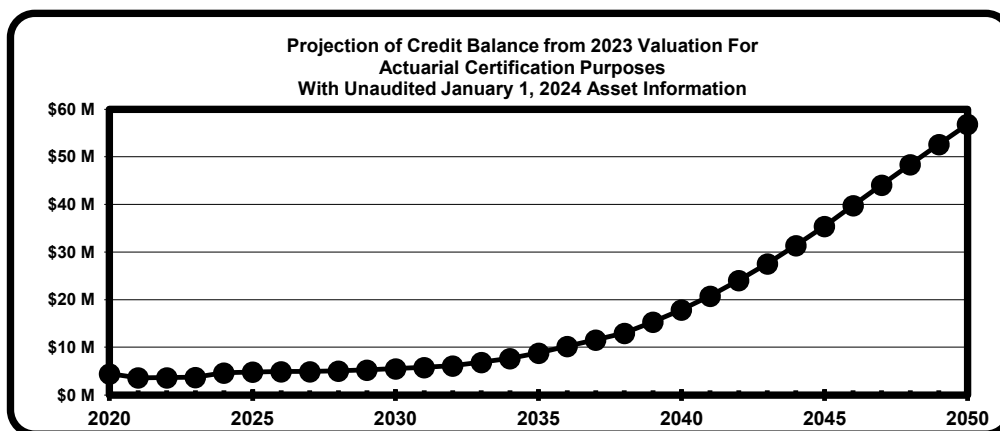
1. Unit Credit Accrued Liability	48,941,502
2. Unit Credit Normal Cost	305,221
3. Present Value of Vested Benefits	
a. Actives	11,919,112
b. Non-Actives	34,445,584
4. Present Value of All Non-Forfeitable Benefits Projected to be Paid	
a. During the Current Plan Year and each of the 4 Succeeding Plan Years	18,135,701
b. During the Current Plan Year and each of the 6 Succeeding Plan Years	23,837,521
5. Present Value of All Administrative Expenses Projected to be Paid	
a. During the Current Plan Year and each of the 4 Succeeding Plan Years	917,315
b. During the Current Plan Year and each of the 6 Succeeding Plan Years	1,238,450
6. Interest on excess if any of unit credit accrued liability less actuarial value of assets	607,254

C. Historical and Projected Status Information

1. In Critical and Declining Status for Immediately Preceding Year?	FALSE
2. In Critical Status for Immediately Preceding Year?	FALSE
3. In Endangered (or Seriously Endangered) Status for Immediately Preceding Year?	FALSE
4. In Critical Status in any of 5 Succeeding Years?	FALSE
5. Plan Sponsor Elected Critical Status for Current Year?	FALSE
6. Special Emergence Rule for Plans with Automatic Extension of Amortization Periods Used in Past?	TRUE
7. Benefits Suspended while in Critical and Declining Status?	FALSE
8. Plan has an Automatic Extension of Amortization Periods?	TRUE

D. Valuation Projections

1. Valuation Rate	7.00%
2. Funded Percentage	82.27%
3. Funded Percentage as of the end of the plan year beginning in 2034	114.26%
4. Ratio of inactive to active participants	198.00%
5. Years to Projected Funding Deficiency (0 means FD for current year)	
a. Including automatic extensions	Not by 2050
b. Ignoring automatic extensions	Not by 2050
c. As of the end of the plan year beginning in 2034 including extensions	Not by 2050
6. Years to Plan Insolvency (0 means insolvent in current year)	Not by 2050
7. Projection of Credit Balance Graph:	



Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment F to the 2024 Schedule MB of Form 5500
Schedule MB, lines 9(c) and 9(h) - Schedule of Funding Standard Account Bases

	<u>Initial Amount</u>	<u>Date of First Charge or Credit</u>	<u>Remaining Period</u>		<u>Outstanding Balance Beg. of Year</u>	<u>Amortization Charge or Credit</u>
1. <u>Amortization Charges</u>						
a. Plan Amendment (Non-Retiree)	\$ 743,205	1/1/1990	1.000	*	\$ 24,596	\$ 24,596
b. Plan Amendment (Retiree)	665,663	1/1/1990	1.000	*	22,034	22,034
c. Plan Amendment (Non-Retiree)	210,371	1/1/1991	2.000	*	15,934	8,237
d. Plan Amendment (Retiree)	267,240	1/1/1991	2.000	*	20,255	10,469
e. Plan Amendment (Non-Retiree)	1,599,376	1/1/1992	3.000	*	197,454	70,316
f. Plan Amendment (Retiree)	2,035,374	1/1/1992	3.000	*	251,294	89,492
g. Plan Amendment (Non-Retiree)	419,229	1/1/1993	4.000	*	72,749	20,072
h. Plan Amendment (Retiree)	538,835	1/1/1993	4.000	*	93,506	25,798
i. Plan Amendment (Non-Retiree)	245,544	1/1/1994	5.000	*	55,039	12,545
j. Plan Amendment (Retiree)	346,946	1/1/1994	5.000	*	77,771	17,727
k. Plan Amendment (Non-Retiree)	585,506	1/1/1996	7.000	*	189,454	32,854
l. Plan Amendment (Retiree)	962,658	1/1/1996	7.000	*	311,465	54,012
m. Plan Amendment (Non-Retiree)	919,120	1/1/1997	8.000	*	341,084	53,383
n. Plan Amendment (Retiree)	1,458,353	1/1/1997	8.000	*	541,177	84,701
o. Plan Amendment	1,544,379	1/1/1998	9.000	*	643,663	92,331
p. Plan Amendment	1,630,950	1/1/1998	10.000	*	751,001	99,930
q. Plan Amendment	3,418,563	1/1/2000	11.000	*	1,716,389	213,918
r. Plan Amendment	425,629	1/1/2002	13.000	*	246,451	27,558
s. Actuarial Loss	364,412	1/1/2005	1.000	*	16,435	16,435
t. Actuarial Loss	836,066	1/1/2006	2.000	*	86,290	44,602
u. Actuarial Loss	341,119	1/1/2008	4.000	*	80,643	22,249

* Bases operating under a 431(d)(1) amortization extension which was granted on September 13, 2018.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment F to the 2024 Schedule MB of Form 5500
Schedule MB, lines 9(c) and 9(h) - Schedule of Funding Standard Account Bases
(Continued)

	<u>Initial Amount</u>	<u>Date of First Charge or Credit</u>	<u>Remaining Period</u>	<u>Outstanding Balance Beg. of Year</u>	<u>Amortization Charge or Credit</u>
1. <u>Amortization Charges (Continued)</u>					
v. 2008 PRA Elig. '08 Loss	\$ 4,459,589	1/1/2009	14.000	\$ 3,176,597	\$ 339,465
w. 2009 PRA Elig. '08 Loss	1,891,355	1/1/2010	14.000	1,362,828	145,638
x. 2010 PRA Elig. '08 Loss	3,620,037	1/1/2011	14.000	2,641,168	282,247
y. 2011 Actuarial Loss	2,239,036	1/1/2012	8.000 *	1,132,007	177,173
z. 2012 Actuarial Loss	1,113,266	1/1/2013	9.000 *	632,147	90,678
aa. 2014 Actuarial Assumption Change	63,609	1/1/2014	10.000 *	39,906	5,310
ab. 2014 Actuarial Loss	164,352	1/1/2015	11.000 *	112,425	14,012
ac. 2015 Actuarial Loss	613,347	1/1/2016	12.000 *	452,585	53,254
ad. 2016 Actuarial Loss	864,940	1/1/2017	13.000 *	682,354	76,303
ae. 2017 Actuarial Assumption Change	1,530,057	1/1/2017	13.000 *	1,207,068	134,978
af. 2017 Actuarial Loss	286,535	1/1/2018	9.000	204,967	29,402
ag. 2018 Plan Change	174,940	1/1/2018	9.000	125,139	17,951
ah. 2018 Actuarial Loss	1,416,075	1/1/2019	10.000	1,092,008	145,306
ai. 2023 Actuarial Loss	1,241,160	1/1/2024	15.000	<u>1,241,160</u>	<u>127,358</u>
aj. Total Charges				\$ 19,857,043	\$ 2,682,334

* Bases operating under a 431(d)(1) amortization extension which was granted on September 13, 2018.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment F to the 2024 Schedule MB of Form 5500
Schedule MB, lines 9(c) and 9(h) - Schedule of Funding Standard Account Bases
(Continued)

	<u>Initial Amount</u>	<u>Date of First Charge or Credit</u>	<u>Remaining Period</u>	<u>Outstanding Balance Beg. of Year</u>	<u>Amortization Charge or Credit</u>
2. <u>Amortization Credits</u>					
a. 2013 Actuarial Gain	\$ 242,987	1/1/2014	5.000	\$ 109,395	\$ 24,933
b. 2018 Actuarial Assumption Change	617,136	1/1/2018	9.000	441,464	63,325
c. 2018 Plan Change	1,214,748	1/1/2018	9.000	868,959	124,647
d. 2019 Actuarial Gain	286,968	1/1/2020	11.000	236,267	29,446
e. 2020 Actuarial Gain	2,191,846	1/1/2021	12.000	1,911,432	224,909
f. 2021 Actuarial Gain	2,178,740	1/1/2022	13.000	1,999,267	223,564
h. 2022 Actuarial Gain	468,049	1/1/2023	14.000	449,424	48,027
i. Total Credits				\$ 6,016,208	\$ 738,851
3. Credit Balance				\$ 4,493,494	
4. Balance Test = (1) - (2) - (3)				\$ 9,347,341	
5. Unfunded Actuarial Accrued Liability				\$ 9,347,341	

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment G to the 2024 Schedule MB of Form 5500
Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

Actuarial Basis - Mandated Changes

There were two changes in the actuarial basis from the prior year.

1. To comply with the change in RPA '94 prescribed interest, the interest rate for RPA '94 current liability purposes was changed from 2.19% to 3.29%.
2. To comply with the change in RPA '94 prescribed mortality, the mortality basis was changed from the IRS prescribed static mortality table for 2023 valuation dates to the IRS prescribed static mortality table for 2024 valuation dates.

Actuarial Basis - Discretionary Changes

There were no changes to the actuarial basis from the prior year.

Plan of Benefits

There were no changes to the plan of benefits from the prior year.

Contribution Increases

The contribution rate related to traditional defined benefits increased from \$15.31 per hour to \$15.41 per hour as of July 2023. The contribution rate supporting the cash balance annuity benefits remained at \$1.75 per hour as of July 2023.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment B to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

The actuarial cost method for determining Actuarial Accrued Liability and Normal Cost is the Unit Credit Cost Method. The cost method has not changed since the prior valuation.

Asset Valuation Method

Twenty-five percent of the gain or loss on the market value of assets for each Plan Year is recognized over the four succeeding years. The actuarial value determined above will never be permitted to be less than 80% nor more than 120% of the market value of assets.

The method used to determine the actuarial value of assets is the same as that used in the prior valuation.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment B to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Interest Rate (Net of Investment Expenses)

For RPA '94 Current Liability	3.29% per year
Withdrawal Liability Purposes	6.00% per year
For All Other Purposes	7.00% per year

Administrative Expenses

Average of prior 3 years' actual expenses, adjusted for 5% annual growth, rounded up to the next multiple of \$1,000. The 2024 assumption was \$224,000 as of the beginning of the year.

Mortality -- Healthy lives

RP-2014 Blue Collar mortality table set forward five years for males and females. There is no projected mortality improvement.

-- Disabled lives

RP-2014 Disabled Retiree mortality table.

-- RPA 94 current liability

IRS prescribed static mortality table for 2024 valuation dates.

Retirement Decrements for Active Participants

<u>Age/Service*</u>	<u>3.0 – 9.9</u>	<u>10.0 – 24.9</u>	<u>25.0 – 29.9</u>	<u>30+</u>
<55**	n/a	n/a	0.05	0.25
55 – 64	n/a	0.10	0.10	1.00
65+	1.00	1.00	1.00	1.00

* Credited service is used for retirement decrements.

** Not applicable to participants hired after 12/31/2002.

Retirement Age for Inactive Participants

Age 65

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment B to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Withdrawal

Unisex rates varying with age. Sample rates follow:

<u>Age</u>	<u>Rate</u>
25	0.0493
30	0.0341
35	0.0237
40	0.0131
45	0.0067
50	0.0000
55	0.0000
60	0.0000
65	0.0000

Disability Incidence

Rates varying by age and gender. Sample rates follow:

<u>Age</u>	<u>Males</u>	<u>Females</u>
25	0.0017	0.0010
30	0.0022	0.0017
35	0.0030	0.0027
40	0.0044	0.0040
45	0.0066	0.0060
50	0.0109	0.0094
55	0.0188	0.0152
60	0.0272	0.0186
65	0.0000	0.0000

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment B to the 2024 Schedule MB of Form 5500
Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
(Continued)

Normal Cost Hours	Based on the greatest of (i) prior year's contribution hours, (ii) the average of the past two years' contributions hours, and (iii) 800.
Form of Payment	Married participants elect Joint and 50% Survivor; single participants elect Life Annuity.
Percentage Married	100%
Spouse Age	Participants and their spouses are the same age.
Pre-Retirement Surviving Benefits	Surviving spouses of participants that had less than 10 years of service at the time of death are assumed to elect the immediate \$300 temporary annuity. All other surviving spouses are assumed to receive the Pre-Retirement Surviving Spouse Benefit as described in Section 7.1 of this report.

Rationale for Assumptions

Interest Rate	The interest rate assumption for all purposes other than for RPA '94 Current Liability reflects the anticipated investment return from the Pension Fund, net of investment expenses. This long-term assumption reflects past experience, future expectations, and input from the Fund's investment manager. Based on these factors, the Fund's asset allocation, and our professional judgment, we consider 7.00% to be a reasonable assumption with no significant bias.
Demographic Assumptions	The assumptions for mortality, disability, withdrawal and retirement rates are reviewed annually to ensure their reasonableness on both an individual and an aggregate basis. These assumptions reflect past experience, future expectations, and applicable Plan provisions. Based on these factors and our professional judgment, we consider these assumptions to be reasonable with no significant bias.
Mortality Improvement	Based on past experience, future expectations, and our professional judgment, we consider the assumption of no mortality improvement beyond the valuation date to be reasonable.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment A to 2024 Schedule MB of Form 5500
Schedule MB, line 3 - Contributions Made to Plan

Contributions are made by participating employers on a regular basis and, for Schedule MB purposes, are assumed to have been made in equal installments on the 15th of each month during the Plan Year.

There were no withdrawal liability payments received during the Plan Year.

Asbestos Workers Local 42 Pension Fund
EIN: 51-6011235 - Plan Number: 001

Attachment E to the 2024 Schedule MB of Form 5500
Schedule MB, Line 8c, 8d, & 8e - Extension of Amortization Charges

On March 12, 2018, the Plan Sponsor applied for a 5-year extension of the eligible amortization charge bases in effect as of January 1, 2017 (excluding those set up to amortize the Pension Relief Act Eligible 2008 loss and other ineligible bases). The Commissioner granted automatic approval of this extension pursuant to Section 431(d) of the Code on September 13, 2018.

The minimum required contribution for the 2024 Plan Year was \$2,723,499 with the amortization extension, and would have been \$4,541,357 without regard to the amortization extension.

	<u>With Extension</u>	<u>Without Extension</u>	<u>Difference</u>
1. Normal Cost	\$ 601,843	\$ 601,843	\$ 0
2. Net Amortization	1,943,483	3,642,416	1,698,933
3. Interest	<u>178,173</u>	<u>297,098</u>	<u>118,925</u>
4. Total Net Charges	\$ 2,723,499	\$ 4,541,357	\$ 1,817,858
Interest Rate	7.00%		

ASBESTOS WORKERS LOCAL 42 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024



ASBESTOS WORKERS LOCAL 42 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

INDEX

	<u>Page Number</u>
Independent Auditor's Report	1 - 3
Statements of Net Assets Available for Benefits December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023	5
Notes to Financial Statements	6 - 15
Supplemental Information:	
Schedule A Schedule of Assets (Held At End of Year) December 31, 2024	16 - 26
Schedule B Schedule of Reportable Transactions For the Year Ended December 31, 2024	27
Schedule C Schedules of Administrative Expenses For the Years Ended December 31, 2024 and 2023	28





INDEPENDENT AUDITOR'S REPORT

Trustees of Asbestos Workers Local 42 Pension Fund
Southeastern, Pennsylvania

Opinion

We have audited the accompanying financial statements of the Asbestos Workers Local 42 Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Asbestos Workers Local 42 Pension Fund as of December 31, 2024 and 2023, and the changes in 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Asbestos Workers Local 42 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Asbestos Workers Local 42 Pension Fund'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.

(Continued on next page)

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Asbestos Workers Local 42 Pension Fund's internal control. Accordingly, no such opinion is expressed.

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

Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Asbestos Workers Local 42 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

(Continued on next page)



INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA

Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules for the year ended December 31, 2024 on pages 16 through 28 are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental information on pages 16 through 28 is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Fund's 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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.

Bachelor & Company

Cherry Hill, New Jersey
October 8, 2025



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSTATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITSDECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
INVESTMENTS, at fair value		
U. S. Government and Government agencies securities	\$ 1,959,590	\$ 1,264,604
Corporate bonds	1,583,719	4,134,558
Common stocks	8,837,504	9,044,365
Mutual Funds	6,263,927	6,020,201
Common collective trusts	1,323,134	1,376,939
Limited partnerships and other trusts	17,489,280	13,373,758
Money market funds	360,409	334,995
	<hr/>	<hr/>
Total Investments	37,817,563	35,549,420
RECEIVABLES		
Employers' contributions	572,217	519,917
Interest and dividends	35,515	74,165
CASH - NON-INTEREST BEARING		
Operating	31,505	161,883
Benefit	275,902	378,481
OTHER ASSETS		
Prepaid expenses	1,312	7,087
	<hr/>	<hr/>
Total Assets	38,734,014	36,690,953
<u>Liabilities</u>		
ACCRUED EXPENSES		
	22,535	28,754
DUE TO OTHER LOCAL 42 FUNDS		
	23,030	54,310
	<hr/>	<hr/>
Total Liabilities	45,565	83,064
	<hr/>	<hr/>
Net Assets Available for Benefits	\$ 38,688,449	\$ 36,607,889
	<hr/> <hr/>	<hr/> <hr/>

See notes to financial statements.



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSTATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITSFOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 3,138,782	\$ 2,118,022
Interest and dividends	431,362	599,728
Less investment management fees	<u>(95,536)</u>	<u>(84,309)</u>
Net Investment Income	<u>3,474,608</u>	<u>2,633,441</u>
Contributions:		
Employers' contributions	3,086,976	2,870,996
Reciprocal payments	<u>135,599</u>	<u>151,486</u>
Total Contributions	<u>3,222,575</u>	<u>3,022,482</u>
 Total Additions	 <u>6,697,183</u>	 <u>5,655,923</u>
 DEDUCTIONS		
Benefits paid	4,192,683	4,273,129
Reciprocal payments	211,122	134,006
Administrative expenses	<u>212,818</u>	<u>208,120</u>
Total Deductions	<u>4,616,623</u>	<u>4,615,255</u>
Net Increase in Net Assets Available for Benefits	2,080,560	1,040,668
 Net Assets Available for Benefits:		
At the beginning of the year	<u>36,607,889</u>	<u>35,567,221</u>
At the end of the year	<u>\$ 38,688,449</u>	<u>\$ 36,607,889</u>

See notes to financial statements.



ASBESTOS WORKERS LOCAL 42 PENSION FUNDNOTES TO FINANCIAL STATEMENTSDECEMBER 31, 2024NOTE 1. Description of the Plan

The following brief description of the Asbestos Workers Local 42 Pension Fund (the Fund) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General:

The Fund is a defined benefit pension plan covering asbestos workers who are within the jurisdiction of the International Association of Heat and Frost Insulators and Asbestos Workers, Local No. 42 (Local No. 42) and employed by participating employers who are subject to the Agreement and Declaration of Trust or collective bargaining agreements with Local No. 42. The Fund was formed in 1959 under an Agreement and Declaration of Trust (Agreement) between Local No. 42 and employers in the insulating and asbestos field and, under the terms of the Agreement, is operated and administered by the Board of Trustees (Trustees). The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits:

Participants satisfying certain preconditions are provided normal retirement at the earlier of completion of 25 years of credited service or the attainment of age 65 (or the 5th anniversary of participation for participants with an hour of service on or after January 1, 1988, or the 10th anniversary of participation for other participants, if later), early retirement beginning at age 55 and completion of 10 years of credited service, deferred vested retirement if the participant is non-active with at least 10 years of vesting service (5 years of vesting service if a non-bargaining unit employee with an hour of service on or after January 1, 1989), and disability retirement if the participant has at least 10 years of credited service, has worked at least 500 hours during a two-year period ending on the date the disability began and is permanently and totally disabled. Retirement benefits are determined based on the appropriate benefit unit at the date of retirement multiplied by years of credited service. The Fund also provides certain death benefits to eligible beneficiaries.

The Fund has a noncontributory cash balance feature covering substantially all participants. A hypothetical account is maintained for each participant in which employer contributions are credited to the participant's account for the benefit of the individual.

Funding Policy:

Employer contributions to the Fund are based upon hourly contribution rates. These rates change pursuant to and are determined by collective bargaining agreements between local unions which are members of the International Association of Heat and Frost Insulators and Asbestos Workers, on the one part, and associations of insulation contractors and individual contractors, on the other part.

The Fund satisfied the minimum funding requirements of ERISA through December 31, 2024.

Although they have not expressed any intent to do so, the trustees have the right under the Fund to terminate the Fund subject to the provisions set forth in ERISA.



NOTES TO FINANCIAL STATEMENTS – ContinuedNOTE 2. Summary of Significant Accounting Policies**Basis of Accounting:**

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

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from those estimates.

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Fund's Trustees determine its valuation policies utilizing information provided by its investment advisers. See Note 8 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses:

The Fund's expenses are paid by the Fund, as provided for by the plan document. These expenses, which are incurred in connection with the general administration of the Fund, are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events:

The Fund has evaluated subsequent events through October 8, 2025, which is the date the financial statements were available to be issued.

NOTE 3. Employers' Contributions Receivable:

This amount represents contributions received shortly after the close of the Fund's year end. Therefore, an allowance for doubtful accounts is deemed unnecessary. The amount may include contributions that were deposited to the cash account of Asbestos Workers Local 42 Welfare Fund but have not yet been transferred to the Pension Fund. The cash account of that Welfare Fund acts as a clearing account for contributions paid by employers in a lump sum for several employee benefit funds and Local No. 42. The amount does not include any additional amounts that may be due from delinquent contributing employers, unless those amounts are known.



NOTES TO FINANCIAL STATEMENTS -- Continued**NOTE 4. Related-Party and Party-in-Interest Transactions:**

As described in Note 2, the Fund paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTE 5. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	<u>\$ 38,688,449</u>	<u>\$ 36,607,889</u>
Net assets available for benefits per the Form 5500	<u>\$ 38,688,449</u>	<u>\$ 36,607,889</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the net income per the Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase in net assets available for benefits per financial statements	<u>\$ 2,080,560</u>	<u>\$ 1,040,668</u>
Net income (loss) per the Form 5500	<u>\$ 2,080,560</u>	<u>\$ 1,040,668</u>

NOTE 6. Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Fund'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 accumulated based on the employee's hours worked each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, retirement, death, and disability, are included in the actuarial present value of accumulated plan benefits, to the extent they are deemed attributable to participant service rendered to the valuation date.

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



NOTES TO FINANCIAL STATEMENTS -- ContinuedNOTE 6. Actuarial Present Value of Accumulated Plan Benefits - continued

With respect to the cash balance maintained for each participant, benefits under the plan are based on the participant's hypothetical account balance.

The actuarial present value of accumulated plan benefits as of January 1, 2024 (most recent valuation date) are as follows:

Actuarial present value of accumulated plan benefits:	
Participants currently receiving benefits	\$ 34,214,103
Active participants	11,090,861
Persons with deferred benefits	<u>1,515,342</u>
Total vested benefits	46,820,306
Non-vested accumulated benefits	<u>2,462,280</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 49,282,586</u></u>

The following factors affected the change in the actuarial present value of accumulated Plan benefits from January 1, 2023 to January 1, 2024:

Actuarial present value of accumulated plan benefits - January 1, 2023	<u>\$ 49,452,188</u>
Change during the year attributed to:	
Benefits accumulated during the year	791,433
Decrease in discount period	3,312,094
Benefits paid	<u>(4,273,129)</u>
Net changes	<u>(169,602)</u>
Actuarial present value of accumulated plan benefits - January 1, 2024	<u><u>\$ 49,282,586</u></u>

The significant actuarial assumptions used in the valuation as of January 1, 2024 are as follows:

Actuarial cost method:	Unit Credit Cost Method.
Asset valuation method:	Twenty-five percent of the gain or loss on the market value of assets for each plan year is recognized each of the four succeeding years. The actuarial value determined above will never be permitted to be less than 80% nor more than 120% of the market value of assets.
Interest Rate (net of investment expenses):	
For RPA '94 Current Liability:	3.29% per year
For Withdrawal Liability Purposes:	6.0% per year
For All Other Purposes:	7.0% per year
Administrative Expenses:	Average of prior 3 years actual expenses, adjusted for 5% annual growth. The 2024 assumption was \$224,000.



NOTES TO FINANCIAL STATEMENTS – ContinuedNOTE 6. Actuarial Present Value of Accumulated Plan Benefits - continuedSummary of Actuarial Assumptions - continued:

Retirement decrements for active participants:

Age	Service			
	3.0 - 9.9	10.0 - 24.9	25.0 - 29.9	30+
<55	N/A	N/A	0.05	0.25
55-64	N/A	0.10	0.10	1.00
65+	1.00	1.00	1.00	1.00

Retirement age for inactive participants:	Age 65
Withdrawal:	Unisex rates varying with age.
Disability incidence:	Rates varying by age and gender.
Normal cost hours:	Based on the greater of (i) prior year's contribution hours, (ii) the average of the past two years' contribution hours, or (iii) 800.
Form of payment:	Married elect Joint and 50% Survivor.
Percentage married	100%
Spouse's age:	Participants and their spouses are the same age.
Pre-retirement surviving benefits:	Married survivors of Participants with less than 10 years of service will elect the immediate \$300 temporary annuity. All other married survivors will elect the traditional QPSA.

The foregoing actuarial assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining 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. Had the valuation been performed as of December 31, there would be no material difference.

Endangered Status:

The Fund was certified to be in the green zone for the 2023 and 2024 Plan Years.



NOTES TO FINANCIAL STATEMENTS – Continued**NOTE 7. Income Tax Status**

The Fund obtained its latest determination letter on April 3, 2015, in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements of the IRC. The Fund has been amended since receiving that determination letter. However, the Fund's administrator and the Fund's tax counsel believe that the Fund is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Fund was qualified, and the related Trust was tax-exempt as of the financial statement date.

In addition, the Fund and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Fund's management and legal counsel believe that the Fund is being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the related trust is tax-exempt.

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

NOTE 8. Fair Value Measurements

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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



NOTES TO FINANCIAL STATEMENTS – ContinuedNOTE 8. Fair Value Measurements - continued

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.

U.S. Government and Government agencies securities, municipal obligations, and common stocks: Valued at the closing price reported in the active market in which the individual security is traded.

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

Mutual funds, money market funds, and exchange traded funds (ETFs): Valued at the daily closing price as reported by the fund. Mutual funds and ETFs held by the Plan are open-ended funds that 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 also deemed to be actively traded.

Real Estate Limited common collective trust: Valued at net asset value (NAV) of units held, without further adjustment. 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.

Limited partnerships and fund of funds: The fair values of limited partnerships recorded by the Plan are determined from financial statements received by the Fund from the limited partnerships or other entities in which the Fund has invested. Some of these financial statements are financial statements audited by independent auditors other than the Fund's independent auditors and some are unaudited financial statements. In addition, most of these investment vehicles operate as "fund of funds" which invest in limited partnerships and other nonmarketable investments. The entities in which the Fund invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.



NOTES TO FINANCIAL STATEMENTS - Continued

NOTE 8. Fair Value Measurements - continued

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

	Fair Value Measurement			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
December 31, 2024:				
Investments, at fair value:				
U.S. Government and Gov't				
agencies securities	\$ -	\$ 1,959,590	\$ -	\$ 1,959,590
Corporate bonds	-	1,583,719	-	1,583,719
Common stocks	8,837,504	-	-	8,837,504
Mutual funds	6,263,927	-	-	6,263,927
Short-term investments	360,409	-	-	360,409
Total Investments	<u>\$ 15,461,840</u>	<u>\$ 3,543,309</u>	<u>\$ -</u>	<u>19,005,149</u>
Investments measured at NAV:				
Common collective trusts				1,323,134
Limited partnerships and other trusts				17,489,280
				<u>\$ 37,817,563</u>

For the year ended December 31, 2024, there were no transfers in or out of levels 1, 2 or 3.

December 31, 2023:

Investments, at fair value:

U.S. Government and Gov't

agencies securities	\$ -	\$ 1,264,604	\$ -	\$ 1,264,604
Corporate bonds	-	4,134,558	-	4,134,558
Common stocks	9,044,365	-	-	9,044,365
Mutual funds	6,020,201	-	-	6,020,201
Short-term investments	334,995	-	-	334,995
Total Investments	<u>\$ 15,399,561</u>	<u>\$ 5,399,162</u>	<u>\$ -</u>	<u>20,798,723</u>

Investments measured at NAV:

Common collective trusts				1,376,939
Limited partnerships and other trusts				13,373,758
				<u>\$ 35,549,420</u>

For the year ended December 31, 2023, there were no transfers in or out of levels 1, 2 or 3.

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



NOTES TO FINANCIAL STATEMENTS - ContinuedNOTE 8. Fair Value Measurements - continued

The following tables summarize the Fund's investments in certain entities that calculate NAV per share as fair value measurement 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>
Common collective trusts:				
NewTower Trust Company Multi-Employer Property Trust	\$ 1,323,134	None	Quarterly	N/A
Limited partnerships and other trusts:				
Boyd Watterson GSA Fund, L.P.	1,945,861	None	N/A	N/A
Grosvenor Institutional Partners, L.P.	3,048,831	None	N/A	N/A
GCM Grosvenor Opportunistic Cred, Fd.	2,096,423	None	N/A	N/A
U.S. Real Estate Investment Fund, LLC	3,459,623	None	N/A	N/A
Hardman Johnston International Equity Group Trust	3,124,687	None	N/A	N/A
APC High Yield Bond Fund, LP	3,813,855	None	N/A	N/A
<u>December 31, 2023</u>				
Common collective trusts:				
NewTower Trust Company Multi-Employer Property Trust	\$ 1,376,939	None	Quarterly	N/A
Limited partnerships and other trusts:				
Boyd Watterson GSA Fund, L.P.	2,190,663	None	N/A	N/A
Grosvenor Institutional Partners, L.P.	2,763,562	None	N/A	N/A
GCM Grosvenor Opportunistic Cred, Fd.	1,913,075	None	N/A	N/A
U.S. Real Estate Investment Fund, LLC	3,741,141	None	N/A	N/A
Hardman Johnston International Equity Group Trust	2,765,317	None	N/A	N/A

The Fund's investment in the common collective trust (CCT) category is comprised of an investment in an open-ended, commingled real estate fund established as a means for the collective investment in real estate properties and loans by funds of retirement, pension, profit sharing, and other organizations that are exempt from federal income taxes.

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

The fair value of real estate equity and debt investments and private placements may differ significantly from the price at which it could be sold to a willing buyer at a particular point in time. Accordingly, the value of those investments, as reflected on the accompanying statements of net assets available for benefits, do not necessarily represent the liquidation value. It is the opinion of management that the total value of the property and improvements included in the accompanying statements of net assets available for benefits represents its fair market value. However, because of the inherent uncertainty and subjectivity of the valuation process, those values may differ significantly from the values that would have been used had a ready market for the real estate equity, debt and private placements existed, and the difference could be material to the financial statements.



NOTES TO FINANCIAL STATEMENTS – ContinuedNOTE 9. Risks and Uncertainties

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

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

The Fund maintains the majority of its cash in one financial institution. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The cash balances of the Fund often exceed this insured limit and as of December 31, 2024, the Fund had \$ -0- in excess of the FDIC insurance coverage.

NOTE 10. Termination of the Plan

It is the present intention of the Trustees to continue the Fund indefinitely. In the event of the termination of the Fund for any reason, the assets of the Fund shall be liquidated and allocated to the benefit of the participants as described in Article XII of the Plan document. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 11. Due to Other Local 42 Funds

The balance represents amounts due to the Asbestos Workers Local 42 Health and Welfare Fund for health benefits withheld from pensioners.



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

(a)	(b) Issue	(c) Shares/ Principal	(c) Interest Rate	(c) Maturity Date	(d) Cost	(e) Current Value
<u>United States Government and Government agencies bonds and notes:</u>						
	FFCB	\$ 25,000	3.300 %	03/23/32	\$ 25,000	\$ 22,722
	FFCB	15,000	4.300	05/17/32	15,000	14,473
	FFCB	25,000	4.980	07/20/32	25,000	24,869
	FFCB	34,125	1.000	03/23/26	34,125	32,771
	FHLB	25,000	3.500	04/26/27	25,000	24,499
	FHLB	30,000	1.150	10/26/26	30,000	28,323
	FHLB	40,000	1.500	11/23/26	40,000	37,949
	FHLB	15,000	1.900	02/17/27	15,000	14,264
	FHLMA Pool #G04484	308	6.000	08/01/38	318	319
	FHLMC Pool # SB8233	15,204	4.500	06/01/38	15,002	14,874
	FHLMC Pool # SB8257	28,524	5.500	09/01/38	28,368	28,716
	FHLMC Pool # SB3857	18,407	6.000	09/01/53	18,239	18,499
	FHLMC UMBS Pool #QE9161	8,517	4.500	09/01/52	8,326	8,024
	FHLMC UMBS Pool #RB5318	39,663	4.500	11/01/44	38,206	37,847
	FHLMC UMBS Pool #RA8248	8,783	5.000	11/01/52	8,780	8,511
	FHLMC REMIC	26,821	6.000	07/25/48	26,821	27,078
	FNMA Pool #AI6578	919	4.500	07/01/41	978	891
	FNMA	25,000	4.125	08/28/25	25,000	24,943
	FNMA REMIC	29,095	5.000	09/25/50	28,841	28,699
	FNMA UMBS Pool #MA5099	20,893	4.000	07/01/38	19,995	20,061
	FNMA UMBS Pool #MA5202	27,013	6.000	11/01/38	26,970	27,464
	FNMA UMBS Pool #BY3394	13,486	5.500	06/01/53	13,144	13,323
	FNMA UMBS Pool #CB5384	54,640	4.500	12/01/52	52,143	51,507
	U.S. Treasury Note	135,000	2.750	08/15/32	122,375	119,722
	U.S. Treasury Note	180,000	1.625	09/30/26	180,633	172,135
	U.S. Treasury Note	105,000	3.250	06/30/29	101,681	100,194
	U.S. Treasury Note	10,000	4.375	05/15/34	9,935	9,846
	U.S. Treasury Note	120,000	1.125	08/31/28	109,297	107,030
	U.S. Treasury Note	15,000	4.125	09/30/27	15,246	14,941
	U.S. Treasury Note	80,000	4.500	11/15/33	82,734	79,637
	U.S. Treasury Note	120,000	0.625	05/15/30	96,523	98,464
	U.S. Treasury Note	105,000	2.375	05/15/27	99,440	100,555
	U.S. Treasury Note	220,000	1.375	11/15/31	177,763	179,775
	U.S. Treasury Note	175,000	2.625	03/31/25	176,057	174,311
	U.S. Treasury Note	145,000	1.125	02/15/31	131,668	119,663
	Total U.S. Government and Government agencies bonds and notes				<u>1,823,608</u>	<u>1,786,899</u>
<u>United States Treasury inflation protected securities:</u>						
	U.S. Treasury Notes (TIPS)	\$ 39,128	0.125 %	04/15/27	\$ 35,890	\$ 37,503
	U.S. Treasury Notes (TIPS)	90,072	1.125	01/15/33	82,228	82,841
	U.S. Treasury Notes (TIPS)	52,735	1.750	01/15/28	49,875	52,347
	Total United States Treasury inflation protected securities				<u>167,993</u>	<u>172,691</u>
	Total U.S. Government and Government agencies securities				<u>1,991,601</u>	<u>1,959,590</u>
Note: Column (a) is blank as there were no parties-in-interest.						Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

(a)	(b) Issue	(c) Principal	(c) Interest Rate	(c) Date	(d) Cost	(e) Current Value
<u>Corporate bonds - domestic</u>						
	Accenture Capital	\$ 15,000	3.900 %	10/04/27	\$ 14,907	\$ 14,778
	Amgen, Inc.	45,000	5.250	03/02/33	44,935	44,667
	Anheuser-Busch InBev	15,000	3.500	06/01/30	14,912	14,063
	Anthem Inc.	40,000	3.650	12/01/27	39,798	38,913
	Ares Capital	25,000	3.250	07/15/25	25,536	24,757
	Ares Capital	40,000	3.875	01/15/26	40,183	39,542
	Blackrock Funding	10,000	4.600	07/26/27	10,006	10,022
	Blackrock Funding	30,000	4.700	03/14/24	29,988	30,022
	Comcast Corp.	65,000	4.150	10/15/28	65,657	63,389
	Comcast Corp.	45,000	4.250	10/15/30	49,243	43,393
	CVS Health Corp.	50,000	3.250	08/15/29	50,121	45,520
	Duke Energy Carolinas	60,000	4.850	01/15/34	58,798	58,153
	Extra Space Storage, Inc.	35,000	2.200	10/15/30	33,347	29,779
	FMC Corp.	20,000	3.450	10/01/29	21,214	18,317
	FMC Corp.	15,000	5.150	05/18/26	14,957	15,016
	General Motors Fin'l Co.	20,000	5.650	01/17/29	20,363	20,297
	Georgia Power Company	25,000	5.000	02/23/27	24,988	25,192
	Goldman Sachs Group	70,000	3.691	06/05/28	70,112	67,988
	Healthpeak Properties	25,000	2.875	01/15/31	24,910	22,014
	Hewlett Packard, Inc.	30,000	5.000	10/15/34	29,603	28,835
	InterContinental Hotels	20,000	4.600	03/15/33	19,626	19,173
	Jefferies Financial Group, Inc.	20,000	5.875	07/21/28	20,061	20,451
	Jefferies Financial Group, Inc.	25,000	6.200	04/14/34	25,142	25,764
	Lincoln National Corp.	20,000	3.400	01/15/31	19,778	17,982
	Oracle Corp.	30,000	6.250	11/09/32	30,828	31,793
	Owl Rock Capital Corp.	40,000	3.400	07/15/26	39,720	38,755
	Philip Morris International, Inc.	45,000	5.250	02/13/34	44,116	44,474
	Philip Morris International, Inc.	30,000	5.625	09/07/33	29,564	30,478
	Precision Castparts Corp.	15,000	3.250	06/15/25	16,241	14,913
	Rockwell Automation	35,000	3.500	03/01/29	37,726	33,243
	Safehold Operating Partnership	30,000	2.850	01/15/32	29,736	25,205
	Safehold Operating Partnership	35,000	2.800	06/15/31	34,635	29,883
	Simon Property Group LP	65,000	2.450	09/13/29	61,988	58,448
	Simon Property Group LP	15,000	3.500	09/01/25	16,281	14,894
	Tractor Supply Company	20,000	5.250	05/15/33	19,890	19,988
	Verizon Communications, Inc.	45,000	2.550	03/21/31	42,843	38,752
	Virginia Electric & Power	10,000	5.050	08/15/34	9,977	9,750
	Virginia Electric & Power	30,000	3.500	03/15/27	32,734	29,236
	Walt Disney Company	25,000	3.375	11/15/26	27,532	24,466
	WarnerMedia Holdings, Inc.	25,000	6.412	03/15/26	25,019	25,027
	Total corporate bonds - domestic				<u>\$ 1,267,015</u>	<u>\$ 1,207,332</u>

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> <u>Issue</u>	<u>(c)</u> <u>Principal</u>	<u>(c)</u> <u>Interest</u> <u>Rate</u>	<u>(c)</u> <u>Date</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current</u> <u>Value</u>
<u>Corporate bonds - floating rate:</u>						
	Bank of America	\$ 25,000	Floating	02/05/26	\$ 25,005	\$ 25,021
	Bank of America	25,000	Floating	11/10/28	26,406	25,882
	JP Morgan Chase & Co.	45,000	Floating	02/24/26	44,297	44,845
	JP Morgan Chase & Co.	45,000	Floating	12/05/29	49,250	44,099
	Merrill Lynch & Co.	35,000	Floating	09/15/26	34,217	35,050
	Morgan Stanley	40,000	Floating	04/28/26	40,568	39,643
	Morgan Stanley	30,000	Floating	04/20/28	29,347	29,570
	Morgan Stanley	30,000	Floating	04/18/30	31,212	30,538
	PNC Financial Services Group, Inc	35,000	Floating	01/21/28	35,069	35,304
Totals corporate bonds - floating rate					<u>315,371</u>	<u>309,952</u>
<u>Money market instruments:</u>						
	Truist Bank	\$ 65,000	2.250 %	03/11/30	\$ 60,463	\$ 55,817
<u>Corporate asset backed securities:</u>						
	Small Business Admin ABS	\$ 11,572	2.920	01/01/38	\$ 11,129	\$ 10,618
Total corporate bonds					<u>1,653,978</u>	<u>1,583,719</u>

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic:</u>				
	3M Company	114	\$ 13,672	\$ 14,716
	A.O. Smith Corp.	160	11,869	10,914
	AbbVie Inc.	217	27,389	38,561
	Abercrombie & Fitch, Corp.	462	53,570	69,055
	Acadia Pharmaceuticals, Inc.	1,396	24,135	25,617
	Acadia Realty Trust	439	10,796	10,606
	ACI Worldwide, Inc.	606	22,407	31,457
	Acuity Brands, Inc.	177	27,541	51,707
	ACV Auctions, Inc.	949	19,859	20,498
	AerCap Holdings	501	48,229	47,946
	Affiliated Managers Group, Inc.	278	44,349	51,408
	AGCO Corporation	146	12,332	13,648
	Agilysys, Inc.	217	27,362	28,581
	Akero Therapeutics, Inc.	495	15,606	13,771
	Allison Transmission Holdings, Inc.	130	5,443	14,048
	Ally Financial Inc.	1,312	54,895	47,245
	Alphabet, Inc. Class A	440	77,787	83,292
	Amdocs Limited	956	81,458	81,394
	Ameriprise Financial Inc.	87	14,150	46,321
	Amphenol Corp. Class A	1,093	69,303	75,909
	Apple Inc.	346	40,942	86,645
	Aptar Group, Inc.	131	19,014	20,580
	Archrock, Inc.	907	9,329	22,575
	Arista Networks, Inc.	808	25,067	89,308
	Astera Labs, Inc.	194	24,894	25,695
	Atkore, Inc.	161	18,320	13,435
	Autoliv, Inc.	149	11,878	13,975
	Avient Corp.	329	14,438	13,443
	Baker Hughes, Inc.	642	17,358	26,335
	Bancfirst Corp.	100	11,205	11,718
	Bank OZK	252	10,313	11,222
	Belden, Inc.	241	28,715	27,139
	Berry Global Group Inc.	129	6,329	8,342
	Bill Holdings, Inc.	580	51,664	49,132
	Bio Rad Labs, Inc.	111	36,246	36,465
	Biogen, Inc.	238	58,296	36,395
	Black Hills Corp.	432	25,958	25,281
	Bluelinx Holdings, Inc.	87	10,122	8,888
	Boise Cascade Co.	106	11,643	12,599
	Booz Allen Hamilton Holdings	647	75,453	83,268

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Borg Warner Inc.	438	\$ 14,709	\$ 13,924
	Bread Financial Holdings, Inc.	631	33,378	38,528
	Brinker Intl, Inc.	498	61,473	65,881
	Bristol Myers Squibb Corp.	687	32,175	38,856
	Builders FirstSource, Inc.	51	5,045	7,289
	Cabot Corp.	121	9,668	11,048
	Cactus, Inc.	716	31,587	41,786
	Cadence Design Systems Inc.	265	32,674	79,622
	Caleres, Inc.	249	10,259	5,766
	Cardinal Health, Inc.	302	33,853	35,718
	Cargurus, Inc.	685	19,220	25,029
	Carlisle Corp.	33	5,163	12,171
	Carnival Corp.	2,497	62,107	62,225
	Casey's General Stores, Inc.	151	37,508	59,830
	Cencora, Inc.	149	17,376	33,477
	Centene Corp.	641	48,318	38,832
	Centerspace	144	10,709	9,525
	CF Industries Holdings, Inc.	99	8,040	8,446
	Chefs' Warehouse Holdings	277	11,810	13,661
	Cisco Systems, Inc.	1,401	79,545	82,939
	Citigroup Inc.	704	33,455	49,555
	Clearwater Analytics Holdings, Inc.	781	20,949	21,493
	CNX Resources Corp.	801	11,634	29,373
	Coherent Corp.	431	34,065	40,828
	Comerica, Inc.	340	20,784	21,029
	Commercial Metals Co.	135	5,813	6,696
	Compass Diversified Holdings Co.	389	9,151	8,978
	Confluent, Inc.	1,741	51,675	48,678
	Conmed Corp.	264	25,290	18,068
	COPT Defense Properties	689	21,064	21,324
	Core & Main, Inc.	268	10,413	13,643
	Crocs, Inc.	174	19,668	19,058
	CSG Systems Intl, Inc.	302	16,592	15,435
	CSW Industries, Inc.	61	11,503	21,521
	CSX Corp.	419	14,297	13,521
	Cummins Inc.	43	7,321	14,989
	Customers Bancorp, Inc.	260	7,942	12,656
	Davita, Inc.	231	22,426	34,546
	Deckers Outdoor Corp.	290	26,210	58,896
	Dicks Sporting Goods Inc.	281	45,642	64,304

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Dominion Energy, Inc.	278	\$ 14,634	\$ 14,973
	Dorman Products, Inc.	135	14,288	17,489
	Dover Corp.	75	6,990	14,070
	Duolingo, Inc.	58	9,329	18,805
	Eagle Materials, Inc.	111	13,050	27,390
	East West Bancorp., Inc.	279	17,348	26,717
	Eastman Chemical Co.	83	6,378	7,579
	Elanco Animal Health, Inc.	2,458	43,441	29,766
	EMCOR Group, Inc.	29	1,661	13,163
	Emerson Electric Co.	120	8,325	14,871
	Empire State Realty Trust	1,112	12,345	11,475
	Encompass Health Corp.	562	36,159	51,900
	Energys	168	17,929	15,528
	Equitable Holdings, Inc.	988	45,333	46,603
	ESCO Technologies, Inc.	104	13,351	13,853
	Euronet Worldwide, Inc.	281	30,637	28,898
	Evercore, Inc.	219	29,510	60,704
	Evergy, Inc.	251	15,816	15,449
	Expand Energy Corp.	249	20,480	24,787
	F5, Inc.	456	94,271	114,669
	Fabrinet	346	83,048	76,078
	First Energy Corp.	384	15,919	15,275
	Flour Corp.	788	33,217	38,864
	FNF Group	805	33,664	45,192
	Fortinet, Inc.	830	46,632	78,418
	Fox Corp. Class B	1,334	58,399	61,017
	Franklin BSP Realty Trust, Inc.	828	12,375	10,383
	Freshpet, Inc.	78	10,158	11,552
	Frontdoor, Inc.	657	31,571	35,918
	Garmin LTD	292	51,454	60,227
	Gartner, Inc.	168	52,709	81,390
	Gentex Corporation	503	12,046	14,451
	Genuine Parts Co.	119	15,433	13,894
	G-III Apparel, Ltd.	504	10,000	16,440
	Gilead Sciences, Inc.	381	28,405	35,192
	Glaukos Corp.	270	27,515	40,483
	Globe Life, Inc.	489	41,052	54,533
	GoDaddy, Inc.	436	67,155	86,053
	Goldman Sachs Group Inc.	82	30,394	46,954
	Goosehead Insurance	205	20,322	21,980

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Guidewire Software, Inc.	364	\$ 41,969	\$ 61,363
	H&R Block, Inc.	1,014	65,310	53,579
	Halliburton Corp.	912	34,607	24,797
	Hancock Whitney Corp.	241	9,222	13,187
	Hartford Financial Services Group, Inc.	412	27,891	45,072
	HCA Healthcare, Inc.	108	30,187	32,416
	HCI Group, Inc.	89	9,969	10,371
	Hologic, Inc.	461	34,052	33,233
	Independent Bank Corp.	252	13,180	16,175
	Ingredion Inc.	63	6,325	8,666
	Innovative Industrial Properties	157	19,059	10,462
	Installed Building Products, Inc.	129	14,142	22,607
	Intuit, Inc.	116	53,569	72,906
	iShares 1-3 Year Treasury Bond ETF	1,900	154,261	155,762
	iShares Short Term Corporate Bond ETF	3,035	152,999	156,909
	J&J Snack Foods Corp.	90	14,987	13,961
	Jackson Financial, Inc.	482	40,867	41,972
	Jacobs Solutions, Inc.	103	6,987	13,762
	Janus Henderson Group, PLC	569	18,350	24,199
	Jazz Pharmaceuticals, PLC	383	44,065	47,165
	Jones Lang LaSalle, Inc.	120	20,840	30,376
	KB Home	792	54,309	52,050
	Kirby Corporation	330	40,095	34,914
	KLA Corp.	135	63,960	85,066
	Knight Swift Transportation	264	14,921	14,002
	Laboratory Corp. American Holdings	152	29,967	34,856
	Lear Corporation	143	19,210	13,542
	Leidos Holdings, Inc.	568	85,162	81,826
	Liberty Media Corp.	249	12,830	16,946
	Lithia Motos, Inc.	164	59,831	58,618
	Lockheed Martin Corp.	173	89,860	84,067
	Louisiana Pacific Corp.	75	6,421	7,766
	Masco Corporation	189	7,573	13,715
	Masimo Corp.	239	31,929	39,506
	Mastec, Inc.	260	30,594	35,396
	Matson, Inc.	90	14,613	12,135
	McKesson Corporation	59	15,113	33,624
	Merit Medical Systems, Inc.	307	26,365	29,693
	Meritage Homes Corp.	345	65,337	53,067
	META Platforms, Inc.	134	65,903	78,458

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	METLIFE, Inc.	582	\$ 32,967	\$ 47,654
	MGE Energy, Inc.	118	12,739	11,087
	Microsoft Corp.	189	76,420	79,663
	MKS Instruments, Inc.	445	53,091	46,453
	Molina Healthcare, Inc.	126	39,572	36,672
	Molson Coors Beverage Co.	587	36,358	33,646
	Mueller Industries, Inc.	189	8,547	14,999
	Murphy Oil Corp.	773	28,977	23,390
	Murphy USA, Inc.	117	36,446	58,704
	National Fuel Gas Company	197	10,787	11,953
	National Health Investors, Inc.	189	15,521	13,097
	NBT Bancorp, Inc.	236	11,999	11,271
	NCR Atleos Corp.	543	12,177	18,418
	NetApp, Inc.	712	66,297	82,648
	Nordstrom, Inc.	2,249	52,688	54,313
	Northrup Gruman Corp.	184	94,330	86,349
	NRG Energy, Inc.	602	35,162	54,311
	Nucor Corporation	61	6,250	7,119
	Nutanix, Inc.	379	25,758	23,187
	OGE Energy, Inc.	372	13,190	15,345
	Onto Innovation, Inc.	219	18,388	36,500
	Oshkosh Corp.	138	14,147	13,119
	Ovintiv Inc.	645	29,465	26,122
	Owens Corning	44	3,435	7,494
	Pacira Biosciences, Inc.	601	12,869	11,322
	Packaging Corp. America	36	4,546	8,104
	Parker Hannifin Corp.	22	3,736	13,992
	Parsons Corp.	851	78,635	78,504
	Paychex, Inc.	618	73,077	86,655
	Peloton Interactive, Inc.	1,185	12,015	10,309
	Pfizer, Inc.	1,464	41,386	38,839
	PG&E Corp.	762	16,051	15,377
	Philip Morris Intl, Inc.	276	25,193	33,216
	Phinia, Inc.	369	14,709	17,774
	Pinnacle West Cap Corp.	175	13,241	14,834
	Piper Sandler Companies	92	12,556	27,595
	Post Holdings, Inc.	296	26,614	33,880
	PPL Corp.	471	13,401	15,288
	Prestige Consumer Healthcare, Inc.	203	16,752	15,852
	PROG Holdings, Inc.	413	20,303	17,453

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

<u>(a)</u>	<u>(b)</u> Issue	<u>(c)</u> Shares	<u>(d)</u> Cost	<u>(e)</u> Current Value
<u>Common stocks - domestic - continued:</u>				
	Prudential Financial, Inc.	389	\$ 42,193	\$ 46,108
	Quest Diagnostics, Inc.	224	31,842	33,792
	Regions Financial Corp.	1,874	33,445	44,076
	Reinsurance Group of America	192	34,200	41,016
	Reliance Steel and Aluminum, Co.	27	3,853	7,270
	Revolution Medicines, Inc.	278	8,540	12,159
	RingCentral, Inc.	312	11,699	10,923
	Rivian Automotive, Inc.	912	12,577	12,129
	Royal Caribbean Cruises, LTD	264	26,070	60,902
	Royal Gold, Inc.	201	28,579	26,501
	RxSight, Inc.	445	14,582	15,299
	Ryder Systems, Inc.	93	8,300	14,587
	Select Water Solutions, Inc.	984	13,634	13,028
	Sensient Technologies Corp.	160	11,848	11,401
	Sentinelone, Inc.	1,291	34,052	28,660
	Shift4 Payments, Inc.	219	16,148	22,727
	SM Energy Co.	622	24,026	24,108
	Snap-On, Inc.	42	8,961	14,258
	Sonoco Products Company	160	8,969	7,816
	Spectrum Brands Holdings, Inc.	240	20,848	20,277
	Sprouts Farmers Markets, Inc.	437	11,680	55,529
	State Street Corp.	507	36,896	49,762
	Steel Dynamics Inc.	65	4,286	7,414
	Supernus Pharmaceuticals, Inc.	439	16,623	15,874
	Synchrony Financial	748	23,943	48,620
	Synovus Financial Corp.	834	30,043	42,725
	Tanger, Inc.	650	19,999	22,184
	Taylor Morrison Home Corp.	884	51,018	54,109
	Tenet Healthcare Corp.	247	22,584	31,178
	The CIGNA Group	117	30,026	32,308
	The Timken Co.	199	16,007	14,202
	T-Mobile US Inc.	68	8,117	15,009
	Toast, Inc.	1,555	45,128	56,679
	Travel Plus Leisure Company	696	32,069	35,113
	TriNet Group, Inc.	157	16,863	14,250
	Trinity Industries, Inc.	619	20,264	21,726
	TXNM Energy, Inc.	267	12,863	13,128
	UFP Industries, Inc.	69	6,007	7,772
	UGI Corp.	558	15,203	15,752
	Ultragenyx Pharmaceuticals, Inc.	422	23,661	17,753

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

(a)	(b) Issue	(c) Shares	(d) Cost	(e) Current Value
<u>Common stocks - domestic - continued:</u>				
	UMB Financial Corp.	136	\$ 8,320	\$ 15,348
	United Parcel Service	115	14,846	14,501
	United Rentals Inc.	17	3,530	11,975
	United Therapeutics Corp.	102	24,748	35,989
	UNUM Group	693	28,809	50,609
	US Foods Holdings Corp.	805	43,172	54,305
	Vaxcyte, Inc.	111	12,738	9,086
	Verizon Communications Inc.	379	16,414	15,156
	Vistra Corp.	109	3,715	15,027
	Vontier Corp.	378	11,854	13,785
	Vornado Realty Trust	843	32,697	35,439
	Warby Parker, Inc.	1,520	34,522	36,799
	Wells Fargo & Co.	669	25,463	46,990
	Western Alliance Bancorp	163	10,305	13,617
	Western Union Co.	3,502	43,005	37,121
	Westlake Chemical Corp.	68	6,373	7,796
	Woodward, Inc.	67	10,976	11,150
	World Kinect Corp.	852	26,628	23,438
	WSFS Financial Corp.	303	17,910	16,098
	Xcel Energy, Inc.	229	14,534	15,462
	Zillow Group, Inc.	530	24,310	37,550
	Zions Bancorporation	815	32,377	44,315
	Totals common stocks - domestic		7,234,108	8,551,636
<u>American Depository Receipts:</u>				
	BP PLC ADR	850	\$ 28,584	\$ 25,126
	Shell PLC	412	23,711	25,812
	TotalEnergies SE ADR	413	22,453	22,508
	Total American Depository Receipts		74,748	73,446
<u>Common stocks - foreign</u>				
	Allegion PLC	339	\$ 44,279	\$ 44,300
	Amcor PLC	848	9,187	7,980
	Cimpress PLC	146	14,085	10,471
	Livanova PLC	699	40,021	32,371
	LyondellBasell Industries N.V.	99	8,321	7,353
	Norwegian Cruise Line Holdings	2,147	59,277	55,242
	Nvent Electric PLC	282	17,079	19,221
	Pentair PLC	215	18,081	21,638
	Primo Brands Corp.	450	10,274	13,846
	Totals common stocks - foreign		220,604	212,422
	Totals common stocks		7,529,460	8,837,504

Note: Column (a) is blank as there were no parties-in-interest.

Continued



ASBESTOS WORKERS LOCAL 42 PENSION FUNDSCHEDULE ASCHEDULE OF ASSETS (HELD AT END OF YEAR) - FORM 5500, SCHEDULE H, LINE 4(i)DECEMBER 31, 2024EIN: 51-6011235, Plan 001

(a)	(b) Issue	(c) Shares/ Principal	(c) Interest Rate	(c) Maturity Date	(d) Cost	Current Value
<u>Mutual Funds</u>						
	Vanguard Growth Index	37,626	N/A	N/A	\$ 3,781,294	\$ 6,263,927
	Total Mutual Funds				<u>3,781,294</u>	<u>6,263,927</u>
<u>Common Collective Trusts</u>						
	NewTower Trust Company Multi-Employer Property Trust	105	Variable	N/A	772,828	1,323,134
	Total common collective trusts				<u>772,828</u>	<u>1,323,134</u>
<u>Limited Partnerships and Other Trusts</u>						
	Boyd Watterson GSA Fund, L.P.	986	Variable	N/A	1,880,891	1,945,861
	Grosvenor Institutional Partners, L.P.	2,548	Variable	N/A	2,548,840	3,048,831
	GCM Grosvenor Opp. Credit Fund, Ltd.	1,800,000	Variable	N/A	1,800,000	2,096,423
	APC High Yield Bond Fund, LP	3,813,855	Variable	N/A	3,830,645	3,813,855
	U.S. Real Estate Investment Fund, LLC	2,979	Variable	N/A	2,517,507	3,459,623
	Hardman Johnston International Equity Group Trust	73,743	Variable	N/A	1,056,394	3,124,687
	Total limited liability partnerships and other trusts				<u>13,634,277</u>	<u>17,489,280</u>
<u>Money market funds:</u>						
	Dreyfus Cash Management Fund	36,448	Variable	N/A	36,448	36,448
	JPMorgan 100% U.S. Treasury Money Market	184,507	Variable	N/A	184,507	184,507
	JPMorgan 100% U.S. Treasury Money Market	138,708	Variable	N/A	138,708	138,708
	AB Interest Bearing Accounts	746	Variable	N/A	746	746
	Total money market funds				<u>360,409</u>	<u>360,409</u>
	Total Assets Held for Investment Purposes				<u>\$29,723,847</u>	<u>\$ 37,817,563</u>

Note: Column (a) is blank as there were no parties-in-interest.



ASBESTOS WORKERS LOCAL 42 WELFARE FUND

SCHEDULE B

SCHEDULE OF REPORTABLE TRANSACTIONS - FORM 5500, SCHEDULE H, LINE 4(j)

FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 51-6011235, Plan 001

Schedule of Single Investment Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Trade Date	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
N/A	APC High Yield Bond Fund LP	12/1/24	\$ 3,830,645		\$ 3,830,645	\$ 3,813,855	\$ -

Schedule of Series of Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
N/A	AB Interest Bearing Account	43	\$ 1,128,273			\$ 1,128,273	\$ 1,128,273	
N/A	AB Interest Bearing Account			37	\$ 1,129,029	\$ 1,129,029	\$ 1,129,029	\$ -
N/A	JPMorgan 100% US Treasury MMA	252	\$ 4,374,272			\$ 4,374,272	\$ 4,374,272	
N/A	JPMorgan 100% US Treasury MMA			120	\$ 4,249,082	\$ 4,249,082	\$ 4,249,082	\$ -
N/A	JP Morgan Prime MMA	57	\$ 1,368,470			\$ 1,368,470	\$ 1,368,470	
N/A	JP Morgan Prime MMA			46	\$ 1,477,426	\$ 1,477,426	\$ 1,477,426	\$ -



ASBESTOS WORKERS LOCAL 42 PENSION FUND
SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
PROFESSIONAL FEES		
Investment consultant fees	\$ 50,000	\$ 50,000
Fund administration	62,960	64,901
Actuarial consulting fees	30,400	29,000
Legal counsel	20,006	20,026
Audit, accounting and payroll audit fees	21,193	20,945
	<hr/>	<hr/>
Total Professional Fees	184,559	184,872
OTHER ADMINISTRATIVE EXPENSES		
Meeting and travel	4,173	3,541
Pension termination insurance (PBGC)	11,470	10,325
Printing, postage and office	3,685	859
Insurance	3,754	4,378
Dues and subscriptions	763	513
Bank charges	4,414	3,632
	<hr/>	<hr/>
Total Other Administrative Expenses	28,259	23,248
	<hr/>	<hr/>
Total Administrative Expenses	\$ 212,818	\$ 208,120



ASBESTOS WORKERS LOCAL 42 WELFARE FUND

SCHEDULE B

SCHEDULE OF REPORTABLE TRANSACTIONS - FORM 5500, SCHEDULE H, LINE 4(j)

FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 51-6011235, Plan 001

Schedule of Single Investment Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Trade Date	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
N/A	APC High Yield Bond Fund LP	12/1/24	\$ 3,830,645		\$ 3,830,645	\$ 3,813,855	\$ -

Schedule of Series of Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
N/A	AB Interest Bearing Account	43	\$ 1,128,273			\$ 1,128,273	\$ 1,128,273	
N/A	AB Interest Bearing Account			37	\$ 1,129,029	\$ 1,129,029	\$ 1,129,029	\$ -
N/A	JPMorgan 100% US Treasury MMA	252	\$ 4,374,272			\$ 4,374,272	\$ 4,374,272	
N/A	JPMorgan 100% US Treasury MMA			120	\$ 4,249,082	\$ 4,249,082	\$ 4,249,082	\$ -
N/A	JP Morgan Prime MMA	57	\$ 1,368,470			\$ 1,368,470	\$ 1,368,470	
N/A	JP Morgan Prime MMA			46	\$ 1,477,426	\$ 1,477,426	\$ 1,477,426	\$ -



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

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

A Name of plan <u>ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF ASBESTOS WORKERS LOCAL 42 PENSION FUND</u>	D Employer Identification Number (EIN) <u>51-6011235</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>36607889</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>39935245</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>49282586</u>
(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) <u>49282586</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>82015449</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>917529</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>4377000</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>4601000</u>

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

SIGN HERE	Brian Hartsell <i>BH</i> Signature of actuary <u>BRIAN W. HARTSELL, FSA</u> Type or print name of actuary <u>THE MCKEOGH COMPANY</u> Firm name <u>1001 CONSHOCKEN STATE ROAD, SUITE 1-407, WEST CONSHOCKEN, PA 19428</u> Address of the firm	<u>10/1/2025</u> Date <u>23-08563</u> Most recent enrollment number <u>484-530-0692</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	36607889
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	159	54333970
(2) For terminated vested participants	41	3810809
(3) For active participants:		
(a) Non-vested benefits		4288894
(b) Vested benefits		19581776
(c) Total active	104	23870670
(4) Total	304	82015449
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	44.64%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/15/2024	3011453					
			Totals ▶	3(b)	3011453	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	0
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	81.0%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6+5
(2) Females	6c(2)	6F+5
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.6 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	224000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1241160	127358

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	1817858

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	601843

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	19857043	2682334
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		229892
e Total charges. Add lines 9a through 9d.....	9e		3514069
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		4493494
g Employer contributions. Total from column (b) of line 3.....	9g		3011453
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	6016208	738851
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		470472
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	19013937	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	35123691	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		8714270
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		5200201
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No