

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan ASBESTOS WORKERS LOCAL 12A ABATEMENT HEALTH FUND 1b Three-digit plan number (PN) 501 1c Effective date of plan 11/27/2000 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... BOARD OF TRUSTEES OF ASBESTOS WORKERS LOCAL 12A HEALTH FUND DH COOK ASSOCIATES 1040 AVE OF THE AMERICAS 24TH FL NEW YORK, NY 10018 2b Employer Identification Number (EIN) 11-3517511 2c Plan Sponsor's telephone number 212-505-5050 2d Business code (see instructions) 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	143
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	143
	<b>6a(2)</b>	64
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	64
	<b>6e</b>	
	<b>6f</b>	64
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	138

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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)

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

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>ASBESTOS WORKERS LOCAL 12A ABATEMENT HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF ASBESTOS WORKERS LOCAL 12A HEALTH FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-3517511</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AMALGAMATED LIFE INSURANCE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5501223</b>	<b>60216</b>	<b>260C09</b>	<b>58</b>	<b>06/01/2024</b>	<b>05/31/2025</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	7124
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>ASBESTOS WORKERS LOCAL 12A ABATEMENT HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF ASBESTOS WORKERS LOCAL 12A HEALTH FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-3517511</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

ATLANTA SOSNOFF

505 5TH AVE 17TH FL  
NEW YORK, NY 10017

20-0451050

(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	18298	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)

BISCEGLIE & ASSOCIATES PC

1527 FRANKLIN AVENUE  
MINEOLA, NY 11501

46-4100586

(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	18000	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)

JOSEPH M. STERN ASSOCIATE

89 JOSEPH AVE  
STATEN ISLAND, NY 10314

82-3287696

(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	28644	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)

DH COOK ASSOCIATES

1040 AVENUE OF THE AMERICAS  
24TH FLOOR  
NEW YORK, NY 10018

11-2424843

(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	63000	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)

COLLERAN OHARA & MILLS LLP

100 CROSSWAY PARK DR W SUITE 200  
WOODBURY, NY 11797

11-3940050

(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	52539	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)

GOULD KOBRICK & SCHLAPP, PC

192 LEXINGTON AVENUE  
7TH FLOOR  
NEW YORK, NY 10016

13-3082707

(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	19500	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)

MERRILL LYNCH

26 CENTURY HILL DR  
LATHAM, NY 12110

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 19	NONE	14193	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)

RAE CONSULTING

601 DRESHER ROAD SUITE 201  
HORSHAM, PA 19044

83-4646394

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	9125	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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>ASBESTOS WORKERS LOCAL 12A ABATEMENT HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF ASBESTOS WORKERS LOCAL 12A HEALTH FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>11-3517511</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 2610117	2632855
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 678617	572337
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 49588	58660
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 90836	48223
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 1200207	1217648
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b> 1235699	1485927
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b> 1323827	1473202
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7188891	7488852
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	865311	773700
<b>h</b> Operating payables.....	<b>1h</b>	29680	32642
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	583344	385103
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1478335	1191445
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5710556	6297407

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2358584	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	3760	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2362344
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	44072	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	83488	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		127560
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	15289	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		15289
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2143918	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1924417	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	30436	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		2439
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2757569

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1387708	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	7791	
(3) Other .....	<b>2e(3)</b>	521928	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1917427
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	66876	
(3) Recordkeeping fees .....	<b>2i(3)</b>	28644	
(4) IQPA audit fees .....	<b>2i(4)</b>	19500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	18298	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	14193	
(7) Actuarial fees .....	<b>2i(7)</b>	9125	
(8) Legal fees .....	<b>2i(8)</b>	70539	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	26116	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		253291
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2170718

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		586851
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **GOULD, KOBRICK, & SCHLAPP, P.C.**

(2) EIN: **13-3082707**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		150000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND**

**FINANCIAL STATEMENTS  
MAY 31, 2025 AND 2024**

**ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND**

**FINANCIAL STATEMENTS  
MAY 31, 2025 AND 2024**

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**I N D E X**

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Statements of Benefit Obligations and Net Assets Available for Benefits	3
Statements of Changes in Benefit Obligations and in Net Assets Available	4
Notes to Financial Statements	5

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D. ROBERT GOULD, C.P.A. (1933-2015)  
STUART L. KOBRICK, C.P.A. (RETIRED)  
STEVEN T. SCHLAPP, C.P.A.  
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.  
RONDELL E. MARSHALL, C.P.A.

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees  
Asbestos Workers Local 12 A Abatement Health Fund

### **Opinion**

We have audited the financial statements of Asbestos Workers Local 12 A Abatement Health Fund, an employee benefit Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in benefit obligations and in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of Asbestos Workers Local 12 A Abatement Health Fund as of May 31, 2025 and 2024, and the changes in benefit obligations and in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Asbestos Workers Local 12 A Abatement Health 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 Asbestos Workers Local 12 A Abatement Health 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.

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

## INDEPENDENT AUDITORS' REPORT (continued)

### **Auditors' Responsibilities for the Audit of the Financial Statements (continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Asbestos Workers Local 12 A Abatement Health 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 12 A Abatement Health 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.

### **Other Matter — Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

*Auld, Kobuch's Atteff, P.C.*

New York, NY  
March 6, 2026

**ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND**

**STATEMENTS OF BENEFIT OBLIGATIONS  
AND NET ASSETS AVAILABLE FOR BENEFITS  
MAY 31, 2025 AND 2024**

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	<u>2025</u>	<u>2024</u>
<b>BENEFIT OBLIGATIONS</b>		
Benefits currently payable and incurred but not reported	\$ 85,937	\$ 56,114
Vacation benefits payable	687,763	809,197
Accumulated eligibility credits	85,298	59,137
Total Benefit Obligations	<u>858,998</u>	<u>924,448</u>
<b>ASSETS</b>		
Investments at fair value	4,225,000	3,850,569
Receivables:		
Employer contributions	572,337	678,617
Accrued interest	27,199	23,114
Due from related organizations	25,520	19,852
Total Receivables	<u>625,056</u>	<u>721,583</u>
Other assets:		
Cash, operating accounts	2,632,855	2,610,117
Prepaid expenses	5,941	6,622
Total Other Assets	<u>2,638,796</u>	<u>2,616,739</u>
Total Assets	<u>7,488,852</u>	<u>7,188,891</u>
<b>LIABILITIES</b>		
Clearance account exchanges:		
Other affiliates	293,651	468,975
Annuity	91,452	114,369
Accrued administrative expenses	32,642	29,680
Total Liabilities	<u>417,745</u>	<u>613,024</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>7,071,107</u>	<u>6,575,867</u>
<b>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</b>	<u>\$ 6,212,109</u>	<u>\$ 5,651,419</u>

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

**ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND**

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS  
AND IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED MAY 31, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
<b>NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS</b>		
Benefits currently payable and incurred but not reported	\$ 29,823	\$ (39,459)
Vacation benefits payable	(121,434)	(181,489)
Accumulated eligibility credits	26,161	(37,530)
Net (Decrease) in Benefit Obligations	<u>(65,450)</u>	<u>(258,478)</u>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Employer contributions	2,358,584	3,097,514
COBRA contributions	3,760	530
Total Contributions	<u>2,362,344</u>	<u>3,098,044</u>
Investment income:		
Interest and dividends	142,849	123,485
Net appreciation in fair value of investments	249,937	342,218
	<u>392,786</u>	<u>465,703</u>
Less - Investment fees	32,491	28,724
Net Investment Income	<u>360,295</u>	<u>436,979</u>
Other	280	2,077
Total Additions	<u>2,722,919</u>	<u>3,537,100</u>
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid	2,009,038	2,348,072
Administrative expenses	218,641	234,409
Total Deductions	<u>2,227,679</u>	<u>2,582,481</u>
Net increase in net assets available for benefits	<u>495,240</u>	<u>954,619</u>
Net increase in excess of net assets available for benefits over benefit obligations	<u>560,690</u>	<u>1,213,097</u>
Excess of net assets available for benefits over benefit obligations:		
Beginning	5,651,419	4,438,322
Ending	<u>\$ 6,212,109</u>	<u>\$ 5,651,419</u>

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

**ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS  
MAY 31, 2025 AND 2024**

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**NOTE 1 – DESCRIPTION OF THE PLAN**

The following brief description is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

**General:** The Asbestos Workers Local 12 A Abatement Health Fund (the “Plan”) was established for the purpose of providing health, welfare and vacation benefits to eligible employees covered by collective bargaining agreements between the Local Union No. 12 Abatement of the International Association of Heat and Frost Insulators and Asbestos Workers and various employers and employer associations in the construction industry in the five boroughs of greater New York and Long Island, The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Plan Administration:** The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by an investment manager and maintained by a separate Plan custodian.

**Funding:** Employers make contributions for covered participants based upon hours worked. The contribution rate is determined by the collective bargaining agreements in effect at the time.

**Plan Termination:** The Plan document provides that upon the termination of the Plan, any monies remaining after the payment of all expenses and obligations shall be paid or used for the continuance of one or more benefits in accordance with the provisions of the Plan document until the Plan is exhausted.

**Other:** Although they have not expressed any intention to do so, the Plan’s Board of Trustees, as sponsor, has the right under the Plan to modify benefits provided to participants. The Plan may be terminated only by joint agreement between the Employers and the Union, subject to the provisions set forth in ERISA.

**Benefits and Eligibility:** The Plan provides benefits as enumerated in Note 5 to active participants of the Plan and to their beneficiaries and covered dependents. The Plan provides dental, optical, disability, vacation, hospital and supplemental medical benefits on a self-insured basis to eligible members and their dependents. Vacation benefits are paid on a semi-annual basis in June and November. Contributing employers pay the vacation benefits and adding this payment into the participant’s wages, making the subsequent payment thus subjecting to benefits from income taxes withholdings.

In general, employees are eligible to participate in the Plan if they work for a contributing employer who is making contributions to the Plan on their behalf and who has worked the minimum number of hours required for coverage. Terminated employees also may be eligible for benefits if they are eligible to receive COBRA continuation coverage and have complied with the notice requirements and pay monthly premiums.

During the year, the following insured benefits were in effect:

Insurer	Benefits
The Prudential Insurance Company of America	Group Life Insurance

During the year, the following administrative benefit contracts were in effect:

Contract Administrator	Benefits
D. H. Cook Associates, Inc.	Dental, Optical, Vacation, Supplemental and Medical

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# ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND

## NOTES TO FINANCIAL STATEMENTS MAY 31, 2025 AND 2024

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### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

**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. See Note 7 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

**Employer Contributions:** The amounts of employer contributions receivable and employer contribution income do not include any estimates of amounts due from employers where remittance reports were not received by the Plan office nor any amounts due but unpaid as a result of payroll audits.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Plan Benefits:** Plan obligations at May 31 for health claims incurred but not reported at that date and for accumulated eligibility of participants at year end were estimated by the Plan's actuary in accordance with accepted actuarial principles. These estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value.

**Accumulated Eligibility Credits:** The Plan provides for the payment of benefits for a period of time subsequent to the financial statement date for those participants who have accumulated a sufficient amount of employer contributions. Such rules permit eligible participants to receive benefits during periods of unemployment or inactivity, when employer contributions to the Plan would otherwise not provide coverage or benefits. At the financial statement date, such accumulated eligibility credits represent a liability of the Plan arising from prior employee service for which employer contributions have been received. The liability is determined by applying the average cost of benefits to each eligible participant.

**Current Expected Credit Losses:** The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the "ASU") significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financials assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan's financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

### NOTE 3 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through March 6, 2026, the date the financial statements were available to be issued.

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## ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND

### NOTES TO FINANCIAL STATEMENTS MAY 31, 2025 AND 2024

#### NOTE 4 – TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to be qualified pursuant to Section 501(c) (9) of the Internal Revenue Code and, accordingly, the trust's net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated August 15, 2000. The Plan has been amended since receiving the determination letter. However, the Plan's management believes that the Plan currently is designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

#### NOTE 5 – BENEFITS PAID

	<u>2025</u>	<u>2024</u>
Insured:		
Life	\$ 7,791	\$ 3,717
Self-Insured:		
Medical	216,745	159,706
Hospital	204,376	129,775
Dental	60,809	43,972
Prescription drugs	9,875	7,224
Optical	300	500
Total Self-Insured Benefits Paid	<u>492,105</u>	<u>341,177</u>
Other:		
Vacation	1,509,142	2,003,178
Total Benefits Paid	<u>\$ 2,009,038</u>	<u>\$ 2,348,072</u>

#### NOTE 6 – ADMINISTRATIVE EXPENSES

	<u>2025</u>	<u>2024</u>
Professional fees:		
Legal	\$ 70,539	\$ 89,192
Third party administration	66,876	67,592
Payroll audits	28,644	36,411
Auditing	19,500	19,500
Actuary	9,125	8,708
Arbitration	3,661	2,740
Meetings and educational conferences	7,242	883
Insurance	6,449	5,959
Stationery, printing and postage	6,139	6,301
Computer	2,216	596
Other general and administrative	408	1,452
	<u>220,799</u>	<u>239,334</u>
Less - Reimbursements	<u>(2,158)</u>	<u>(4,925)</u>
Net Administrative Expenses	<u>\$ 218,641</u>	<u>\$ 234,409</u>

# ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND

## NOTES TO FINANCIAL STATEMENTS MAY 31, 2025 AND 2024

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### NOTE 7 – FAIR VALUE MEASUREMENTS

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets.
  - Quoted prices for identical or similar assets or liabilities in inactive markets.
  - Inputs other than quoted prices that are observable for the asset or liability.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

*Interest bearing cash:* Valued at cost which approximates fair market value.

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

*Corporate stocks:* Valued at the closing price reported on the New York Stock Exchange and other exchanges.

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

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

**ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND**

**NOTES TO FINANCIAL STATEMENTS  
MAY 31, 2025 AND 2024**

**NOTE 7 – FAIR VALUE MEASUREMENTS (continued)**

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:

May 31, 2025				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 48,223	\$ 0	\$ 0	\$ 48,223
U.S. government securities	0	1,217,648	0	1,217,648
Corporate debt instruments	0	1,485,927	0	1,485,927
Corporate stocks	1,473,202	0	0	1,473,202
	<u>\$ 1,521,425</u>	<u>\$ 2,703,575</u>	<u>\$ 0</u>	<u>\$ 4,225,000</u>

May 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 90,836	\$ 0	\$ 0	\$ 90,836
U.S. government securities	0	1,200,207	0	1,200,207
Corporate debt instruments	0	1,235,699	0	1,235,699
Corporate stocks	1,323,827	0	0	1,323,827
	<u>\$ 1,414,663</u>	<u>\$ 2,435,906</u>	<u>\$ 0</u>	<u>\$ 3,850,569</u>

**NOTE 8 – TRANSACTIONS WITH RELATED PARTIES AND PARTIES IN INTEREST**

Employer contributions are initially recorded and deposited into a clearance account and then transferred to the various Asbestos Workers Local 12 A Benefit Plan s as well as unrelated entities. Amounts due to or from the clearance account represent under or over transferred amounts of employer contributions. The clearance account liability and related cash balance are recorded in the books of the Plan. Balances owed as of May 31, 2025 and 2024, were \$385,103 and \$583,344, respectively.

The Asbestos Abatement Workers Local 12 A Annuity Plan and other unrelated entities reimburse the Plan a percentage of payroll audit expenses paid by the Plan that are allocated based upon various methods in accordance with an allocation study done annually.

The Plan's related party transactions are summarized as follows:

	Totals	Asbestos Workers Local 12 A Abatement		
		Annuity Fund	Union	Other Affiliates
Beginning balances	\$ 19,852	\$ (60,038)	\$ 1,132	\$ 78,758
Current period activity:				
Insurance allocation	3,510	3,510	0	0
Expense allocations	2,158	(28,961)	19,901	11,218
Total Current Activity	<u>5,668</u>	<u>(25,451)</u>	<u>19,901</u>	<u>11,218</u>
Ending balances	<u>\$ 25,520</u>	<u>\$ (85,489)</u>	<u>\$ 21,033</u>	<u>\$ 89,976</u>

# ASBESTOS WORKERS LOCAL 12 A ABATEMENT HEALTH FUND

## NOTES TO FINANCIAL STATEMENTS MAY 31, 2025 AND 2024

### NOTE 9 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

### NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to May 31, but not yet paid as of that date.

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

	May 31,	
	2025	2024
Net assets available for benefits per the financial statements	\$ 7,071,107	\$ 6,575,867
Less - Benefit obligations currently payable:		
Benefits currently payable and incurred but not reported	85,937	56,114
Vacation benefits payable	687,763	809,197
	<u>773,700</u>	<u>865,311</u>
Net assets available for benefits per Form 5500	\$ <u>6,297,407</u>	\$ <u>5,710,556</u>

The following is a reconciliation of benefits paid per financial statements to the Form 5500 for May 31, 2025, and 2024:

	Year Ended May 31,	
	2025	2024
Benefits paid per the financial statements	\$ 2,009,038	\$ 2,348,072
Less - Benefit obligations currently payable, beginning	(865,311)	(1,086,260)
Add - Benefit obligations currently payable, end	773,700	865,311
Benefits paid per Form 5500	\$ <u>1,917,427</u>	\$ <u>2,127,123</u>

### NOTE 11 – RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market and credit risks) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term that could materially affect the amounts reported in the statement of net assets available for benefits.

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

ASBESTOS WORKERS LOCAL UNION12

Account Number: 7VZ-05176

## YOUR RCMA ASSETS

June 01, 2024 - May 30, 2025

CASH/MONEY ACCOUNTS		Total	Estimated	Estimated	Estimated	Est. Annual
Description	Quantity	Cost Basis	Market Price	Market Value	Annual Income	Yield%
CASH	3,930.51	3,930.51		<b>3,930.51</b>		
+ISA SALLIE MAE BANK +FDIC INSURED NOT SIPC COVERED	44,292.00	44,292.00	1.0000	<b>44,292.00</b>	<b>1,112</b>	2.51
<b>TOTAL</b>		<b>48,222.51</b>		<b>48,222.51</b>	<b>1,112</b>	2.51

GOVERNMENT AND AGENCY SECURITIES <sup>1</sup>		Quantity	Adjusted/Total	Estimated	Estimated	Unrealized	Estimated	Estimated
Description	Acquired		Cost Basis	Market Price	Market Value	Gain/(Loss)	Accrued Interest	Annual Income
Ø U.S. TREASURY NOTE 4.250% MAY 31 2025 MOODY'S: AA1 S&P: *** CUSIP: 91282CHD6 ORIGINAL UNIT/TOTAL COST: 99.9921/49,996.09 CURRENT YIELD 4.250%	12/30/24	50,000	49,996.09	100.0000	<b>50,000.00</b>	3.91	1,056.66	<b>2,125</b>
Δ U.S. TREASURY NOTE 4.000% FEB 15 2026 04.000% FEB 15 2026 MOODY'S: AA1 S&P: *** CUSIP: 91282CGL9 ORIGINAL UNIT/TOTAL COST: 100.0764/30,090.23 CURRENT YIELD 4.007%	03/17/23	30,000	30,022.94	99.8140	<b>29,944.20</b>	(78.74)	344.75	<b>1,200</b>
FNMA PAB2753 03 50%2026 AMORTIZED FACTOR 0.004938200 AMORTIZED VALUE 464 MOODY'S: *** S&P: *** CUSIP: 31416YBX5 CURRENT YIELD 3.526%	N/A	94,000	N/A	99.2579	<b>460.75</b>	N/A	1.31	<b>17</b>
Δ U.S. TREASURY NOTE 3.875% DEC 31 2027 03.875% DEC 31 2027 MOODY'S: AA1 S&P: *** CUSIP: 91282CGC9 ORIGINAL UNIT/TOTAL COST: 100.1956/40,134.37 CURRENT YIELD 3.874%	05/22/23	40,000	40,078.24	100.0200	<b>40,008.00</b>	(70.24)	642.26	<b>1,550</b>
Δ U.S. TREASURY NOTE 4.000% FEB 29 2028 MOODY'S: AA1 S&P: *** CUSIP: 91282CGP0 ORIGINAL UNIT/TOTAL COST: 100.0662/65,071.09 CURRENT YIELD 3.986%	06/13/23	65,000	65,043.06	100.3280	<b>65,213.20</b>	170.14	642.93	<b>2,600</b>
Δ U.S. TREASURY NOTE 4.000% JUN 30 2028 MOODY'S: AA1 S&P: *** CUSIP: 91282CHKO ORIGINAL UNIT/TOTAL COST: 100.0699/35,038.28 CURRENT YIELD 3.984%	06/28/23	35,000	35,024.48	100.3910	<b>35,136.85</b>	112.37	580.11	<b>1,400</b>
FNMA P562569 07%2031 AMORTIZED FACTOR 0.001013200 AMORTIZED VALUE 10 MOODY'S: *** S&P: *** CUSIP: 31386F6E0 CURRENT YIELD 6.708%	N/A	9,999	N/A	104.3375	<b>10.57</b>	N/A	.06	<b>1</b>
FNMA P573029 07%2031 AMORTIZED FACTOR 0.000527300 AMORTIZED VALUE 5 MOODY'S: *** S&P: *** CUSIP: 31386TSS5 CURRENT YIELD 6.708%	N/A	10,000	N/A	104.3375	<b>5.50</b>	N/A	.03	<b>1</b>
FNMA P535911 06 50%2031 AMORTIZED FACTOR 0.000572100 AMORTIZED VALUE 6 MOODY'S: *** S&P: *** CUSIP: 31384WKY5 CURRENT YIELD 6.333%	02/01/02	12,022	6.93	102.6319	<b>7.06</b>	.13	.04	<b>1</b>
FNMA P606552 07%2031 AMORTIZED FACTOR 0.000987800 AMORTIZED VALUE 10 MOODY'S: *** S&P: *** CUSIP: 31388JZR9 CURRENT YIELD 6.708%	N/A	10,856	N/A	104.3375	<b>11.19</b>	N/A	.06	<b>1</b>

+

**YOUR RCMA ASSETS**

June 01, 2024 - May 30, 2025

<b>GOVERNMENT AND AGENCY SECURITIES</b> <sup>1</sup> (continued)									
<i>Description</i>	<i>Acquired</i>	<i>Quantity</i>	<i>Adjusted/Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Accrued Interest</i>	<i>Estimated Annual Income</i>	
FNMA P607036 06 50%2031 <i>AMORTIZED FACTOR 0.000892600 AMORTIZED VALUE 8 MOODY'S: *** S&amp;P: *** CUSIP: 31388KLR1 CURRENT YIELD 6.309%</i>	N/A	10,000	N/A	103.0251	<b>9.20</b>	N/A	.05	<b>1</b>	
FNMA PMA1011 04%2032 <i>AMORTIZED FACTOR 0.054431100 AMORTIZED VALUE 6,803 MOODY'S: *** S&amp;P: *** CUSIP: 31418ADR6 CURRENT YIELD 4.034%</i>	N/A	125,000	N/A	99.1498	<b>6,746.04</b>	N/A	21.92	<b>273</b>	
Δ U.S. TREASURY NOTE <i>2.875% MAY 15 2032 MOODY'S: AA1 S&amp;P: *** CUSIP: 91282CEP2 ORIGINAL UNIT/TOTAL COST: 100.6006/35,284.38 CURRENT YIELD 3.117%</i>	08/05/22	35,000	35,210.24	92.2190	<b>32,276.65</b>	(2,933.59)	41.02	<b>1,007</b>	
U.S. TREASURY NOTE <i>2.750% AUG 15 2032 MOODY'S: AA1 S&amp;P: *** CUSIP: 91282CFF3 ORIGINAL UNIT/TOTAL COST: 99.3593/28,814.22 CURRENT YIELD 3.018%</i>	08/11/22	29,000	28,814.22	91.0980	<b>26,418.42</b>	(2,395.80)	229.12	<b>798</b>	
Δ U.S. TREASURY NOTE <i>4.125% NOV 15 2032 04.125% NOV 15 2032 MOODY'S: AA1 S&amp;P: *** CUSIP: 91282CFV8 ORIGINAL UNIT/TOTAL COST: 101.2504/35,546.87 CURRENT YIELD 4.143%</i>	02/24/23	35,000	35,437.65	99.5590	34,845.65	(592.00)	58.85	1,444	
U.S. TREASURY NOTE <i>Subtotal</i>	N/A	10,000 45,000	N/A 35,437.65	99.5590	9,955.90 <b>44,801.55</b>	N/A (592.00)	16.81 75.66	413 <b>1,857</b>	
FHLMC 78 0392 06 50%2033 <i>AMORTIZED FACTOR 0.005572800 AMORTIZED VALUE 139 MOODY'S: *** S&amp;P: *** CUSIP: 31342ANH8 CURRENT YIELD 6.402%</i>	N/A	25,000	N/A	101.5198	<b>141.44</b>	N/A	.73	<b>10</b>	
FNMA P671195 06 16%2033 <i>AMORTIZED FACTOR 0.005890100 AMORTIZED VALUE 58 MOODY'S: *** S&amp;P: *** CUSIP: 31391MUU5 CURRENT YIELD 6.163%</i>	N/A	10,000	N/A	99.9849	<b>58.89</b>	N/A	.29	<b>4</b>	
FHLMC 78 0514 06 72%2033 <i>AMORTIZED FACTOR 0.001816600 AMORTIZED VALUE 27 MOODY'S: *** S&amp;P: *** CUSIP: 31342ASB6 CURRENT YIELD 6.586%</i>	N/A	15,000	N/A	102.0326	<b>27.80</b>	N/A	.15	<b>2</b>	
FHLMC 78 0588 07 09%2033 <i>AMORTIZED FACTOR 0.003887000 AMORTIZED VALUE 58 MOODY'S: *** S&amp;P: *** CUSIP: 31342AUM9 CURRENT YIELD 6.925%</i>	N/A	15,000	N/A	102.3845	<b>59.70</b>	N/A	.33	<b>5</b>	
FHLMC 78 0682 06 50%2033 <i>AMORTIZED FACTOR 0.002964800 AMORTIZED VALUE 58 MOODY'S: *** S&amp;P: *** CUSIP: 31342AXKO CURRENT YIELD 6.402%</i>	N/A	19,766	N/A	101.5175	<b>59.49</b>	N/A	.31	<b>4</b>	
FHLMC 78 0679 07 30%2033 <i>AMORTIZED FACTOR 0.003049200 AMORTIZED VALUE 30 MOODY'S: *** S&amp;P: *** CUSIP: 31342AXG9 CURRENT YIELD 7.134%</i>	N/A	10,000	N/A	102.4256	<b>31.23</b>	N/A	.18	<b>3</b>	
U.S. TREASURY NOTE <i>3.875% AUG 15 2033 MOODY'S: AA1 S&amp;P: *** CUSIP: 91282CHT1 ORIGINAL UNIT/TOTAL COST: 99.2031/24,800.78 CURRENT YIELD 3.983%</i>	08/10/23	25,000	24,800.78	97.2730	<b>24,318.25</b>	(482.53)	278.31	<b>969</b>	

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ASBESTOS WORKERS LOCAL UNION12

Account Number: 7VZ-05176

## YOUR RCMA ASSETS

June 01, 2024 - May 30, 2025

GOVERNMENT AND AGENCY SECURITIES <sup>1</sup> (continued)								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
FHLMC 78 1071 06 90%2033 <i>AMORTIZED FACTOR 0.003952700 AMORTIZED VALUE 330 MOODY'S: *** S&amp;P: *** CUSIP: 31349SFL2 CURRENT YIELD 6.728%</i>	07/14/04	83,700	299.54	102.6893	<b>339.74</b>	40.20	1.84	<b>23</b>
FHLMC 78 1117 06 46%2033 <i>AMORTIZED FACTOR 0.007119400 AMORTIZED VALUE 355 MOODY'S: *** S&amp;P: *** CUSIP: 31349SG23 CURRENT YIELD 6.308%</i>	11/24/03	50,000	360.85	102.5049	364.89	4.04	1.85	24
FHLMC 78 1117 06 46%2033 <i>AMORTIZED VALUE 213</i>	01/27/04	30,000	218.39	102.5049	218.93	.54	1.11	14
<b>Subtotal</b>		<b>80,000</b>	<b>579.24</b>		<b>583.82</b>	<b>4.58</b>	<b>2.96</b>	<b>38</b>
FNMA PMA1688 03 50%2033 <i>AMORTIZED FACTOR 0.096071000 AMORTIZED VALUE 10,567 MOODY'S: *** S&amp;P: *** CUSIP: 31418A2W7 CURRENT YIELD 3.590%</i>	06/29/18	110,000	11,297.27	97.4882	<b>10,302.37</b>	(994.90)	29.79	<b>370</b>
FHLMC 78 1341 06 50%2034 <i>AMORTIZED FACTOR 0.005597700 AMORTIZED VALUE 223 MOODY'S: *** S&amp;P: *** CUSIP: 31349SP23 CURRENT YIELD 6.337%</i>	03/23/04	40,000	230.76	102.5583	<b>229.64</b>	(1.12)	1.17	<b>15</b>
FHLMC 78 1804 07 37%2034 <i>AMORTIZED FACTOR 0.004294500 AMORTIZED VALUE 322 MOODY'S: *** S&amp;P: *** CUSIP: 31349TAD3 CURRENT YIELD 7.169%</i>	07/09/04	75,000	324.37	102.8699	<b>331.33</b>	6.96	1.91	<b>24</b>
FNMA P790231 07 32%2034 <i>AMORTIZED FACTOR 0.007509900 AMORTIZED VALUE 375 MOODY'S: *** S&amp;P: *** CUSIP: 31405H4Q8 CURRENT YIELD 7.206%</i>	09/17/04	50,055	386.81	101.6317	<b>382.04</b>	(4.77)	2.22	<b>28</b>
U.S. TREASURY NOTE <i>3.875% AUG 15 2034 MOODY'S: AA1 S&amp;P: *** CUSIP: 91282CLF6 ORIGINAL UNIT/TOTAL COST: 98.7031/24,675.78 CURRENT YIELD 4.022%</i>	10/17/24	25,000	24,675.78	96.3440	<b>24,086.00</b>	(589.78)	278.31	<b>969</b>
FHLMC 78 2862 06 52%2034 <i>AMORTIZED FACTOR 0.007340400 AMORTIZED VALUE 183 MOODY'S: *** S&amp;P: *** CUSIP: 31349UFB9 CURRENT YIELD 6.354%</i>	12/14/04	25,000	185.68	102.6997	<b>188.46</b>	2.78	.96	<b>12</b>
FNMA P735440 07 39%2034 <i>AMORTIZED FACTOR 0.005076500 AMORTIZED VALUE 304 MOODY'S: *** S&amp;P: *** CUSIP: 31402RBH1 CURRENT YIELD 7.214%</i>	11/22/05	60,000	302.24	102.5388	<b>312.32</b>	10.08	1.82	<b>23</b>
FNMA P906742 06%2037 <i>AMORTIZED FACTOR 0.002911500 AMORTIZED VALUE 291 MOODY'S: *** S&amp;P: *** CUSIP: 31411FLX0 CURRENT YIELD 5.870%</i>	12/21/06	100,000	293.86	102.2071	<b>297.58</b>	3.72	1.41	<b>18</b>
FNMA P801783 06 50%2037 <i>AMORTIZED FACTOR 0.015609300 AMORTIZED VALUE 1,807 MOODY'S: *** S&amp;P: *** CUSIP: 31405WXL4 CURRENT YIELD 6.262%</i>	06/21/07	115,823	1,824.01	103.7928	<b>1,876.49</b>	52.48	9.47	<b>118</b>

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**YOUR RCMA ASSETS**

June 01, 2024 - May 30, 2025

<b>GOVERNMENT AND AGENCY SECURITIES</b> <sup>1</sup> (continued)								
<i>Description</i>	<i>Acquired</i>	<i>Quantity</i>	<i>Adjusted/Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Accrued Interest</i>	<i>Estimated Annual Income</i>
Δ FEDERAL FARM CREDIT BANK <i>CALLABLE BONDS 06.080% JUN 03 2039 MOODY'S: AA1 S&amp;P: AA+ CUSIP: 3133ERFR7 PAR CALL DATE: 06/03/25 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.0959/50,050.00 CURRENT YIELD 6.078%</i>	06/17/24	50,000	50,047.97	100.0310	<b>50,015.50</b>	(32.47)	1,494.67	<b>3,040</b>
FEDERAL HOME LOAN BANK <i>CALLABLE BONDS 05.750% NOV 22 2039 MOODY'S: AA1 S&amp;P: AA+ CUSIP: 3130B3QW6 PAR CALL DATE: 05/22/25 PAR CALL PRICE: 100.00 CURRENT YIELD 5.748%</i>	12/05/24	30,000	30,000.00	100.0240	<b>30,007.20</b>	7.20	38.33	<b>1,725</b>
Δ FEDERAL FARM CREDIT BANK <i>CALLABLE BONDS 05.870% NOV 29 2039 MOODY'S: AA1 S&amp;P: AA+ CUSIP: 3133ERF22 PAR CALL DATE: 05/29/25 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.0980/5,005.00 CURRENT YIELD 5.880%</i>	12/10/24	5,000	5,004.90	99.8150	4,990.75	(14.15)	.82	294
Δ FEDERAL FARM CREDIT BANK <i>ORIGINAL UNIT/TOTAL COST: 100.1235/25,031.25</i>	02/26/25	25,000	25,030.89	99.8150	24,953.75	(77.14)	4.08	1,468
<i>Subtotal</i>		<b>30,000</b>	<b>30,035.79</b>		<b>29,944.50</b>	<b>(91.29)</b>	<b>4.90</b>	<b>1,762</b>
FEDERAL HOME LOAN BANK <i>CALLABLE BONDS 05.750% FEB 27 2040 MOODY'S: AA1 S&amp;P: AA+ CUSIP: 3130B5B31 PAR CALL DATE: 02/27/26 PAR CALL PRICE: 100.00 CURRENT YIELD 5.772%</i>	03/28/25	50,000	50,000.00	99.6050	<b>49,802.50</b>	(197.50)	742.71	<b>2,875</b>
FEDERAL FARM CREDIT BANK <i>CALLABLE BONDS 05.820% MAR 26 2040 MOODY'S: AA1 S&amp;P: AA+ CUSIP: 3133ETAJ6 PAR CALL DATE: 06/26/25 PAR CALL PRICE: 100.00 CURRENT YIELD 5.844%</i>	03/20/25	50,000	50,000.00	99.5800	<b>49,790.00</b>	(210.00)	517.33	<b>2,910</b>
FNMA PAL5369 04 50%2044 <i>AMORTIZED FACTOR 0.040797300 AMORTIZED VALUE 9,995 MOODY'S: *** S&amp;P: *** CUSIP: 3138EM6F3 CURRENT YIELD 4.651%</i>	06/29/18	245,000	13,959.08	96.7434	<b>9,669.83</b>	(4,289.25)	36.23	<b>450</b>
FEDERAL FARM CREDIT BANK <i>CALLABLE BONDS 05.950% NOV 14 2044 MOODY'S: AA1 S&amp;P: AA+ CUSIP: 3133ERZY0 PAR CALL DATE: 05/14/25 PAR CALL PRICE: 100.00 CURRENT YIELD 5.956%</i>	11/14/24	35,000	35,000.00	99.8860	<b>34,960.10</b>	(39.90)	92.56	<b>2,083</b>
FNMA PAZ9215 04%2045 <i>AMORTIZED FACTOR 0.127055900 AMORTIZED VALUE 3,074 MOODY'S: *** S&amp;P: *** CUSIP: 3140E2GZ8 CURRENT YIELD 4.296%</i>	N/A	24,200	N/A	93.0918	<b>2,862.34</b>	N/A	9.91	<b>123</b>
GNM P787587M 06 50%2052 <i>AMORTIZED FACTOR 0.855710800 AMORTIZED VALUE 42,785 MOODY'S: *** S&amp;P: *** CUSIP: 3622ADJ82 CURRENT YIELD 5.880%</i>	04/28/25	50,000	45,356.27	110.5285	<b>47,290.22</b>	1,933.95	224.03	<b>2,782</b>
FNMA PFS3665 06 50%2053 <i>AMORTIZED FACTOR 0.493624000 AMORTIZED VALUE 17,276 MOODY'S: *** S&amp;P: *** CUSIP: 3140XKCB4 CURRENT YIELD 6.236%</i>	01/18/23	35,000	18,906.53	104.2244	<b>18,006.68</b>	(899.85)	90.46	<b>1,123</b>
FHLMC SD 2737 05 50%2053 <i>AMORTIZED FACTOR 0.904047200 AMORTIZED VALUE 67,803 MOODY'S: *** S&amp;P: *** CUSIP: 3132DQBE5 CURRENT YIELD 5.492%</i>	05/15/23	75,000	69,278.24	100.1310	<b>67,892.36</b>	(1,385.88)	300.41	<b>3,730</b>

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ASBESTOS WORKERS LOCAL UNION12

Account Number: 7VZ-05176

## YOUR RCMA ASSETS

June 01, 2024 - May 30, 2025

<b>GOVERNMENT AND AGENCY SECURITIES</b> <sup>1</sup> (continued)									
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	
FNMA PFS6616 06%2053	01/16/24	20,000	17,375.01	101.0413	<b>17,167.33</b>	(207.68)	82.12	<b>1,020</b>	
<i>AMORTIZED FACTOR 0.849520400 AMORTIZED VALUE 16,990 MOODY'S: *** S&amp;P: *** CUSIP: 3140XNK60 CURRENT YIELD 5.938%</i>									
FNMA PFS5752 06%2053	09/18/23	400,000	334,534.60	101.1687	<b>335,662.17</b>	1,127.57	1,603.62	<b>19,907</b>	
<i>AMORTIZED FACTOR 0.829461500 AMORTIZED VALUE 331,784 MOODY'S: *** S&amp;P: *** CUSIP: 3140XMMMA1 CURRENT YIELD 5.930%</i>									
FNMA PMA5166 06%2053	12/18/23	23,000	18,444.41	101.0968	<b>18,264.06</b>	(180.35)	87.32	<b>1,084</b>	
<i>AMORTIZED FACTOR 0.785474500 AMORTIZED VALUE 18,065 MOODY'S: *** S&amp;P: *** CUSIP: 31418EW48 CURRENT YIELD 5.934%</i>									
FHLMC SD 5034 06%2054	03/12/24	25,000	22,754.08	101.9432	<b>22,703.45</b>	(50.63)	107.64	<b>1,337</b>	
<i>AMORTIZED FACTOR 0.890827400 AMORTIZED VALUE 22,270 MOODY'S: *** S&amp;P: *** CUSIP: 3132DSSX1 CURRENT YIELD 5.885%</i>									
FNMA PFS7744 06 50%2054	06/20/24	10,000	9,393.90	104.1633	<b>9,345.76</b>	(48.14)	46.98	<b>584</b>	
<i>AMORTIZED FACTOR 0.897221700 AMORTIZED VALUE 8,972 MOODY'S: *** S&amp;P: *** CUSIP: 3140XPTA7 CURRENT YIELD 6.240%</i>									
FNMA PCB8494 06%2054	04/29/25	33,000	29,704.39	101.2536	<b>29,589.15</b>	(115.24)	141.24	<b>1,754</b>	
<i>AMORTIZED FACTOR 0.885539900 AMORTIZED VALUE 29,222 MOODY'S: *** S&amp;P: *** CUSIP: 3140QUNL6 CURRENT YIELD 5.925%</i>									
<b>TOTAL</b>	<b>YIELD 5.24%</b>	<b>2,670,421</b>	<b>1,209,624.46</b>		<b>1,217,648.92</b>	<b>(12,415.58)</b>	<b>9,868.60</b>	<b>63,756</b>	
<b>CORPORATE BONDS</b>									
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	
Δ NORTHWEST PIPELINE CORP	10/01/21	10,000	10,268.49	100.8990	<b>10,089.90</b>	(178.59)	354.27	<b>713</b>	
<i>07.125% DEC 01 2025 MOODY'S: BAA1 S&amp;P: BBB+ CUSIP: 667748AF4 ORIGINAL UNIT/TOTAL COST: 102.6849/12,165.20 CURRENT YIELD 7.061%</i>									
Δ FIRST UNION CORPORATION	02/02/17	9,000	9,339.60	103.1150	<b>9,280.35</b>	(59.25)	225.33	<b>682</b>	
<i>SUBORDINATED STEP% AUG 01 2026 MOODY'S: A3 S&amp;P: BBB CUSIP: 337358BH7 ORIGINAL UNIT/TOTAL COST: 103.7733/11,339.73 CURRENT YIELD 7.345%</i>									
Δ TRUIST FINANCIAL CORP	10/27/22	40,000	40,011.35	100.4310	<b>40,172.40</b>	161.05	209.78	<b>2,360</b>	
<i>SER MTN VAR%OCT 28 2026 MOODY'S: BAA1 S&amp;P: A- CUSIP: 89788MAJ1 PAR CALL DATE: 10/28/25 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.0283/40,030.00 CURRENT YIELD 5.874%</i>									
RTX CORP	11/07/23	15,000	14,986.50	101.7170	<b>15,257.55</b>	271.05	52.71	<b>863</b>	
<i>GLB 05.750% NOV 08 2026 MOODY'S: BAA1 S&amp;P: BBB+ CUSIP: 75513ECT6 PAR CALL DATE: 10/08/26 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.9100/14,986.50 CURRENT YIELD 5.652%</i>									

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**YOUR RCMA ASSETS**

June 01, 2024 - May 30, 2025

<b>CORPORATE BONDS</b> (continued)									
<i>Description</i>	<i>Acquired</i>	<i>Quantity</i>	<i>Adjusted/Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Accrued Interest</i>	<i>Estimated Annual Income</i>	
Δ CBOE HOLDINGS INC <i>GLB 03.650% JAN 12 2027 MOODY'S: A3 S&amp;P: A- CUSIP: 12503MAA6 PAR CALL DATE: 10/12/26 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.8533/43,166.00 CURRENT YIELD 3.698%</i>	08/22/19	40,000	40,741.33	98.6950	<b>39,478.00</b>	(1,263.33)	559.67	<b>1,460</b>	
Δ CIGNA CORP <i>COMP GUARNT SER * GLB 03.400% MAR 01 2027 MOODY'S: BAA1 S&amp;P: A- CUSIP: 125523CB4 PAR CALL DATE: 12/01/26 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.1041/41,647.50 CURRENT YIELD 3.460%</i>	08/22/19	40,000	40,441.64	98.2400	<b>39,296.00</b>	(1,145.64)	336.22	<b>1,360</b>	
Δ QUALCOMM INC <i>GLB 03.250% MAY 20 2027 MOODY'S: A2 S&amp;P: A CUSIP: 747525AU7 PAR CALL DATE: 02/20/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.1530/3,016.89 CURRENT YIELD 3.304%</i>	06/13/19	3,000	3,004.59	98.3480	2,950.44	(54.15)	2.71	98	
Δ QUALCOMM INC <i>ORIGINAL UNIT/TOTAL COST: 100.1842/8,054.24</i>	06/13/19	8,000	8,014.74	98.3480	7,867.84	(146.90)	7.22	260	
<i>Subtotal</i>		<b>11,000</b>	<b>11,019.33</b>		<b>10,818.28</b>	<b>(201.05)</b>	<b>9.93</b>	<b>358</b>	
DTE ENERGY CO <i>GLB 04.950% JUL 01 2027 MOODY'S: BAA2 S&amp;P: BBB CUSIP: 233331BM8 PAR CALL DATE: 06/01/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.8810/44,946.45 CURRENT YIELD 4.910%</i>	07/31/24	45,000	44,946.45	100.8060	<b>45,362.70</b>	416.25	921.94	<b>2,228</b>	
BROOKLYN UNION GAS CO <i>144A 04.632% AUG 05 2027 MOODY'S: BAA2 S&amp;P: BBB+ CUSIP: 114259AV6 PAR CALL DATE: 07/05/27 PAR CALL PRICE: 100.00 CURRENT YIELD 4.635%</i>	08/03/22	25,000	25,000.00	99.9290	<b>24,982.25</b>	(17.75)	369.92	<b>1,158</b>	
Δ FLORIDA POWER CORP <i>SER MTNB 06.750% FEB 01 2028 MOODY'S: A3 S&amp;P: BBB+ CUSIP: 34110QAL2 ORIGINAL UNIT/TOTAL COST: 102.9889/41,898.40 CURRENT YIELD 6.400%</i>	08/24/23	40,000	41,195.58	105.4680	<b>42,187.20</b>	991.62	892.50	<b>2,700</b>	
AMERICAN TOWER TRUST I <i>ASSET BACKED 144A REMAIN PRN VAL 50000 MOODY'S: AAA S&amp;P: *** CUSIP: 03027WAK8 PAR CALL DATE: 03/23/25 PAR CALL PRICE: 100.00 CURRENT YIELD 3.759%</i>	11/21/19	50,000	52,656.50	97.1359	<b>48,567.95</b>	N/A	76.08	<b>1,826</b>	
PACIFIC LIFE GF II <i>SECURED 144A 04.900% APR 04 2028 MOODY'S: AA3 S&amp;P: AA- CUSIP: 6944PL2S7 ORIGINAL UNIT/TOTAL COST: 99.6130/14,941.95 CURRENT YIELD 4.846%</i>	03/29/23	15,000	14,941.95	101.0940	<b>15,164.10</b>	222.15	114.33	<b>735</b>	
META PLATFORMS INC <i>GLB 04.600% MAY 15 2028 MOODY'S: AA3 S&amp;P: AA- CUSIP: 30303M8L9 PAR CALL DATE: 04/15/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.9760/39,990.40 CURRENT YIELD 4.526%</i>	05/02/23	40,000	39,990.40	101.6130	<b>40,645.20</b>	654.80	76.67	<b>1,840</b>	

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ASBESTOS WORKERS LOCAL UNION12

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## YOUR RCMA ASSETS

June 01, 2024 - May 30, 2025

<b>CORPORATE BONDS</b> (continued) Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
Δ GEORGIA-PACIFIC GROUP 07.250% JUN 01 2028 MOODY'S: A3 S&P: A+ CUSIP: 373298BP2 ORIGINAL UNIT/TOTAL COST: 105.4998/21,832.00 CURRENT YIELD 6.732%	02/16/23	20,000	21,099.97	107.6790	<b>21,535.80</b>	435.83	720.97	<b>1,450</b>
JOHN DEERE CAPITAL CORP SER MTN 04.950% JUL 14 2028 MOODY'S: A1 S&P: A CUSIP: 24422EXBO ORIGINAL UNIT/TOTAL COST: 99.8510/29,955.30 CURRENT YIELD 4.848%	07/12/23	30,000	29,955.30	102.0940	<b>30,628.20</b>	672.90	561.00	<b>1,485</b>
INTUIT INC GLB 05.125% SEP 15 2028 MOODY'S: A3 S&P: A- CUSIP: 46124HAF3 PAR CALL DATE: 08/15/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.8950/34,963.25 CURRENT YIELD 4.987%	09/13/23	35,000	34,963.25	102.7630	<b>35,967.05</b>	1,003.80	373.70	<b>1,794</b>
Δ BANK OF NY MELLON CORP SER MTN GLB VAR%OCT 25 2028 MOODY'S: AA3 S&P: A CUSIP: 06406RBLO PAR CALL DATE: 10/25/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.0608/25,025.00 CURRENT YIELD 5.617%	10/19/22	25,000	25,015.21	103.2580	<b>25,814.50</b>	799.29	141.02	<b>1,451</b>
NATIONAL RURAL UTIL COOP COLLATERAL TRUST GLB 03.900% NOV 01 2028 MOODY'S: A1 S&P: A- CUSIP: 637432NQ4 PAR CALL DATE: 08/01/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 98.9950/9,899.50 CURRENT YIELD 3.977%	05/09/22	10,000	9,899.50	98.0610	<b>9,806.10</b>	(93.40)	31.42	<b>390</b>
Θ CAPITAL ONE FINANCIAL CO GLB VAR%FEB 01 2029 MOODY'S: BAA1 S&P: BBB CUSIP: 14040HCX1 PAR CALL DATE: 02/01/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 95.8220/38,328.80 CURRENT YIELD 5.372%	06/23/23	40,000	38,328.80	101.7770	<b>40,710.80</b>	2,382.00	722.99	<b>2,188</b>
Δ SOUTHERN CO GLB 05.500% MAR 15 2029 MOODY'S: BAA1 S&P: BBB+ CUSIP: 842587DS3 PAR CALL DATE: 01/15/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.2071/45,702.00 CURRENT YIELD 5.310%	02/27/24	45,000	45,543.20	103.5720	<b>46,607.40</b>	1,064.20	515.62	<b>2,475</b>
Δ MARKEL CORP GLB 03.350% SEP 17 2029 MOODY'S: BAA2 S&P: BBB CUSIP: 570535AU8 PAR CALL DATE: 06/17/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.8630/20,367.60 CURRENT YIELD 3.515%	10/03/19	20,000	20,172.60	95.2930	<b>19,058.60</b>	(1,114.00)	135.86	<b>670</b>
Δ GEORGIA PACIFIC CORP 07.750% NOV 15 2029 MOODY'S: A3 S&P: A+ CUSIP: 373298BR8 ORIGINAL UNIT/TOTAL COST: 111.5055/51,636.60 CURRENT YIELD 6.874%	12/18/23	45,000	50,177.49	112.7300	<b>50,728.50</b>	551.01	145.31	<b>3,488</b>
Δ BANK OF AMERICA CORP SER MTN VAR%FEB 07 2030 MOODY'S: A1 S&P: A- CUSIP: 06051GHQ5 PAR CALL DATE: 02/07/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 108.8101/46,649.20 CURRENT YIELD 4.074%	11/13/20	40,000	43,524.04	97.5270	<b>39,010.80</b>	(4,513.24)	498.96	<b>1,590</b>

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**YOUR RCMA ASSETS**

June 01, 2024 - May 30, 2025

<b>CORPORATE BONDS</b> (continued)									
<i>Description</i>	<i>Acquired</i>	<i>Quantity</i>	<i>Adjusted/Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Accrued Interest</i>	<i>Estimated Annual Income</i>	
GEORGIA POWER CO <i>GLB 04.550% MAR 15 2030 MOODY'S: A3 S&amp;P: A CUSIP: 373334KY6 PAR CALL DATE: 01/15/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.7650/49,882.50 CURRENT YIELD 4.541%</i>	12/03/24	50,000	49,882.50	100.1820	<b>50,091.00</b>	208.50	1,105.90	<b>2,275</b>	
△ GOLDMAN SACHS GROUP INC <i>03.800% MAR 15 2030 MOODY'S: A2 S&amp;P: BBB+ CUSIP: 38141GXH2 PAR CALL DATE: 12/15/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 106.9612/39,683.00 CURRENT YIELD 3.938%</i>	06/26/20	35,000	37,436.42	96.4760	<b>33,766.60</b>	(3,669.82)	277.08	<b>1,330</b>	
△ 3M COMPANY <i>GLB 04.800% MAR 15 2030 MOODY'S: A3 S&amp;P: BBB+ CUSIP: 88579YBQ3 PAR CALL DATE: 02/15/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.1011/25,026.25 CURRENT YIELD 4.765%</i>	03/07/25	25,000	25,025.28	100.7300	<b>25,182.50</b>	157.22	256.67	<b>1,200</b>	
GOLDMAN SACHS GROUP INC <i>GLB VAR%JUL 23 2030 MOODY'S: A2 S&amp;P: BBB+ CUSIP: 38141GB29 PAR CALL DATE: 07/23/29 PAR CALL PRICE: 100.00 CURRENT YIELD 5.006%</i>	07/17/24	40,000	40,000.00	100.8540	<b>40,341.60</b>	341.60	712.47	<b>2,020</b>	
GLOBE LIFE INC <i>GLB 02.150% AUG 15 2030 MOODY'S: BAA1 S&amp;P: A CUSIP: 37959EAA0 PAR CALL DATE: 05/15/30 PAR CALL PRICE: 100.00 CURRENT YIELD 2.474%</i>	08/19/20	25,000	25,000.00	86.8930	<b>21,723.25</b>	(3,276.75)	156.77	<b>538</b>	
GOLDMAN SACHS GROUP INC <i>GLB VAR%OCT 23 2030 MOODY'S: A2 S&amp;P: BBB+ CUSIP: 38141GB60 PAR CALL DATE: 10/23/29 PAR CALL PRICE: 100.00 CURRENT YIELD 4.708%</i>	10/21/24	50,000	50,000.00	99.6420	<b>49,821.00</b>	(179.00)	241.12	<b>2,346</b>	
BRISTOL-MYERS SQUIBB CO <i>GLB 05.750% FEB 01 2031 MOODY'S: A2 S&amp;P: A CUSIP: 110122DY1 PAR CALL DATE: 12/01/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.8000/14,970.00 CURRENT YIELD 5.434%</i>	11/06/23	15,000	14,970.00	105.8030	<b>15,870.45</b>	900.45	285.10	<b>863</b>	
SYNCHRONY FINANCIAL <i>GLB 02.875% OCT 28 2031 MOODY'S: *** S&amp;P: BBB- CUSIP: 87165BAR4 PAR CALL DATE: 07/28/31 PAR CALL PRICE: 100.00 CURRENT YIELD 3.391%</i>	10/27/21	45,000	45,000.00	84.7700	<b>38,146.50</b>	(6,853.50)	115.00	<b>1,294</b>	
DUKE ENERGY CAROLINAS <i>1ST MORTGAGE GLB 04.950% JAN 15 2033 MOODY'S: AA3 S&amp;P: A CUSIP: 26442CBJ2 PAR CALL DATE: 10/15/32 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 98.9140/9,891.40 CURRENT YIELD 4.946%</i>	06/15/23	10,000	9,891.40	100.0630	<b>10,006.30</b>	114.90	185.63	<b>495</b>	
PFIZER INVESTMENT ENTER <i>COMPANY GUARNT GLB 04.750% MAY 19 2033 MOODY'S: A2 S&amp;P: A CUSIP: 716973AE2 PAR CALL DATE: 02/19/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 98.0220/24,505.50 CURRENT YIELD 4.830%</i>	11/20/24	25,000	24,505.50	98.3310	<b>24,582.75</b>	77.25	36.28	<b>1,188</b>	

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ASBESTOS WORKERS LOCAL UNION12

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## YOUR RCMA ASSETS

June 01, 2024 - May 30, 2025

<b>CORPORATE BONDS</b> (continued) Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
<b>Δ L3HARRIS TECH INC</b> GLB 05.400% JUL 31 2033 MOODY'S: BAA2 S&P: BBB CUSIP: 502431AQ2 PAR CALL DATE: 04/30/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.6214/35,599.90 CURRENT YIELD 5.328%	10/30/24	35,000	35,567.51	101.3410	<b>35,469.35</b>	(98.16)	630.00	<b>1,890</b>
<b>PUBLIC SERVICE ELECTRIC</b> 1ST MORTGAGE GLB 05.200% AUG 01 2033 MOODY'S: A1 S&P: A CUSIP: 74456QCN4 PAR CALL DATE: 05/01/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.8700/39,948.00 CURRENT YIELD 5.138%	08/04/23	40,000	39,948.00	101.2040	<b>40,481.60</b>	533.60	687.56	<b>2,080</b>
<b>Δ TRUIST FINANCIAL CORP</b> SER MTN VAR%OCT 28 2033 MOODY'S: BAA1 S&P: A- CUSIP: 89788MAK8 PAR CALL DATE: 10/28/32 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 105.4694/52,890.00 CURRENT YIELD 5.856%	10/22/24	50,000	52,734.70	104.5420	<b>52,271.00</b>	(463.70)	272.13	<b>3,062</b>
<b>Δ EVERSOURCE ENERGY</b> GLB 05.500% JAN 01 2034 MOODY'S: BAA2 S&P: BBB CUSIP: 30040WAX6 PAR CALL DATE: 10/01/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.7291/35,268.80 CURRENT YIELD 5.514%	10/30/24	35,000	35,255.21	99.7460	<b>34,911.10</b>	(344.11)	796.74	<b>1,925</b>
<b>METLIFE INC</b> GLB 05.300% DEC 15 2034 MOODY'S: A3 S&P: A- CUSIP: 59156RCN6 PAR CALL DATE: 09/15/34 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.5840/44,812.80 CURRENT YIELD 5.234%	06/04/24	45,000	44,812.80	101.2480	<b>45,561.60</b>	748.80	1,093.12	<b>2,385</b>
<b>Δ WELLS FARGO &amp; COMPANY</b> GLB VAR%JAN 23 2035 MOODY'S: A1 S&P: BBB+ CUSIP: 95000U3K7 PAR CALL DATE: 01/23/34 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.4005/13,185.90 CURRENT YIELD 5.467%	02/25/25	13,000	13,182.07	100.5670	<b>13,073.71</b>	(108.36)	252.19	<b>715</b>
<b>Δ KANSAS CITY POWER &amp; LT</b> MORTGAGE SER B GLB 06.050% NOV 15 2035 MOODY'S: A2 S&P: A CUSIP: 485134BH2 ORIGINAL UNIT/TOTAL COST: 113.1332/23,181.80 CURRENT YIELD 5.790%	06/01/22	20,000	22,626.65	104.4880	<b>20,897.60</b>	(1,729.05)	50.42	<b>1,210</b>
<b>Δ CITIGROUP INC</b> SUBORDINATED GLB VAR%JAN 24 2036 MOODY'S: BAA2 S&P: BBB CUSIP: 172967PU9 PAR CALL DATE: 01/24/35 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.0684/35,024.50 CURRENT YIELD 5.983%	01/22/25	35,000	35,023.94	100.5890	<b>35,206.15</b>	182.21	737.45	<b>2,107</b>
<b>Δ NATIONAL RURAL UTIL COOP</b> SUBORDINATED FLT% APR 30 2043 MOODY'S: A3 S&P: BBB CUSIP: 637432MT9 PAR CALL DATE: 04/30/23 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.9329/22,501.60	10/07/19	22,000	22,425.25	99.5040	<b>21,890.88</b>	(534.37)	136.61	

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**YOUR RCMA ASSETS**

June 01, 2024 - May 30, 2025

<b>CORPORATE BONDS</b> (continued) Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
FNMA CMO 2023 <i>51 L 06.500%NOV25 53 AMORTIZED VALUE 100,000 MOODY'S: *** S&amp;P: *** CUSIP: 3136BQQA0 CURRENT YIELD 6.202%</i>	01/15/25	100,000	102,468.75	104.7945	<b>104,794.50</b>	2,325.75	523.61	<b>6,500</b>
GNR 2023-7U007J CMO 2023 <i>189 AY 06.000%DEC20 53 AMORTIZED VALUE 25,000 MOODY'S: *** S&amp;P: *** CUSIP: 38384GMM9 CURRENT YIELD 5.905%</i>	10/23/24	25,000	25,406.25	101.6029	<b>25,400.73</b>	(5.52)	120.83	<b>1,500</b>
Δ METLIFE INC <i>SUBORDINATED SER G GLB VAR%MAR 15 2055 MOODY'S: BAA1 S&amp;P: BBB CUSIP: 59156RCQ9 PAR CALL DATE: 03/15/35 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.1496/45,067.50 CURRENT YIELD 6.312%</i>	03/12/25	45,000	45,067.33	100.5930	<b>45,266.85</b>	199.52	611.19	<b>2,858</b>
<b>TOTAL</b> YIELD 5.13%		1,475,000	1,500,448.04		<b>1,485,926.65</b>	(10,432.84)	17,330.07	<b>75,045</b>

**PLEASE REFER TO NOTES BELOW FOR INFORMATION REGARDING CREDIT RATINGS.**


<b>EQUITIES</b> Description	Symbol	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income
ABBVIE INC SHS <i>CURRENT YIELD 3.524%</i>	ABBV	170.0000	27,459.89	186.1100	<b>31,638.70</b>	4,178.81	<b>1,119</b>
ADOBE INC SHS	ADBE	17.0000	9,370.65	415.0900	<b>7,056.53</b>	(2,314.12)	
ALLSTATE CORP DEL COM <i>CURRENT YIELD 1.905%</i>	ALL	136.0000	23,396.16	209.8700	<b>28,542.32</b>	5,146.16	<b>544</b>
ALPHABET INC SHS CL A <i>CURRENT YIELD 0.471%</i>	GOOGL	321.0000	45,300.47	171.7400	<b>55,128.54</b>	9,828.07	<b>266</b>
AMAZON COM INC COM	AMZN	381.0000	58,277.44	205.0100	<b>78,108.81</b>	19,831.37	
AMER EXPRESS COMPANY <i>CURRENT YIELD 1.115%</i>	AXP	49.0000	10,056.08	294.0500	<b>14,408.45</b>	4,352.37	<b>163</b>
AMERICAN TOWER REIT INC <i>(HLDG CO) SHS CURRENT YIELD 3.093%</i>	AMT	63.0000	13,915.01	214.6500	<b>13,522.95</b>	(392.06)	<b>419</b>

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## YOUR RCMA ASSETS

June 01, 2024 - May 30, 2025

<b>EQUITIES</b> (continued) <i>Description</i>	<i>Symbol</i>	<i>Quantity</i>	<i>Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Annual Income</i>
APPLE INC <i>CURRENT YIELD 0.517%</i>	AAPL	311.0000	44,273.69	200.8500	<b>62,464.35</b>	18,190.66	<b>328</b>
AT&T INC <i>CURRENT YIELD 3.992%</i>	T	243.0000	6,528.20	27.8000	<b>6,755.40</b>	227.20	<b>270</b>
BOEING COMPANY	BA	89.0000	18,308.80	207.3200	<b>18,451.48</b>	142.68	
BOSTON SCIENTIFIC CORP	BSX	259.0000	13,287.18	105.2600	<b>27,262.34</b>	13,975.16	
BROADCOM INC <i>CURRENT YIELD 0.974%</i>	AVGO	264.0000	23,569.13	242.0700	<b>63,906.48</b>	40,337.35	<b>625</b>
CBRE GROUP INC <i>CL A</i>	CBRE	107.0000	15,083.51	125.0200	<b>13,377.14</b>	(1,706.37)	
COCA COLA COM <i>CURRENT YIELD 2.829%</i>	KO	407.0000	25,877.94	72.1000	<b>29,344.70</b>	3,466.76	<b>834</b>
CONSTELLATION ENERGY <i>CORP REG SHS CURRENT YIELD 0.506%</i>	CEG	68.0000	16,305.98	306.1500	<b>20,818.20</b>	4,512.22	<b>107</b>
COSTCO WHOLESALE CRP DEL <i>CURRENT YIELD 0.499%</i>	COST	27.0000	17,608.76	1,040.1800	<b>28,084.86</b>	10,476.10	<b>142</b>
DICKS SPORTING GOODS INC <i>CURRENT YIELD 2.704%</i>	DKS	40.0000	7,152.60	179.3400	<b>7,173.60</b>	21.00	<b>194</b>
EATON CORP PLC <i>CURRENT YIELD 1.299%</i>	ETN	49.0000	12,913.71	320.2000	<b>15,689.80</b>	2,776.09	<b>207</b>
ELI LILLY & CO <i>CURRENT YIELD 0.813%</i>	LLY	36.0000	15,008.69	737.6700	<b>26,556.12</b>	11,547.43	<b>216</b>
EQT CORP <i>CURRENT YIELD 1.142%</i>	EQT	125.0000	6,664.95 	55.1300	<b>6,891.25</b>	226.30	<b>80</b>
EXXON MOBIL CORP COM <i>CURRENT YIELD 3.871%</i>	XOM	246.0000	24,294.21	102.3000	<b>25,165.80</b>	871.59	<b>977</b>

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**YOUR RCMA ASSETS**

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<b>EQUITIES</b> (continued) <i>Description</i>	<i>Symbol</i>	<i>Quantity</i>	<i>Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Annual Income</i>
GE AEROSPACE <i>CURRENT YIELD 0.585%</i>	GE	104.0000	20,445.50	245.9100	<b>25,574.64</b>	5,129.14	<b>151</b>
GOLDMAN SACHS GROUP INC <i>CURRENT YIELD 1.998%</i>	GS	62.0000	28,399.04◆	600.4500	<b>37,227.90</b>	8,828.86	<b>744</b>
HOME DEPOT INC <i>CURRENT YIELD 2.498%</i>	HD	48.0000	16,396.21◆	368.2900	<b>17,677.92</b>	1,281.71	<b>443</b>
INTL BUSINESS MACHINES <i>CORP IBM CURRENT YIELD 2.594%</i>	IBM	111.0000	19,710.05	259.0600	<b>28,755.66</b>	9,045.61	<b>751</b>
INTUITIVE SURGICAL INC <i>NEW</i>	ISRG	27.0000	13,888.80	552.3400	<b>14,913.18</b>	1,024.38	
JPMORGAN CHASE & CO <i>CURRENT YIELD 2.121%</i>	JPM	223.0000	34,865.05	264.0000	<b>58,872.00</b>	24,006.95	<b>1,250</b>
LAM RESH CORP <i>CURRENT YIELD 1.138%</i>	LRCX	188.0000	13,867.48	80.7900	<b>15,188.52</b>	1,321.04	<b>174</b>
LOCKHEED MARTIN CORP <i>CURRENT YIELD 2.736%</i>	LMT	19.0000	9,100.41	482.3800	<b>9,165.22</b>	64.81	<b>252</b>
L3HARRIS TECHNOLOGIES <i>INC CURRENT YIELD 1.964%</i>	LHX	54.0000	11,476.01	244.3400	<b>13,194.36</b>	1,718.35	<b>260</b>
MCDONALDS CORP COM <i>CURRENT YIELD 2.255%</i>	MCD	25.0000	6,503.21	313.8500	<b>7,846.25</b>	1,343.04	<b>179</b>
MCKESSON CORPORATION COM <i>CURRENT YIELD 0.394%</i>	MCK	39.0000	22,284.03	719.5100	<b>28,060.89</b>	5,776.86	<b>114</b>
META PLATFORMS INC <i>CLASS A COMMON STOCK CURRENT YIELD 0.324%</i>	META	111.0000	45,689.42	647.4900	<b>71,871.39</b>	26,181.97	<b>237</b>
MICRON TECHNOLOGY INC <i>CURRENT YIELD 0.487%</i>	MU	165.0000	15,565.99◆	94.4600	<b>15,585.90</b>	19.91	<b>78</b>

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ASBESTOS WORKERS LOCAL UNION12

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## YOUR RCMA ASSETS

June 01, 2024 - May 30, 2025

<b>EQUITIES</b> (continued) <i>Description</i>	<i>Symbol</i>	<i>Quantity</i>	<i>Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Annual Income</i>
MICROSOFT CORP <i>CURRENT YIELD 0.721%</i>	MSFT	203.0000	51,163.39	460.3600	<b>93,453.08</b>	42,289.69	<b>680</b>
NETFLIX COM INC	NFLX	42.0000	19,294.53	1,207.2300	<b>50,703.66</b>	31,409.13	
NORTHROP GRUMMAN CORP <i>CURRENT YIELD 1.906%</i>	NOC	14.0000	6,770.39	484.7700	<b>6,786.78</b>	16.39	<b>131</b>
NVIDIA <i>CURRENT YIELD 0.029%</i>	NVDA	678.0000	51,935.47	135.1300	<b>91,618.14</b>	39,682.67	<b>32</b>
ORACLE CORP \$0.01 DEL <i>CURRENT YIELD 1.208%</i>	ORCL	122.0000	20,179.60♦	165.5300	<b>20,194.66</b>	15.06	<b>244</b>
PALO ALTO NETWORKS INC <i>COM</i>	PANW	105.0000	13,066.83	192.4200	<b>20,204.10</b>	7,137.27	
PROGRESSIVE CRP OHIO <i>CURRENT YIELD 0.140%</i>	PGR	82.0000	22,880.19	284.9300	<b>23,364.26</b>	484.07	<b>35</b>
ROYAL CARIBBEAN GROUP <i>CURRENT YIELD 0.953%</i>	RCL	62.0000	14,984.19	256.9700	<b>15,932.14</b>	947.95	<b>153</b>
RTX CORP <i>CORP CURRENT YIELD 1.993%</i>	RTX	279.0000	29,224.20	136.4800	<b>38,077.92</b>	8,853.72	<b>762</b>
SALESFORCE INC <i>CURRENT YIELD 0.627%</i>	CRM	64.0000	21,423.73♦	265.3700	<b>16,983.68</b>	(4,440.05)	<b>108</b>
SCHWAB CHARLES CORP NEW <i>CURRENT YIELD 1.222%</i>	SCHW	310.0000	23,311.30	88.3400	<b>27,385.40</b>	4,074.10	<b>337</b>
SERVICENOW INC	NOW	20.0000	12,306.66	1,011.0900	<b>20,221.80</b>	7,915.14	
SNOWFLAKE INC REG SHS <i>CL A</i>	SNOW	97.0000	16,156.09	205.6700	<b>19,949.99</b>	3,793.90	
SPOTIFY TECH S.A. REG <i>SHS</i>	SPOT	30.0000	16,915.37	665.1400	<b>19,954.20</b>	3,038.83	

+

**YOUR RCMA ASSETS**

June 01, 2024 - May 30, 2025

<b>EQUITIES</b> (continued) <i>Description</i>	<i>Symbol</i>	<i>Quantity</i>	<i>Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Annual Income</i>
T-MOBILE US INC SHS <i>CURRENT YIELD 1.358%</i>	TMUS	60.0000	12,240.63	242.2000	<b>14,532.00</b>	2,291.37	<b>199</b>
TAKE TWO INTER SOFTWARE	TTWO	126.0000	26,362.88	226.2800	<b>28,511.28</b>	2,148.40	
TESLA INC	TSLA	33.0000	7,967.04	346.4600	<b>11,433.18</b>	3,466.14	
TJX COS INC NEW <i>CURRENT YIELD 1.339%</i>	TJX	96.0000	11,697.27	126.9000	<b>12,182.40</b>	485.13	<b>165</b>
UNITED RENTALS INC COM <i>CURRENT YIELD 0.965%</i>	URI	14.0000	7,538.77	708.3800	<b>9,917.32</b>	2,378.55	<b>98</b>
VERTEX PHARMCTLS INC	VRTX	17.0000	6,154.59	442.0500	<b>7,514.85</b>	1,360.26	
<b>TOTAL</b> YIELD .95%			1,084,417.37		<b>1,473,202.49</b>	388,785.12	<b>14,068</b>

Equity Cost Basis details are available on the Statements and Documents page of [www.mymerrill.com](http://www.mymerrill.com).

**LONG PORTFOLIO**

	<i>Adjusted/Total Cost Basis</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Accrued Interest</i>	<i>Estimated Annual Income</i>
<b>TOTAL</b> YIELD 3.66%	3,842,712.38	<b>4,225,000.57</b>	365,936.70	27,198.67	<b>153,980</b>

**Notes**

Δ Debt Instruments purchased at a premium show amortization      Θ Debt Instruments purchased at a discount show accretion

<sup>1</sup> Some agency securities are not backed by the full faith and credit of the United States government.

\*\*\* Rating currently unavailable or not rated/unrated as provided by Rating Agency or recognized industry wide third party vendor source.

\* - Excludes the market value of original issue discount holdings in the calculation of total current yield for debt securities.

Total values exclude N/A items

◆ Cost basis has been adjusted by the deferred loss amount from a previous "Wash Sale" and the acquisition date has been adjusted to include the holding period of the lot closed by that previous "Wash Sale".

For Credit Ratings: S&P and Moody's provide credit ratings on the credit quality of certain bonds and preferred stocks. For a credit enhanced security, Moody's and S&P publish and provide third party vendors the higher of the rating on the credit enhancer (guarantor) or the stand alone rating on the underlying security.

2/21/26

02:39PM

Statement 7

Schedule H, Page 4, Line 4i

Schedule Of Assets (Held At End Of Year)

Asbestos Workers Local 12A Abatement Health Fund 11-3517511 501

<u>Party In Interest</u>	<u>Identification</u>	<u>Description</u>	<u>Cost</u>	<u>Current Amount</u>
	MERRILL LYNCH	SEE ATTACHED	\$ 3,842,712.	\$ 4,225,000.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  This Form is Open to Public Inspection
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 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**

<b>1 a</b> Name of plan ASBESTOS WORKERS LOCAL 12A ABATEMENT HEALTH FUND	<b>1b</b> Three-digit plan number (PN).... ▶ <u>501</u>
<b>2 a</b> 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)	<b>1c</b> Effective date of plan <u>11/27/2000</u>  <b>2b</b> Employer Identification Number (EIN) <u>11-3517511</u>  <b>2c</b> Plan Sponsor's telephone number <u>212-505-5050</u>  <b>2d</b> Business code (see instructions) <u>525100</u>

BOARD OF TRUSTEES OF ASBESTOS WORKERS LOCAL 12A HEALTH FUND  
 DH COOK ASSOCIATES  
 1040 AVE OF THE AMERICAS, 24TH FL  
 NEW YORK, NY 10018

**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.

<b>SIGN HERE</b>		<u>3/10/26</u>	Jaime Soto
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE