

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN</u></p> <p><u>230 LEXINGTON GREEN CIRCLE</u> <u>SUITE 400</u> <u>LEXINGTON, KY 40503</u></p>	<p>1c Effective date of plan <u>07/17/1961</u></p> <p>2b Employer Identification Number (EIN) <u>31-6131266</u></p> <p>2c Plan Sponsor's telephone number <u>888-999-7741</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/19/2026	TERRY BURKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/19/2026	ADAM SHUPPERT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	451
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	129
	6a(2)	144
	6b	168
	6c	73
	6d	385
	6e	79
	6f	464
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	15

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **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 8 RETIREMENT TRUST PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN</u>	D Employer Identification Number (EIN) <u>31-6131266</u>

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

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>20431664</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>21083831</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>75995739</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>75995739</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>105116032</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>855329</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>6285499</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>6445499</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>ALLEN L PAULY</u> Type or print name of actuary <u>CUNI RUST & STRENK</u> Firm name <u>4555 LAKE FOREST DRIVE, SUITE 620</u> <u>CINCINNATI, OH 45242</u> Address of the firm	<u>02/10/2026</u> Date <u>23-08895</u> Most recent enrollment number <u>513-891-0270</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	20431664
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	248	79007216
(2) For terminated vested participants	74	9123556
(3) For active participants:		
(a) Non-vested benefits		3588262
(b) Vested benefits		13396998
(c) Total active	129	16985260
(4) Total	451	105116032
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	19.44 %

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
05/31/2025	2671287				
Totals ▶			3(b)	2671287	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	27.7 %
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	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" 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 checked="" 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 checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2029

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	3.63 %
	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)	9 9
(2) Females	6c(2)	9F 9F
d Valuation liability interest rate	6d	6.50 % 6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" 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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.9 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" 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)	160000
(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	-938090	-93679
4	6192	618

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	5310623

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	35723241
b Employer's normal cost for plan year as of valuation date.....	9b	602623

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)	31050581	4930697
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		2681676
e Total charges. Add lines 9a through 9d.....	9e		43938237
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		
g Employer contributions. Total from column (b) of line 3.....	9g		2671287
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	11861914	2133425
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		224123
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	59817533	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	77259111	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		5028835
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		38909402
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		38909402
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

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 **06/01/2024** and ending **05/31/2025**

A Name of plan ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN	D Employer Identification Number (EIN) 31-6131266	

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)

UMR

230 LEXINGTON GREEN CIRCL
LEXINGTON, KY 40503

31-1219231

(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	NONE	19653	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)

SHUMAKER LOOP & KENDRICK LLP

41 SOUTH HIGH STREET
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	45000	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)

FRANK N HESTAND CPA PSC

261 REGENCY CIRCLE
LEXINGTON, KY 40503

61-1336870

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9000	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)

MARINER

4901 VINELAND RD. STE 600
ORLANDO, FL 32811

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	31500	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)

ASB CAPITAL MANAGEMENT

801 NORTH BRAND BLVD
GLENDALE, CA 91203

(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	6616	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)

CRS INC

4555 LAKE FOREST DRIVE
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	40050	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)

HERZFELD SUETHOLZ GASTEL LENISKI

600 VINE STREET
CINCINNATI, OH 45202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5260	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)

JOHNSON & KROL LLC

311 S WACKER DR. 1050
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	21797	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	<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 06/01/2024 and ending 05/31/2025

A Name of plan <u>ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN</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 8 RETIREMENT TRUST PLAN</u>	D Employer Identification Number (EIN) <u>31-6131266</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: AMERICAN CORE REALTY FUND LLC

b Name of sponsor of entity listed in (a): AMERICAN REALTY ADVISORS

c EIN-PN <u>95-4871432-001</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>769364</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

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

c EIN-PN <u>31-0373348-001</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>505481</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)
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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):

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.	<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 06/01/2024 and ending 05/31/2025	
A Name of plan ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN	D Employer Identification Number (EIN) 31-6131266

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	541495	529712
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	247459	252484
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13408	7524
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2336	22121
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1369723	1274845
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18281344	16522109
(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	20455765	18608795
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	24101	34848
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	24101	34848
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20431664	18573947

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)	2671287	
(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)		2671287
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	379	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(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)		379
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	482516	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		482516
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3630046	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2671274	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		958772
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	527146	
(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)		-69506
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-140720
c Other income	2c		5166
d Total income. Add all income amounts in column (b) and enter total	2d		4435040

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6054504	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6054504
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)	19653	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	9000	
(5) Investment advisory and investment management fees	2i(5)	41107	
(6) Bank or trust company trustee/custodial fees	2i(6)	325	
(7) Actuarial fees	2i(7)	40050	
(8) Legal fees	2i(8)	70587	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	10625	
(11) Other expenses	2i(11)	46906	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		238253
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6292757

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1857717
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: **FRANK N HESTAND CPA PSC**

(2) EIN: **61-1336870**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.			

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 568620.

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 **06/01/2024** and ending **05/31/2025**

A Name of plan ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN	D Employer Identification Number (EIN) 31-6131266	

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

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

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

1	
----------	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

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

3	0
----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 **THERMAL SOLUTIONS INC**

b EIN **31-1661925**

c Dollar amount contributed by employer **1284422**

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 **02** Day **28** Year **2026**

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

(1) Contribution rate (in dollars and cents) **9.35**

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

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

b EIN **26-3755447**

c Dollar amount contributed by employer **636373**

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 **02** Day **28** Year **2026**

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

(1) Contribution rate (in dollars and cents) **9.35**

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

a Name of contributing employer **KELZ ELITE INSULATORS**

b EIN **86-2238268**

c Dollar amount contributed by employer **197430**

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 **02** Day **28** Year **2026**

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

(1) Contribution rate (in dollars and cents) **9.35**

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

a Name of contributing employer **AMITY PARTNERS**

b EIN **31-1429461**

c Dollar amount contributed by employer **152262**

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 **02** Day **28** Year **2026**

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

(1) Contribution rate (in dollars and cents) **9.35**

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

a Name of contributing employer **ASBESTOS WORKERS 8**

b EIN **31-0781917**

c Dollar amount contributed by employer **36222**

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 **02** Day **28** Year **2026**

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

(1) Contribution rate (in dollars and cents) **9.35**

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

a Name of contributing employer **JC INSULATION**

b EIN **83-1122808**

c Dollar amount contributed by employer **16934**

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 **02** Day **28** Year **2026**

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

(1) Contribution rate (in dollars and cents) **9.35**

(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 SUPERIOR INDUSTRY INSULATION

b EIN 34-1302438 **c** Dollar amount contributed by employer 14577

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 02 Day 28 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.35

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

a Name of contributing employer ASBESTOS WORKERS 8 JATC

b EIN 31-1255019 **c** Dollar amount contributed by employer 13998

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 02 Day 28 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.35

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

a Name of contributing employer CARDINAL INSULATION

b EIN 46-2876586 **c** Dollar amount contributed by employer 11856

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 02 Day 28 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.35

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

a Name of contributing employer PEDERSON INSULATION

b EIN 31-0749936 **c** Dollar amount contributed by employer 7869

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 02 Day 28 Year 2026

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

(1) Contribution rate (in dollars and cents) 9.35

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
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 _____.

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule MB, line 8b(2)</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN						
Plan Year Begin Date	06/01/2024	Plan Year End Date	05/31/2025	EIN	31-6131266	PN	001

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

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

Name of Plan	ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN						
Plan Year Begin Date	06/01/2024	Plan Year End Date	05/31/2025	EIN	31-6131266	PN	001

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

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

Name of Plan	ASBESTOS WORKERS LOCAL 8 RETIREMENT TRUST PLAN						
Plan Year Begin Date	06/01/2024	Plan Year End Date	05/31/2025	EIN	31-6131266	PN	001

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

Asbestos Workers Local #8
Retirement Trust Fund

Financial Statements and Supplemental Information

May 31, 2025 and 2024

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Frank N. Hestand, CPA, PSC

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Lexington, KY 40503

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
the Asbestos Workers Local #8 Retirement Trust Fund

Opinion

We have audited the accompanying financial statements of the Asbestos Workers Local #8 Retirement Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan 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 and accumulated plan benefits of Asbestos Workers Local #8 Retirement Trust Fund as of May 31, 2025, and 2024, and the changes in its net assets available for benefits and changes in its accumulated plan 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 #8 Retirement Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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



In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Asbestos Workers Local #8 Retirement Trust 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.

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 #8 Retirement Trust 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 Asbestos Workers Local #8 Retirement Trust Fund's ability to continue as a going concern for a reasonable period of time.


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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held at End of Year as of May 31, 2025 and the Schedule of Reportable Transactions for the year ending May 31, 2025, are presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.


Frank N Hestand CPA PSC
Lexington, Kentucky
February 12, 2026

Asbestos Workers Local #8
 Retirement Trust Fund
 Statements of Net Assets Available for Benefits
 May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value:		
Common/Collective Trusts	\$ 1,274,845	\$ 1,369,723
Mutual Funds	16,522,109	18,281,344
Cash in Interest Bearing Accounts	22,121	2,336
Total investments	17,819,075	19,653,403
Receivables:		
Employer contributions	252,484	247,459
Accrued interest and dividends	1	56
Total receivables	252,485	247,515
Prepaid Expenses	7,523	13,352
Cash	529,712	541,495
Total Assets	18,608,795	20,455,765
Liabilities		
Accounts payable	34,848	24,101
Total Liabilities	34,848	24,101
Net Assets Available for Benefits	\$ 18,573,947	\$ 20,431,664

See accompanying notes.

Asbestos Workers Local 8
Retirement Trust Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<u>Additions to Net Assets</u>		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 1,275,692	\$ 2,271,715
Interest and Dividends	482,895	516,304
	1,758,587	2,788,019
Less investment expenses	(41,107)	(47,092)
	1,717,480	2,740,927
Employer contributions (net of reciprocity)	2,524,613	2,192,777
Withdrawal Liability	146,674	11,674
Other Income	5,166	633
Total Additions to Net Assets	4,393,933	4,946,011
<u>Deductions From Net Assets</u>		
Benefits paid directly to participants	6,054,504	6,123,866
Administrative Expenses	197,146	158,534
Total Deductions	6,251,650	6,282,400
Net Decrease	(1,857,717)	(1,336,389)
<u>Net Assets Available for Benefits</u>		
Beginning of year	20,431,664	21,768,053
End of year	\$ 18,573,947	\$ 20,431,664

See accompanying notes.

Asbestos Workers Local #8 Retirement Trust Fund

Statements of Accumulated Plan Benefits

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$ 63,664,203	\$ 63,580,078
Other participants	<u>16,032,443</u>	<u>15,422,267</u>
	<u>79,696,646</u>	<u>79,002,345</u>
 Nonvested benefits:	 2,466,994	 2,510,973
 Total actuarial present value of accumulated plan Benefits	 <u>\$ 82,163,640</u>	 <u>\$ 81,513,318</u>

See accompanying notes.

Asbestos Workers Local #8 Retirement Trust Fund
 Statements of Changes in Accumulated Plan Benefits
 May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits at beginning of year	\$ 81,513,318	\$ 82,982,467
Increase (decrease) during the year attributable to:		
Increase for Interest Due to the Decrease in the Discount Period	4,515,382	4,597,891
Assumption Change	1,965,020	7,081
Plan Experience and Benefits Accrued	224,424	49,745
Benefits Paid	<u>(6,054,504)</u>	<u>(6,123,866)</u>
Net Increase (Decrease)	650,322	(1,469,149)
 Actuarial Present Value of Accumulated Plan Benefits at end of year	 \$ 82,163,640	 \$ 81,513,318

See accompanying notes.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements

May 31, 2025 and 2024

1. Description of the Plan

The following brief description of the Asbestos Workers Local #8 Retirement Trust Fund (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering eligible participants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Plan participants are eligible for their plan benefit after terminating employment. Benefits are determined as followed:

Normal Retirement Benefit:

Eligibility	Age 65 and 5 years of plan participation.
Monthly amount	The sum of benefit credits per year of credited service. The range is \$42 for years prior to June 1, 1977 to \$60 for periods of June 1, 2003 and after

Early Retirement Benefit:

Eligibility	Age 55 and 10 years of service.
Monthly amount	Calculated as for normal retirement reduced 5% per year from Age 65 that early retirement precedes Age 65. (Unreduced for participants who have attained Age 55 and whose combined age and years of vested service equal 90.)

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Pension Benefits (continued)

Disability Benefit:

Eligibility

Total and permanent disability and 5 years of credited service with hours of service in the 12 months prior to disability.

Monthly amount

Normal retirement benefit payable at commencement of Social Security disability benefits reduced 50% for early commencement.

Pre-retirement Death

Benefit:

Eligibility

5 Years of Vesting Service

Monthly amount

Calculated as for an age 55 early retirement reflecting a 50% Joint & Survivor Annuity with death immediately after early retirement.

Return of Contributions

Death Benefit:

Eligibility

5 Years of Vesting Service

Lump sum amount

100% of contributions payable monthly (net of any other benefits received)

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of May 31, 2025 and 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of May 31, 2025 and 2024 and unaudited financial information as of May 31, 2025 and 2024, as well as other financial information, including estimated cash flows for the year ended May 31, 2025 and 2024, and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan. The Plan was certified to be in critical and declining status (red zone) because the Plan is projected to be insolvent within the next 20 years. Specifically, the Plan is projected to be insolvent in the 2029-2030 Plan year. The Plan's funding status at May 31, 2025 and 2024 was 24.80% and 26.90% respectively. The Board of Trustees adopted a rehabilitation plan that includes the use of the exhaustion of all reasonable measures, as allowed under the PPA.

The Board of Trustees adopted an updated rehabilitation plan that includes changes to the Plan's early retirement, total and permanent disability, and death benefits. It also calls for the elimination of trade disability benefits and the fully subsidized joint and 100% survivor annuity. In addition, the Plan is not permitted to pay any lump sum benefits and any other payment in excess of the monthly amount paid under a single life annuity. The Plan's updated rehabilitation plan also calls for scheduled increases in the Plan's hourly contribution rate.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

Employer Contributions Receivable

This amount represents employers' contributions due for hours worked prior to May 31 and subsequently collected in June and July of the following year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Assessed Withdrawal Liability Receivable

The Plan's policy is not to recognize a receivable at its present value, net of any allowance for collectability. Due to the risk of uncollectibility, the Plan records withdrawal liability in the year payments are made.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Assessed Withdrawal Liability

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in monthly/quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into an agreement with Westside Insulation who withdrew from the Plan and is subject to withdrawal liability assessments. Quarterly payments of \$2,918.48 are being made through October, 2026. On January 31, 2022 a withdrawal liability in the amount of \$6,695,269 was assessed against R. Kelly Inc. R. Kelly Inc, members of the same controlled group, and successor entities may pay the entire amount or may pay monthly installments of \$27,405, starting on March 1, 2022 and continuing until February 1, 2042. In 2024, a withdrawal liability in the amount of \$31,594,814 was assessed against R.E. Kramig & Co./Insul-Craft. In October, 2024, a total settlement related to the R.E Kramig & Co. assessment was received in the amount of \$135,000. During 2025 and 2024, the Plan recognized withdrawal liability income related to Westside Insulation of \$11,674 and \$11,674 respectively.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on total years of service as of the date in which the benefit information is presented (the valuation date). Benefits payable under all circumstances; retirement, death, disability and termination of employment are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

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 plan benefits to reflect the time value of money and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of May 31, 2025 and 2024 (the latest valuations) are as follows:

Interest Rates	Funding – 6.50% Current Liability – 3.63%-2024; 4.27%-2025 ASC 960 – 5.75% (reflects administration expenses)-2024 5.50% (reflects administration expenses)-2025
Mortality basis	Non-Disabled – Blue collar adjusted Pri-2012 Disabled – Pri-2012 Disabled Retiree Retired – Blue collar adjusted Pri-2012 Retiree Future Projections – Projected generationally using Scale MP-2021 Current Liability – 2025 Generational Mortality Table 2024 Combined Static Mortality Table
Asset valuation	Market value
Expenses	\$160,000 – 2024 and \$150,000 – 2025

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, Financial Instruments - Credit Losses (Topic 326), which is effective for the Plan for the year ended May 31, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

Changes in Assumptions

For the most recent actuarial valuation dated June 1, 2025 and 2024, the following changes were made to the actuarial assumptions and methods:

June 1, 2025

- The mortality table and projection scale was updated.
- The hours worked assumption was increased from 1,900 per year to 1,990 per year.
- The withdrawal liability interest rate was changed to (4.83% - 5.98% over 30 years).
- The current liability interest rate was changed from 3.63% to 4.27%.

June 1, 2024

- The mortality table and projection scale was updated.
- The hours worked assumption was increased from 1,830 per year to 1,900 per year.
- The withdrawal liability interest rate was changed from 5.38% to 5.50%.
- The current liability interest rate was changed from 2.80% to 3.63%.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy 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 the asset or liability
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

- Mutual Funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Change Commission. These funds are required to publish their daily net asset value (NAV) and to transact that price. The mutual funds held by the Plan are deemed to be actively traded.
- Common/Collective Trust Funds: The fair values of the Plan's Common/Collective Trust Funds do not have a readily determined fair value. As permitted by accounting principles generally accepted in the United States of America, the Plan has valued such investments at net asset value per share. The Plan's interest in entities that invest in real estate projects is based on the estimated fair value of the underlying real estate projects, which is determined by the investment managers using appraisal techniques standard in the real estate industry.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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. Mutual funds and money market funds below determine fair value using a calculated net asset per share, or its equivalent. As of May 31, 2025 and 2024, there were no unfunded commitments related to these investments. These investments can be redeemed daily with no redemption notice required.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2025 and 2024.

<i>Assets at Fair Value as of May 31, 2025</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 16,522,109			\$ 16,522,109
Cash in interest bearing accounts	22,121			22,121
Total assets at fair value hierarchy	16,544,230			16,544,230
Investments measured at net asset value				1,274,845
Total investments at fair value	\$ 16,544,230			\$ 17,819,075
<i>Assets at Fair Value as of May 31, 2024</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 18,281,344			\$ 18,281,344
Cash in interest bearing accounts	2,336			2,336
Total assets at fair value hierarchy	18,283,680			18,283,680
Investments measured at net asset value				1,369,723
Total investments at fair value	\$ 18,283,680			\$ 19,653,403

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset per share as of May 31, 2025 and 2024.

<u>May 31, 2025</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
ASB Allegiance Real Estate Fund	\$ 505,481	None	Limited	30 Days
American Core Realty Fund	\$ 769,364	None	Limited	90 Days
<u>May 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
ASB Allegiance Real Estate Fund	\$ 585,934	None	Limited	30 Days
American Core Realty Fund	\$ 783,789	None	Limited	90 Days

- a) In accordance with FASB ASC 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the 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.
- b) The American Core Realty Fund was formed on January 1, 2015 for the purpose of acquiring, owning, holding for investment, and investing in and engaging in activities related to investments in real estate assets (core stable institutional quality office, retail industrial, and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence).

The investments in the ASB Allegiance Real Estate Fund is maintained by entities that file a Form 5500 as a direct filing entity. As a result, the Plan has not disclosed the Investment's significant investment strategies.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

4. Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated June 18, 2015, that the Plan and related trust are designed in accordance with the applicable section of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. The Plan has submitted its 2014 restated Plan document to the Internal Revenue Service. As of the audit report date, a favorable determination letter had not yet been received.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of May 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosures in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

5. Plan Termination

In the event of termination of the Fund, the Plan provides for payment of expenses incurred up to the date of termination, a final audit, and continuation of benefits to eligible employees until the disbursement of the estate fund. Payment of benefits on termination of the Plan may not be made on a pro-rata basis. Whether a particular participant's accumulated Plan benefits will be paid in the event of Plan termination depends on both the priority of those benefits and the level of benefits at the time guaranteed by the Pension Benefit Guarantee Corporation ("PBGC"), which insures benefits under the Plan. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

6. Funding Policy

The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the IRC. The hourly contribution rate as directed by the collective bargaining agreements is \$9.35 per hour. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of May 31, 2025 and 2024.

7. Risks and Uncertainties

Investments in marketable securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the levels of risk associated with certain marketable securities, it is at least reasonably possible that changes in the values of marketable securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of financial position.

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

8. Cash and Cash Equivalents

The checking and money market accounts as of May 31, 2025 and 2024 consists of balances that exceed the federally insured limits. The Plan has not experienced any losses in this account. Management believes the Plan is not exposed to any significant risk on bank deposits.

9. Subsequent Events

Subsequent events were evaluated through February 12, 2026, which is the date the financial statements were available to be issued.

Asbestos Workers Local #8 Retirement Trust Fund

Notes to Financial Statements (continued)

10. Administrative Expenses

Administrative expenses consisted of the following:

	<u>2025</u>	<u>2024</u>
Contract Administration	\$ 19,653	\$ 18,999
Actuarial Fees	40,050	49,041
Legal Fees	25,587	27,186
Legal Fees-EWL Recovery	45,000	0
Audit Fees	9,000	12,000
Postage and Printing	2,690	6,167
Fiduciary Insurance	27,529	22,151
PBGC	16,687	15,785
Trustee Meetings and Education	10,625	6,832
Bank Fees	325	373
Total	<u>\$ 197,146</u>	<u>\$ 158,534</u>

Supplemental Information

Asbestos Workers Local #8
Retirement Trust Fund
EIN: 31-6131266, Plan Number: 001
Schedule of Assets (Held at end of year)
Schedule H, Line 4(i)
May 31, 2025

<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investments (No. of Shares)</i>	<i>Cost</i>	<i>Current Value</i>	
<u>Money Market Funds</u>				
Blackrock Liquidity Funds		\$ 347	\$ 347	
Goldman Sachs Finl Square Treas Fund		21,774	21,774	
Total Money Market Funds		22,121	22,121	
<u>Mutual Funds</u>				
Baird Core Plus Bond Fund Institutional		3,042,981	2,702,987	
Dodge & Cox Income Fund		3,848,295	2,975,371	
Vanguard 500 Index Admiral		3,377,055	6,194,311	
Vanguard Equity Income Adm		218,738	254,394	
Vanguard Extended Market Idx Adm		1,661,817	2,423,238	
Vanguard Growth Index Fund Adm		135,269	278,938	
Vanguard Intl Stk Index Fd		1,380,406	1,692,870	
Total Mutual Funds		13,664,561	16,522,109	
<u>Common/Collective Trusts</u>				
ASB Allegiance Real Estate Fund		365,034	505,481	
American Core Realty Fund		498,334	769,364	
Total Common/Collective Trusts		863,368	1,274,845	
		\$ 14,550,050	\$ 17,819,075	
Total Investments				

* A party in interest as defined by ERISA.

Asbestos Workers Local #8
 Retirement Trust Fund
 Schedule H, Part IV – Line 4(J)
 Schedule of Reportable Transactions
 For the Year Ended May 31, 2025
 EIN - 31-6131266, Plan Number: 001

(a) <u>Identity of Party Involved</u>	(b) <u>Description Of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value</u>	(i) <u>Net Gain or Loss</u>
<u>Series of Transactions In Excess of 5%</u>								
Vanguard 500 Index Adm	Mutual Fund	0	1,055,000	0	0	588,509	1,055,000	466,491

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

► Round off amounts to nearest dollar.

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

A Name of plan Asbestos Workers Local No. 8 Retirement Trust Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BoT, Asbestos Workers Local No. 8 Retirement Trust Plan	D Employer Identification Number (EIN) 31-6131266	

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

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets			
(1) Current value of assets	1b(1)	20,431,664	
(2) Actuarial value of assets for funding standard account	1b(2)	21,083,831	
c (1) Accrued liability for plan using immediate gain methods		1c(1)	75,995,739
(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)	75,995,739	
d Information on current liabilities of the plan:			
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0	
(2) "RPA '94" information:			
(a) Current liability	1d(2)(a)	105,116,032	
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	855,329	
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	6,285,499	
(3) Expected plan disbursements for the plan year	1d(3)	6,445,499	

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		2-10-26
Allen L. Pauly	Signature of actuary	Date 23-08895
Cuni, Rust & Strenk	Type or print name of actuary	Most recent enrollment number (513) 891-0270
4555 Lake Forest Drive - Suite 620	Firm name	Telephone number (including area code)
US Cincinnati	OH 45242-3760	
Address of the firm		

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

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

Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	20,431,664
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	248	79,007,216
(2) For terminated vested participants	74	9,123,556
(3) For active participants:		
(a) Non-vested benefits		3,588,262
(b) Vested benefits		13,396,998
(c) Total active	129	16,985,260
(4) Total	451	105,116,032
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	19.44 %

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
05/31/2025	2,671,287				
Totals ▶			3(b)	2,671,287	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 146,674

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	27.7 %
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	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" 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 checked="" 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: <ul style="list-style-type: none"> • 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 checked="" type="checkbox"/> X • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." 	4f	2029

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? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.63	%
b Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for validation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	6.50	%
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" 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)	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.5	%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.9	%
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)	160,000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	(938,090)	(93,679)
4	6,192	618

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 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	5,310,623

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	35,723,241
b Employer's normal cost for plan year as of valuation date	9b	602,623

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)	31,050,581	4,930,697
(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		2,681,676
e Total changes. Add lines 9a through 9d	9e		43,938,237
Credits to funding standard account:			
f Prior year credit balance, if any	9f		0
g Employer contributions. Total from column (b) of line 3	9g		2,671,287
h Amortization credits as of valuation date		Outstanding balance	
	9h	11,861,914	2,133,425
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		224,123
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	59,817,533	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	77,259,111	
(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		5,028,835
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		38,909,402
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		38,909,402
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

Schedule MB, line 3(d) - Withdrawal Liability Amounts.

Plan Name: Asbestos Workers Local No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

Payment Date	Periodic Amounts	Sum Amounts	Total Amounts
6/30/2024	\$2,918	\$0	\$2,918
7/31/2024	\$0	\$0	\$0
8/31/2024	\$0	\$135,000	\$135,000
9/30/2024	\$2,919	\$0	\$2,919
10/31/2024	\$0	\$0	\$0
11/30/2024	\$0	\$0	\$0
12/31/2024	\$2,918	\$0	\$2,918
1/31/2025	\$0	\$0	\$0
2/28/2025	\$0	\$0	\$0
3/31/2025	\$2,919	\$0	\$2,919
4/30/2025	\$0	\$0	\$0
5/31/2025	\$0	\$0	\$0

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 _____ or fiscal plan year beginning June 1, 2024 and ending May 31, 2025

Part I – Basic Plan Information

1a. Name of plan Asbestos Workers Local No. 8 Retirement Trust Plan	1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Board of Trustees, Asbestos Workers Local No. 8 Retirement Trust Plan	1d. Employer identification number (EIN) 31-6131266
1e. Plan sponsor's telephone number (888) 999-7741	1f. Plan sponsor's address, city, state, ZIP code 230 Lexington Green Circle, Suite 400, Lexington, KY 40503

Part II – Plan Actuary's Information

2a. Plan actuary's name Allen L. Pauly	2b. Plan actuary's firm name Cuni, Rust & Strenk
2c. Plan actuary's firm address, city, state, ZIP code 4555 Lake Forest Drive, Suite 620, Cincinnati, OH 45242	
2d. Plan actuary's enrollment number 23-08895	2e. Plan actuary's telephone number (513) 891-0270

Part III – Plan Status

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

<input 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 checked="" 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 type="checkbox"/>
Rehabilitation Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 	Date 08/28/2024
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2024 ACTUARIAL CERTIFICATION OF STATUS

As Required under IRC § 432(b)(3) as Added by the Pension Protection Act of 2006

Plan Identification

Asbestos Workers Local No. 8 Retirement Trust Plan ("Plan")
230 Lexington Green Circle, Suite 400
Lexington, KY 40503
(888) 999-7741
EIN/PN: 31-6131266/001
Plan Year: June 1, 2024 – May 31, 2025

Information on Plan Status

As of June 1, 2024, I hereby certify that the Plan is Critical and Declining as defined by the Pension Protection Act of 2006 (PPA) as amended by the Multiemployer Pension Reform Act of 2014 (MPRA) and is meeting the annual standards required under its updated Rehabilitation Plan which was designed to forestall the Plan's insolvency.

This certification has been prepared based on the Plan's June 1, 2023 Actuarial Valuation and unaudited May 31, 2024 financial statements. The June 1, 2023 Actuarial Valuation was projected to June 1, 2024 for determination of the Plan's funded percentage and additional projections of later years were used to determine the Plan's year of insolvency.

As directed by the Board of Trustees, anticipated future Plan contributions and liabilities assume 247,050 hours worked per Plan Year. It is assumed that participants exiting the Plan are replaced by new entrants. All other assumptions used, along with the Plan Provisions reflected in this determination, are summarized in the Plan's June 1, 2023 Actuarial Valuation Report.

Actuarial Certification

I hereby certify that the projection of the Plan's most recent Actuarial Valuation presents fairly the actuarial position of the Plan as of June 1, 2024. In my opinion, the assumptions used to determine the Plan's 2024 PPA funded status are individually reasonable based on Plan experience and represent my best estimate of anticipated future experience under the Plan. The combined effect of the assumptions is expected to have no significant bias on the results predicted herein. The projection of the June 1, 2023 Actuarial Valuation has been performed in accordance with generally accepted actuarial principles and practices and the undersigned meets the qualification standards of the American Academy of Actuaries necessary to render an actuarial opinion.

Respectfully submitted,



Allen L. Pauly, EA, CERA, ASA, FCA, MAAA
Enrollment Number: 23-08895

Cuni, Rust & Strenk
4555 Lake Forest Drive, Suite 620
Cincinnati, OH 45242
(513) 891-0270

August 28, 2024

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

2024 PPA Funded Status = Critical and Declining.

2024 PPA Funded Percentage < 80%, Projected Funding Deficiency in 2024, and Projected Insolvency in 2029.

6/1 Plan Year	Actuarial Value of Assets (1)	PPA Accrued Liability (2)	PPA Funded % (1) / (2)	7/1 Hrly Contr Rate	5/31 Credit Balance	Minimum Required Contribution (1)	Expected Hours Worked	Expected Contributions	Asset Return %
	\$23,353,608	\$77,319,883	30.2%	\$9.35	(\$31,967,373)	\$37,998,209	232,453	\$2,202,490	13.9%
2024	\$21,083,255	\$76,423,839	27.6%	\$9.35	(\$35,725,262)	\$41,701,161	247,050	\$2,340,022	6.5%
2025	\$17,095,190	\$75,395,839	22.7%	\$9.35	(\$39,286,282)	\$45,986,761	247,050	\$2,340,022	6.5%
2026	\$13,738,150	\$74,264,720	18.5%	\$9.35	(\$43,571,882)	\$50,420,976	247,050	\$2,334,185	6.5%
2027	\$10,547,962	\$73,006,045	14.4%	\$9.35	(\$48,012,121)	\$55,192,499	247,050	\$2,328,348	6.5%
2028	\$6,730,026	\$71,634,352	9.4%	\$9.35	(\$52,789,668)	\$59,681,851	247,050	\$2,328,348	6.5%
2029	\$2,720,737	\$70,233,897	3.9%	\$9.35	(\$57,279,020)	\$64,678,328	247,050	\$2,328,348	6.5%

(1) June 1, 2023 Actuarial Valuation results.

(2) Estimated based on the Plan's unaudited May 31, 2024 financial statements.

Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

Based on reasonable assumptions, the Plan is not expected to emerge from Critical Status by the end of the Rehabilitation Period. On an annual basis, the Board will review updated actuarial projections based on reasonable actuarial assumptions to confirm that the Rehabilitation Plan is continuing to forestall insolvency and to determine if the Plan can expect to emerge from Critical Status at a later date.

Schedule MB, line 4f – Cash Flow Projections.

Plan Name: Asbestos Workers Local No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

<u>6/1 Plan Year</u>	<u>Market Value of Assets</u>	<u>Expected Hours Worked</u>	<u>Expected Contributions</u>	<u>Expected Benefit Payments</u>	<u>Expected Expenses</u>	<u>Asset Return</u>	<u>Asset Return %</u>
2024	\$20,438,135	247,050	\$2,340,022	(\$6,417,803)	(\$163,391)	\$1,192,814	6.5%
2025	\$17,389,777	247,050	\$2,340,022	(\$6,451,030)	(\$167,476)	\$993,477	6.5%
2026	\$14,104,770	247,050	\$2,334,185	(\$6,497,475)	(\$171,663)	\$778,145	6.5%
2027	\$10,547,962	247,050	\$2,328,348	(\$6,516,355)	(\$175,955)	\$546,026	6.5%
2028	\$6,730,026	247,050	\$2,328,348	(\$6,456,904)	(\$180,354)	\$299,621	6.5%
2029	\$2,720,737	247,050	\$2,328,348	(\$6,468,359)	(\$184,863)	\$38,506	6.5%

Projections are based on assumptions summarized in the 2024 PPA Certification.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

1. Effective Date: June 1, 1961.
2. Plan Year: June 1st through May 31st.
3. Eligibility/Covered Employees: 1 Hour of Service under the Local 8 Collective Bargaining Agreement.
4. Vesting Service: 1 Year for each Plan Year during which 1,000 or more Hours of Service are worked with $\frac{1}{10}$ of a Year for each 100 Hours less than 1,000 to a minimum of 100 Hours.
5. Credited Service: 1 Year of Service for each Plan Year during which 1,500 Hours are earned at the Base Journeyman Rate with $\frac{1}{100}$ of a Year for each 15 Hours more or less than 1,500 to a minimum of 150 Hours.
6. Actuarial Equivalency: UP-1984 Mortality Table at 8.00%.
7. Normal Retirement:
 - a. Eligibility Age 65 and 5th anniversary of Plan participation.
 - b. Monthly Benefit The sum of the following Benefit Credits per year of Credited Service:

<u>Time Period</u>	<u>Benefit Credit</u>
Prior to June 1, 1977	\$42
June 1, 1977 - May 31, 1979	\$45
June 1, 1979 - May 31, 1980	\$56
June 1, 1980 - May 31, 1981	\$67
June 1, 1981 - May 31, 1987	\$78
June 1, 1987 - May 31, 1990	\$88
June 1, 1990 - May 31, 2002	\$105
June 1, 2002 - May 31, 2003	\$95
June 1, 2003 and later	\$60

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

8. Early Retirement:

- a. Eligibility Age 55 and 10 Years of Credited Service.
- b. Monthly Benefit Calculated as for Normal Retirement reduced 5% per year from age 65 that Early Retirement precedes age 65. Unreduced for participants who have attained age 55 and whose combined age and years of Vested Service equal 90 (Rule of 90).

9. Total and Permanent Disability:

- a. Eligibility Total and Permanent Disability and 5 Years of Credited Service with Hours of Service in the 12 months prior to disability.
- b. Monthly Benefit 50% of Accrued Benefit payable at Social Security disability commencement and ending upon Early or Normal Retirement.

10. Vested Retirement:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal or Early Retirement.

11. Pre-Retirement Death:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity with death immediately after Early Retirement.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

12. Return of Contributions Death Benefit:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit 100% of contributions payable monthly (net of any other benefits received).

13. Payment Forms:

- a. Normal Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.
- b. Optional 100% or 75% Joint & Survivor Annuity (QOSA).

14. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>
July 1, 2014	\$8.10
July 1, 2015	\$8.35
July 1, 2016	\$8.60
July 1, 2017	\$8.85
July 1, 2018	\$9.10
July 1, 2019	\$9.35

15. Changes Since Last Year:

None.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

1. Interest Rates:

- a. Funding/Current Liability 6.50%/3.63%.
- b. Withdrawal Liability 5.50%/4.83%.

2. Mortality Rates:

- a. Funding/Withdrawal Liability
 - i. Non-Disabled Blue Collar adjusted Pri-2012.
 - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
 - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
 - iv. Disabled Pri-2012 Disabled Retiree.
 - v. Weighting Amount-weighted.
 - vi. Future Improvement Projected generationally using Scale MP-2021.
- b. Current Liability 2024 Generational (IRS Notice 2023-73).

3. Retirement Rates:

a. Active/Terminated Vested		Terminated	Rule
	<u>Age</u>	<u>Vested</u>	<u>of 90</u>
	55-57	0.10	1.00
	58-59	0.05	1.00
	60-61	0.15	1.00
	62-64	0.25	1.00
	65	1.00	1.00

Rates are reduced by 0.15, 0.10, and 0.05 if eligible for Rule of 90 within one, two, or three years, respectively.

The weighted average retirement age is 58.8.

- b. Disabled Age 65.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

4. Termination/Disability Rates: Termination with less than 1 Year of Service – 0.50;
1 to 2 Years of Service – 0.25; otherwise:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.09674	0.00090
35	0.08706	0.00150
45	0.06354	0.00315
55	0.01549	0.00825
65	0.00000	0.00000

5. Payment Form Election:
- | <u>Payment Forms</u> | <u>% Electing</u> |
|----------------------|-------------------|
| Life Annuity | 55% |
| 50% J&S | 15% |
| 75% J&S | 5% |
| 100% J&S | 25% |

6. Actuarial Cost Method: Unit Credit.

7. Number of Hours Worked: 1,900 per year.

8. Expense Load: \$160,000 increasing at 2.5% per year.

9. Percentage Married/Spousal Age: 80% with husbands 3 years older than their wives.

10. Actuarial Value of Assets: Market Value of Assets less $\frac{3}{4}$, $\frac{1}{2}$, and $\frac{1}{4}$ of the preceding years' gains/(losses). A year's gain/(loss) equals the actual less the expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

11. Employer Contributions: Contributed throughout the Plan Year.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

12. Changes Since Last Year:

The expense load was lowered, the hours worked assumption was increased, the Withdrawal Liability interest rate was updated, and the Current Liability interest and mortality rates were updated as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

Rationale for Selection of Significant Actuarial Assumptions

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Withdrawal Liability Interest Rate: ERISA 4044 select and ultimate interest rates as prescribed by the proposed PBGC withdrawal liability regulations.
3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.
4. Retirement Rates: Based on the Plan's most recent experience study.
5. Termination/Disability Rates: Based on the Plan's most recent experience study.
6. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
7. Payment Form Election: Based on the Plan's most recent experience study.
8. Expense Load: Based on prior year administrative expenses.

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

Plan Name: Asbestos Workers Local No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

Attained Age	Years of Credited Service:														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued
Under 25	4			6			1			0			0		
25 to 29	0			5			12			2			0		
30 to 34	3			3			4			4			3		
35 to 39	0			1			6			7			4		
40 to 44	1			3			2			8			3		
45 to 49	0			1			2			1			0		
50 to 54	0			0			1			0			1		
55 to 59	0			0			1			1			2		
60 to 64	0			0			0			0			1		
65 to 69	0			0			1			0			0		
70 & up	0			0			0			0			0		

Attained Age	Years of Credited Service:														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued	No.	Comp.	Average Accrued
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	0			0			0			0			0		
40 to 44	5			2			0			0			0		
45 to 49	2			1			1			2			0		
50 to 54	2			1			3			1			2		
55 to 59	2			2			4			2			2		
60 to 64	0			1			0			0			0		
65 to 69	0			0			0			0			0		
70 & up	0			0			0			0			0		

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: Asbestos Workers Local No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

Charge Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
06/01/1990	Assumption	\$ 398,774	1	\$ 19,931	\$ 19,931
06/01/1991	Amendment	1,053,553	2	55,898	108,384
06/01/1996	Amendment	4,795,914	7	297,395	1,737,088
06/01/1999	Amendment	634,470	10	41,018	314,045
06/01/1999	Assumption	2,626,826	10	169,822	1,300,182
06/01/2002	Amendment	2,296	13	152	1,396
06/01/2004	Assumption	622,673	15	41,732	417,890
06/01/2005	Experience	2,071,984	1	136,210	136,210
06/01/2006	Experience	1,118,130	2	78,026	151,290
06/01/2008	Experience	254,070	4	19,258	70,264
06/01/2008	Assumption	9,011,177	4	683,088	2,492,232
06/01/2009	Assumption	84,064	5	6,583	29,130
06/01/2009	Experience	1,211,425	5	94,856	419,810
06/01/2009	Asset Loss	4,261,598	14	315,396	3,027,727
06/01/2010	Asset Loss	420,240	14	31,462	302,018
06/01/2011	Assumption	83,118	7	6,828	39,878
06/01/2011	Experience	1,662,881	7	136,593	797,847
06/01/2012	Assumption	843,281	8	70,501	457,171
06/01/2012	Asset Loss	1,483,944	14	113,790	1,092,357
06/01/2013	Assumption	714,728	9	60,651	429,947
06/01/2013	Asset Loss	1,757,644	14	136,622	1,311,530
06/01/2014	Asset Loss	1,790,297	14	141,238	1,355,847
06/01/2015	Experience	1,161,431	6	116,737	601,856
06/01/2015	Assumption	1,646,014	6	165,443	852,966
06/01/2016	Assumption	1,426,996	7	142,958	835,020
06/01/2016	Experience	1,477,050	7	147,972	864,312
06/01/2017	Experience	2,176,181	8	217,317	1,409,202
06/01/2017	Assumption	7,311,996	8	730,189	4,734,922
06/01/2018	Assumption	1,178,294	9	117,667	834,106
06/01/2018	Experience	3,402,782	9	339,808	2,408,812
06/01/2019	Experience	796,696	10	79,559	609,118
06/01/2020	Experience	1,098,741	11	109,722	898,498
06/01/2021	Assumption	163,802	12	16,358	142,131
06/01/2022	Assumption	362,748	13	36,225	331,771
06/01/2023	Experience	531,479	14	53,074	509,501
06/01/2024	Assumption	6,192	15	618	6,192
	Total Charges			\$ 4,930,697	\$ 31,050,581

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: Asbestos Workers Local No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

Credit Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
06/01/2006	Assumption	\$ 2,302,208	12	\$ 169,759	\$ 1,475,038
06/01/2010	Assumption	3,155,525	1	322,904	322,904
06/01/2010	Experience	1,669,439	1	170,836	170,836
06/01/2010	Amendment	126,486	1	12,942	12,942
06/01/2011	Asset Loss	251,460	14	19,043	182,804
06/01/2012	Experience	547,092	3	55,567	156,737
06/01/2013	Experience	1,062,957	4	107,576	392,486
06/01/2014	Experience	1,475,679	5	148,827	658,676
06/01/2014	Assumption	1,360,648	5	137,224	607,329
06/01/2016	Amendment	479,939	7	48,081	280,839
06/01/2017	Amendment	3,174,673	8	317,028	2,055,783
06/01/2019	Assumption	550,964	10	55,020	421,243
06/01/2020	Assumption	662,493	11	66,158	541,755
06/01/2021	Experience	2,120,486	12	211,756	1,839,950
06/01/2022	Experience	1,972,982	13	197,025	1,804,502
06/01/2024	Experience	938,090	15	93,679	938,090
	Total Credits			\$ 2,133,425	\$ 11,861,914
	1. Net Amortization				\$ 19,188,667
	2. Credit Balance / (Funding Deficiency)				\$(35,723,241)
	3. Balance Test: [(1) - (2)]				\$ 54,911,908
	4. Unfunded Accrued Liability:				
	a. Accrued Liability				\$ 75,995,739
	b. Actuarial Value of Assets				21,083,830
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ 54,911,909

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

Effective with the June 1, 2024 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The hours worked assumption was increased from 1,830 to 1,900.
- The expense load was decreased from \$180,000 to \$160,000 per year.
- The Withdrawal Liability interest rate was updated.

Schedule R, Summary of Rehabilitation Plan.

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

In an effort to improve the Plan's funding situation, the Trustees adopted a Rehabilitation Plan that includes increases in the hourly contribution rate along with a benefit reduction. This Rehabilitation Plan was designed to forestall the Plan's insolvency.

Contribution Increases

Base Journeyman contribution rates will increase in accordance with the following Schedule. The contribution rate shown could be reached sooner than the dates shown below, but will be reached no later than the stated dates.

Effective Date	Base Journeyman Hourly Contribution Rate
July 1, 2010	\$7.10
July 1, 2011	\$7.35
July 1, 2012	\$7.60
July 1, 2013	\$7.85
July 1, 2014	\$8.10
July 1, 2015	\$8.35
July 1, 2016	\$8.60
July 1, 2017	\$8.85
July 1, 2018	\$9.10
July 1, 2019	\$9.35

Benefit Reductions

The Plan will also require that a participant's monthly pension benefit be reduced to reflect the cost of the election of a Joint and 100% Survivor Annuity benefit for participants who commence receipt of retirement benefits on or after October 1, 2008. In addition, the Plan will now offer two other Actuarially Equivalent Joint and Survivor Annuity benefits – a Joint and 75% Survivor Annuity benefit and a Joint and 50% Survivor Annuity benefit.

For participants who commence receipt of retirement benefits on or after October 1, 2008, the retirement benefit earned under the Plan will be paid as a monthly pension for a participant's lifetime. If a participant is not married when he retires, his benefit will be paid as a Single Life Annuity. Under this form of payment, a participant will receive monthly pension payments for his lifetime. Upon his death, all monthly benefit payments will stop.

If a participant is married, his benefit will be paid on a reduced basis as an Actuarially Equivalent Joint and 50% Survivor Annuity. Under this form of payment, the participant will receive monthly pension payments for his lifetime. Upon his death, his spouse will receive a monthly benefit equal to 50% of the benefit he was receiving at his death. A participant's spouse must waive her right to this benefit if the participant decides to receive his pension as a Single Life Annuity.

Schedule R, Summary of Rehabilitation Plan

Plan Name: Asbestos Workers Local Union No. 8 Retirement Trust Plan

EIN: 31-6131266

PN: 001

The benefits being paid to members who commenced receipt of retirement benefits prior to October 1, 2008 will not be affected by the above change.

For applications filed on or after July 1, 2016 the Trade Disability is eliminated and the Total and Permanent Disability benefit will be calculated at 75% of the Normal Retirement Benefit.

Effective July 1, 2016 the contribution death benefit is lowered to one times contributions.

Effective January 1, 2018 the:

- Total Permanent Disability benefit reduction for early commencement was increased from 25% to 50%.
- Unreduced Early Retirement benefit was eliminated at age 62 and 10 Years of Service and at age 55 and 30 Years of Vested Service.
- Unreduced Early Retirement benefit eligibility was changed to age 55 with age and Vested Service equal 90 points (Rule of 90).
- Early Retirement reduction factor was changed to 5% per year from age 65.
- Pre-Retirement Death benefit was changed from a 100% to a 50% Joint & Survivor Annuity.

Restricted Benefits

Effective July 25, 2008, the Plan is not permitted to pay lump sum benefits (or any other payment in excess of the monthly amount paid under a single life annuity) while it is in Critical Status.

Asbestos Workers Local #8
Retirement Trust Fund
EIN: 31-6131266, Plan Number: 001
Schedule of Assets (Held at end of year)
Schedule H, Line 4(i)
May 31, 2025

<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investments (No. of Shares)</i>	<i>Cost</i>	<i>Current Value</i>	
<u>Money Market Funds</u>				
		\$ 347	\$ 347	
		21,774	21,774	
	Total Money Market Funds	22,121	22,121	
<u>Mutual Funds</u>				
		3,042,981	2,702,987	
		3,848,295	2,975,371	
		3,377,055	6,194,311	
		218,738	254,394	
		1,661,817	2,423,238	
		135,269	278,938	
		1,380,406	1,692,870	
	Total Mutual Funds	13,664,561	16,522,109	
<u>Common/Collective Trusts</u>				
		365,034	505,481	
		498,334	769,364	
	Total Common/Collective Trusts	863,368	1,274,845	
		\$ 14,550,050	\$ 17,819,075	
	Total Investments			

* A party in interest as defined by ERISA.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

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

Part II Basic Plan Information—enter all requested information

1a Name of plan Asbestos Workers Local 8 Retirement Trust Plan	1b Three-digit plan number (PN) ▶	001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Asbestos Workers Local 8 Retirement Trust Plan 230 Lexington Green Circle Suite 400 Lexington KY 40503	1c Effective date of plan 07/17/1961	
	2b Employer Identification Number (EIN) 31-6131266	
	2c Plan Sponsor's telephone number 888-999-7741	
	2d Business code (see instructions) 238900	

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

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

SIGN HERE		2/18/26	Terry Burke
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/18/26	Adam Shuppert
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		0
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)		129
a(2) Total number of active participants at the end of the plan year	6a(2)		0
b Retired or separated participants receiving benefits	6b		0
c Other retired or separated participants entitled to future benefits	6c		0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d		0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		0
f Total. Add lines 6d and 6e.	6f		0
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		

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

1B

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

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

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Federal Statements

**Asbestos Workers Local 8 Retirement Trust Plan
Plan: 001**

Plan transactions in excess of 5% of plan assets

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
Vanguard 500 Index Adm	Mutual Fund	\$	\$ 1055000	\$	\$	\$ 588,509	\$ 1055000	\$ 466,491