Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASBESTOS WORKERS LOCAL 84 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ASBESTOS WORKERS LOCAL 84 PENSION

PO BOX 68994
INDIANAPOLIS, IN 46268-0994

7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

2b Employer Identification Number (EIN)
34-6009649

2c Plan Sponsor's telephone number
800-398-6144

2d Business code (see instructions)
238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2026	CARL HUGHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	202
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	115
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	148
b	Retired or separated participants receiving benefits	**6b**	54
c	Other retired or separated participants entitled to future benefits	**6c**	234
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	436
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	444
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	19

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

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
ASBESTOS WORKERS LOCAL 84 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ASBESTOS WORKERS LOCAL 84 PENSION

D Employer Identification Number (EIN)
34-6009649

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	29417527
(2)	Actuarial value of assets for funding standard account	**1b(2)**	29022819
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	24277067
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	24277067
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	43229119
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	2746244
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	1346571
(3)	Expected plan disbursements for the plan year	**1d(3)**	1369732

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/10/2026
Date

PAUL BULLOCK, ASA, EA, MAAA
Type or print name of actuary

26-05770
Most recent enrollment number

FOSTER & FOSTER, INC.
Firm name

317-580-8670
Telephone number (including area code)

11590 N. MERIDIAN STREET, SUITE 610
CARMEL, IN 46032-4529
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	29417527
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		61	15271810
(2) For terminated vested participants		19	1040480
(3) For active participants:			
(a) Non-vested benefits			6676586
(b) Vested benefits			20240243
(c) Total active		110	26916829
(4) Total		190	43229119
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	68.05 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
12/31/2025	1699172				
			Totals ► **3(b)**	1699172	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	119.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	3.44 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	12.3 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	81208	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-84766	-8698
4	-540546	-55466

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	1308677

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	6686743		950057
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	158111
e Total charges. Add lines 9a through 9d			**9e**	2416845
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	8168635
g Employer contributions. Total from column (b) of line 3			**9g**	1699172
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	3263860		549980
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	669774
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	5062868		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	11997510		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	11087561
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	8670716
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASBESTOS WORKERS LOCAL 84 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASBESTOS WORKERS LOCAL 84 PENSION

D Employer Identification Number (EIN)
34-6009649

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ANCORA ADVISORS

6060 PARKLAND BLVD
CLEVELAND, OH 44124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	113207	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTHSCOPE BENEFITS, INC.

27 CORPORATE HILL DR
LITTLE ROCK, AR 72205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	THIRD PARTY ADMINISTRATOR	18117	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED ACTUARIAL SERVICES, INC.

11590 N MERIDIAN ST
CARMEL, IN 46032-4529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	17700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

YURCHYK & DAVIS CPA'S INC.

34-1638235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	14900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTL FOUNDATION OF EBP'S

18700 W. BLUEMOUND RD
BROOKFIELD, WI 53045

(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?
49 50	NONE	14100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC BANK

116 ALLEGHENY CENTER
PITTSBURGH, PA 15212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	INVESTMENT CUSTODIAN	13136	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FIDELITY BROKERAGE SERVICES LLC

900 SALEM ST
SMITHFIELD, RI 02917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	INVESTMENT CUSTODIAN	8913	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION BENEFIT GUARANTY CORP

445 12TH ST SW
WASHINGTON, DC 20024-2101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
73	NONE	7878	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MACALA & PIATT LLC

601 S MAIN STREET
NORTH CANTON, OH 44720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	7624	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INSULATORS LOCAL 84 COMBINED FUND

3660 STUTZ DRIVE STE 101
CANFIELD, OH 44406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	COLLECTION FUND	7075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EBERTS & HARRISON INC.

1604 RIDGESIDE DRIVE STE 203
MOUNT AIRY, MD 21771

(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?
23	INSURANCE PROVIDER	6528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASBESTOS WORKERS LOCAL 84 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASBESTOS WORKERS LOCAL 84 PENSION

D Employer Identification Number (EIN)
34-6009649

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	190662	155014
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	57941	55906
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1920078	1937222
(2) U.S. Government securities	1c(2)	1259546	1509777
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2630863	2831616
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9114070	9807179
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1038649	1105330
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12042402	14172221
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1245899	1131604

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	29500110	32705869
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	82583	27917
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	82583	27917
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	29417527	32677952

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1699172	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1699172
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51353	
(B) U.S. Government securities	2b(1)(B)	40043	
(C) Corporate debt instruments	2b(1)(C)	83829	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	46437	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		221662
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	177633	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	482199	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		659832
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6270160	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5093904	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1176256
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	37270	
(B) Other	2b(5)(B)	406436	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		443706

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		908279
c Other income	2c		788
d Total income. Add all **income** amounts in column (b) and enter total	2d		5109695
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1605870	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1605870
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	18117	
(3) Recordkeeping fees	2i(3)	7075	
(4) IQPA audit fees	2i(4)	14900	
(5) Investment advisory and investment management fees	2i(5)	113207	
(6) Bank or trust company trustee/custodial fees	2i(6)	22050	
(7) Actuarial fees	2i(7)	17700	
(8) Legal fees	2i(8)	7624	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	42727	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		243400
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1849270
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3260425
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: GRAY, GRIFFITH, & MAYS A.C. **(2)** EIN: 55-0621482

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589983.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASBESTOS WORKERS LOCAL 84 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASBESTOS WORKERS LOCAL 84 PENSION

D Employer Identification Number (EIN)
34-6009649

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer SUPERIOR INDUSTRIAL CO.

b EIN 34-1302438 **c** Dollar amount contributed by employer 243259

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 10.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer CASCADE INSULATION CO

b EIN 34-1396291 **c** Dollar amount contributed by employer 232227

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 10.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer THE R.G. SMITH CO., INC.

b EIN 34-0678463 **c** Dollar amount contributed by employer 231452

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 10.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer THERMO TEC INSULATION, INC.

b EIN 34-1736693 **c** Dollar amount contributed by employer 200428

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 10.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ADVANCED INDUSTRIAL SERVICES

b EIN 23-3085675 **c** Dollar amount contributed by employer 175533

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 10.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer GEO V HAMILTON CONTRACTING LLC

b EIN 25-0926783 **c** Dollar amount contributed by employer 126592

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 10.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer D&B INSULATIONS INC.

b EIN 26-1345463 **c** Dollar amount contributed by employer 100686

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 10.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

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

Structured Attachment	Schedule MB, line 8b(2) Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	34-6009649	PN	001

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

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29	5					
30 to 34	8			2		
35 to 39	5			2		
40 to 44	2			2		
45 to 49	1			2		
50 to 54	2			1		
55 to 59	1			3		
60 to 64				1		
65 to 69						
70 & Up						

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	34-6009649	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39	4			1		
40 to 44	5			4		
45 to 49	6			3		
50 to 54	3			3		
55 to 59	2			4		
60 to 64						
65 to 69						
70 & Up						

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

Name of Plan	ASBESTOS WORKERS LOCAL 84 PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	34-6009649	**PN**	001

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

Asbestos Workers Local No. 84
Pension Plan

FINANCIAL STATEMENTS

December 31, 2025 and 2024

Asbestos Workers Local No. 84 Pension Plan

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of Asbestos Workers Local No. 84 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Asbestos Workers Local No. 84 Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Other Matter

The financial statements of Asbestos Workers Local No. 84 Pension Plan as of and for the year ended December 31, 2024, were audited by other auditors whose report dated August 14, 2025, expressed an unmodified opinion on those financial statements.

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 whether Asbestos Workers Local No. 84 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Asbestos Workers Local No. 84 Pension Plan's internal control. Accordingly, no such opinion is expressed.

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Asbestos Workers Local No. 84 Pension Plan's ability to continue as a going concern for a reasonable period of time.

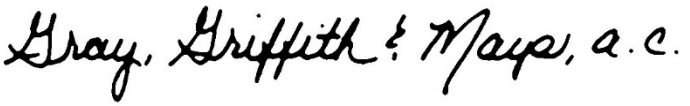
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



Morgantown, West Virginia
August 20, 2026

Asbestos Workers Local No. 84 Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value:		
Registered investment companies	$ 14,172,221	$ 12,042,402
Money market funds	1,296,618	1,139,299
Real estate investment trusts	1,105,330	1,038,649
Common stocks	9,807,179	9,114,070
U.S. Government securities	1,509,777	1,259,546
Corporate bonds	2,831,616	2,630,863
Mortgage obligations	1,131,604	1,245,899
Total investments, at fair value	31,854,345	28,470,728
Receivables:		
Employers' contributions	155,014	190,662
Accrued interest	50,313	46,373
Total receivables	205,327	237,035
Other assets:		
Interest-bearing cash	640,604	780,779
Prepaid expenses	5,593	11,568
Total other assets	646,197	792,347
Total assets	$ 32,705,869	$ 29,500,110
LIABILITIES		
Accounts payable - administration	$ 13,754	$ 62,110
Accounts payable - reciprocity	12,480	18,788
Accounts payable - other	1,683	1,685
Total liabilities	27,917	82,583
Net assets available for benefits	$ 32,677,952	$ 29,417,527

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

Asbestos Workers Local No. 84 Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Additions to net assets:		
Investment income:		
Interest and dividend income	$ 881,494	$ 743,796
Net appreciation in:		
Fair value of investments	2,528,241	2,599,312
Less: investment fees	(22,050)	(20,995)
Total investment income	3,387,685	3,322,113
Employers' contributions	1,819,097	1,742,234
Less: reciprocity paid	(119,925)	(114,105)
Total employers' contributions	1,699,172	1,628,129
Other income	788	1,527
Total additions	5,087,645	4,951,769
Deductions from net assets:		
Benefits paid to participants	1,605,870	1,338,812
Administrative expenses:		
Third-party administrator	18,117	15,252
Actuarial services	17,700	17,000
Legal fees	7,624	8,112
Investment consultant fee	113,207	115,694
Accounting and auditing services	14,900	9,900
Collection agency fees	7,075	6,240
Insurance	15,367	14,492
Office and administrative expense	4,007	6,052
Travel, meeting, and conventions	23,353	1,503
Total deductions	1,827,220	1,533,057
Net increase	3,260,425	3,418,712
Net assets available for benefits, beginning of year	29,417,527	25,998,815
Net assets available for benefits, end of year	$ 32,677,952	$ 29,417,527

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

1 – DESCRIPTION OF PLAN

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

General

The Plan is a multi-employer defined benefit pension plan covering all union member employees of participating employers of the Asbestos Workers Local No. 84 Union who meet minimum service requirements. An employee will become eligible at the beginning of the plan year or on July 1st, whichever is earlier, following 400 hours of covered service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participating employers are required to make contributions for each hour worked on behalf of each active union member. The hourly contribution rates were $9.65 from January 1, 2024, to May 31, 2024, $9.75 from June 1, 2024, to May 31, 2025, and $10.00 from June 1, 2025, to December 31, 2025.

The Plan's funding policy is for participating employers to contribute an amount that will meet or exceed the annual ERISA minimum funding requirements. The contributions for the years ended December 31, 2025 and 2024, met the minimum funding requirements of ERISA. See Note 7 for the status of the Plan.

Contributions Receivable

Employer contributions due and unpaid at year-end are recorded as contributions receivable. The Plan evaluates contributions receivable for expected credit losses. Management considers historical collection experience, the financial condition of contributing employers, current economic conditions, and other relevant factors in estimating expected credit losses. Based on this evaluation, management determined that no allowance for expected credit losses was necessary as of December 31, 2025 and 2024.

Pension Benefits

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

The Plan permits early retirement for a participant who has attained early retirement age. For collectively bargained employees, prior to January 1, 1988, early retirement age means the participant is 55 through 64 years of age and has at least ten years of credited service. For collectively bargained employees, effective January 1, 1998, early retirement age means the participant is 55 through 64 years of age, has at least five years

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

Disability Benefits

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

Vesting and Covered Service

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

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

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

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

Plan Termination

Although there are no plans to do so, in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits payable as a pension.
b. Other benefits guaranteed under Title IV of ERISA.
c. All other vested benefits under the Plan.
d. All other benefits under the Plan.

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

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

Suspension of Benefits

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

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

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

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by their investment advisors and custodians. See Note 4 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in accordance with accounting policies generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein.

Subsequent Events

The Plan has evaluated subsequent events through August 20, 2026, the date the financial statements were available to be issued.

Concentrations of Credit Risk

The Plan maintains cash balances with regulated financial institutions. Balances with the financial institutions may exceed insured limits.

Actuarial Present Value of Accumulated Plan Benefits

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

3 – ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024, was as follows:

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$10,949,560	$11,201,255
Expenses on parts; currently received benefits	629,600	644,072
Other participants	10,243,995	9,363,688
Expenses on other participants	589,030	538,412
Total vested benefits	22,412,185	21,747,427
Non-vested benefits:		
Non-vested accumulated benefits	3,083,512	2,860,433
Expenses on non-vested benefits	177,302	164,475
Total non-vested benefits	3,260,814	3,024,908
Total actuarial present value of accumulated plan benefits	$25,672,999	$24,772,335

The changes in accumulated benefits were as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2024	$24,772,335
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(571,627)
Benefits accumulated and experience gain	1,155,591
Interest due to decrease in discount period	1,734,063
Benefits paid	(1,338,812)
Operational expenses paid	(78,551)
	900,664
Actuarial present value of accumulated plan benefits as of December 31, 2025	$25,672,999

The significant assumptions used in the valuations as of January 1, 2025, were (a) life expectancy of participants (for 2025: the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the 2021 projection scale; for males, a 115% multiplier was added, and for females, a 120% multiplier was added; for 2024: the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the 2021 projection scale; for males, a 115% multiplier was added, and for females, a 120% multiplier was added), (b) assumed investment return of 7.00% and 7.00% after investment expenses for the plan years beginning January 1, 2025 and 2024, respectively, (c) operational expenses were estimated to be $84,050 and $82,000 per year, excluding investment expenses, for the plan years beginning January 1, 2025 and 2024, respectively, (d) current liability interest rate was 3.35% for the plan year beginning January 1, 2025, and 2.77% for the plan year beginning January 1, 2024, (e) the contribution rate was $9.75 per hour, effective June 1, 2024, and $9.65 per hour, effective June 1, 2023, and (f) the average future annual hours were 1,700 for vested and 1,100 for non-vested participants and 1,600 for vested and 1,100 for non-vested participants for the plan years beginning January 1, 2025 and 2024, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable to determine the actuarial present value of accumulated benefits. The computations of the actuarial present value of accumulated benefits were made as of January 1, 2025, and 2024. Had the valuations been performed as of December 31, there would be no material differences.

4 – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

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

U.S. Government securities, corporate bonds and mortgage obligations – Valued using pricing models maximizing the use of observable inputs for similar securities.

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value at December 31, 2025 and 2024:

	Investments as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 14,172,221	$ -	$ -	$ 14,172,221
Money market funds		1,296,618	-	1,296,618
Common stocks	9,807,179	-	-	9,807,179
U.S. Government securities	-	1,509,777	-	1,509,777
Corporate bonds	-	2,831,616	-	2,831,616
Mortgage obligations	-	1,131,604	-	1,131,604
Total assets in the fair value hierarchy	23,979,400	6,769,615	-	30,749,015
Investments measured at NAV	-	-	-	1,105,330
Total investments, at fair value	$ 23,979,400	$ 6,769,615	$ -	$ 31,854,345

	Investments as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$12,042,402	$ -	$ -	$12,042,402
Money market funds		1,139,299	-	1,139,299
Common stocks	9,114,070	-	-	9,114,070
U.S. Government securities	-	1,259,546	-	1,259,546
Corporate bonds	-	2,630,863	-	2,630,863
Mortgage obligations	-	1,245,899	-	1,245,899
Total assets in the fair value hierarchy	21,156,472	6,275,607	-	27,432,079
Investments measured at NAV	-	-	-	1,038,649
Total investments, at fair value	$21,156,472	$ 6,275,607	$ -	$28,470,728

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2025 and 2024:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Investment Trusts	$ 1,105,330	$ -	Monthly	30 days

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Investment Trusts	$ 1,038,649	$ -	Monthly	30 days

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

5 – TAX STATUS

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

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

6 – CONCENTRATIONS OF CREDIT RISK

The Plan maintains a checking account in a commercial bank, which exceeds the $250,000 secured amount of the FDIC.

The Plan receives employer contributions from participating employers. For the year ended December 31, 2025, the Plan received contributions from 19 participating employers. One employer accounted for 15% of the total contributions to the plan for the year ended December 31, 2025, and the five largest contributing employers accounted for approximately 65% of the total contributions.

Management monitors contribution levels and employer participation to assess the ongoing financial health of the Plan. The concentration of contributions from a limited number of employers represents a risk factor that could affect the Plan's future contribution income if one or more of these employers were to significantly reduce workforce levels, cease operations, or withdraw from participation in the Plan.

7 – RISKS AND UNCERTAINTIES

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

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

8 – STATUS OF PLAN

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

The Plan's certified PPA status as of January 1, 2025 and 2024, was "safe".

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

9 – RELATED PARTY AND PARTIES-IN-INTEREST

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

SUPPLEMENTARY INFORMATION

Asbestos Workers Local No. 84 Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
As of December 31, 2025
EIN: 34-6009649
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
		Shares		
Government securities				
	USA Treasury Notes 02.750% Due 08/15/2032	75,000	$ 70,790	$ 69,911
	USA Treasury Notes 03.500% Due 01/31/2030	50,000	49,945	49,713
	USA Treasury Notes 04.000% Due 02/15/2026	50,000	50,340	50,015
	USA Treasury Notes 03.500% Due 02/15/2033	50,000	50,092	48,592
	USA Treasury Notes 03.375% Due 05/15/2033	50,000	48,459	48,069
	USA Treasury Notes 04.000% Due 02/15/2034	125,000	123,071	124,610
	Federal Home Loan Bank Bonds 1.000% Due 5/26/2026	250,000	249,813	247,295
	Federal Farm Credit Bank Bond 0.640% Due 1/05/2027	250,000	249,250	242,915
	Federal Farm Credit Bank Bond 2.150% Due 12/01/2031	125,000	124,500	112,985
	Federal Farm Credit Bank Bond 2.000% Due 12/07/2029	150,000	150,000	140,745
	Federal Farm Credit Bank Bond 4.050% Due 5/17/2029	75,000	74,888	74,907
	Federal National Mtg Assn Pool FS3743 3.000% Due 9/01/2042	135,632	120,607	126,721
	Federal National Mtg Assn Pool MA5502 5.000% Due 10/01/2044	170,181	169,703	173,299
	Total government securities		$ 1,531,458	$ 1,509,777
Mortgage obligations				
	Federal National Mortgage Association Series 2012 145 Class DC 1.500% Due 1/25/2028	18,599	$ 17,878	$ 18,304
	Federal National Mortgage Association Series 2013 5 Class NC 1.500% Due 12/25/2032	43,547	41,696	41,416
	Federal National Mortgage Association Series 2013 13 Class KD 1.500% Due 3/25/2028	19,334	18,582	18,946
	Federal National Mortgage Association Series 2013 41 Class HC 1.750% Due 2/25/2033	44,993	43,151	43,231
	Federal National Mortgage Association Series 2024 48 Class BY 5.000% Due 7/25/2054	100,000	99,172	96,519
	Federal National Mortgage Association Series 2024 90 Class BV 5.000% Due 11/25/2035	115,435	115,435	117,587
	Federal Home Loan Mortgage Corporation Series 4165 Class BE 1.500% Due 2/15/2028	14,413	13,859	14,169
	Federal Home Loan Mortgage Corporation Series 4182 Class QE 1.750% Due 2/15/20333	30,824	29,716	29,680
	Federal Home Loan Mortgage Corporation Series 4869 Class AJ 3.500% Due 4/15/2049	67,067	68,707	65,486
	Federal Home Loan Mortgage Corporation Series 5450 Class KB 4.500% Due 9/25/2054	150,000	145,711	139,247
	Federal Home Loan Mortgage Corporation Series 5515 Class MV 5.000% Due 2/25/2036	141,233	140,405	141,844
	Federal Home Loan Mortgage Corporation Series 5220 Class VG 3.500% Due 7/25/2033	53,402	49,931	51,504
	Federal Home Loan Mortgage Corporation Series 5304 Class UB 4.000% Due 2/25/2052	115,817	108,587	109,046
	Government National Mortgage A Series 2012 74 Class FL 2.690% Due 5/20/2041	24,668	24,390	24,412
	Government National Mortgage A Series 2018 5 Class CA 3.000% Due 6/20/2047	65,472	65,594	60,884
	Government National Mortgage A Series 2023 196 Class DV 4.500% Due 1/20/2035	85,369	83,568	85,206
	Government National Mortgage A Series 2024 112 Class MY 5.000% Due 7/20/2054	75,000	73,711	74,123
	Total mortgage obligations		$ 1,140,093	$ 1,131,604
Corporate bonds				
	Amazon.com Inc. 3.150% Due 8/22/2027	100,000	$ 95,468	$ 99,187
	American Financial Group 5.000% Due 9/23/2035	75,000	73,566	73,647
	American Honda Finance 2.300 Due 9/09/2026	250,000	248,570	247,273
	Amgen Inc. 2.250% Due 3/02/2033	50,000	49,838	51,758
	Apollo Global Management 5.150% Due 8/12/2035	50,000	49,992	50,090
	Bank of America Corporation Var% Due 11/03/2032	75,000	63,104	68,824
	Citi Group Inc. Var% Due 11/03/2032	100,000	84,642	89,590
	Coca-Cola Co. / The UNSC 3.450% Due 3/25/2030	75,000	69,941	73,559
	Commonwealth Edison Co. 3.700% Due 8/15/2028	150,000	153,894	149,421
	Walt Disney Company 2.000% Due 9/01/2029	250,000	237,275	233,750
	Meta Platforms Inc.4.875% Due 11/15/2035	50,000	49,833	49,933
	Meta Platforms Inc. 3.850% Due 8/15/2032	100,000	95,685	97,006
	Goldman Sachs Group Inc. Var% Due 2/24/2033	75,000	64,760	69,092
	JP Morgan Chase and Co. Var% Due 10/23/2029	75,000	74,435	78,998
	JP Morgan Chase and Co. Var% Due 10/23/2033	50,000	74,130	82,346
	KKR & Co Inc. 5.100% Due 8/07/2035	50,000	49,668	50,000
	Keycorp 2.250% Due 4/06/2027	150,000	149,819	146,607
	Lowes Cos Inc. 4.850%Due 4/01/2031	75,000	63,971	68,807
	Lowe's Cos Inc. 4.850% Due 7/15/2035	50,000	49,641	49,592
	Nextera Energy Capital 5.250% Due 3/15/2034	100,000	99,183	102,559
	Nisource Inc. 5.350% Due 7/15/2035	75,000	74,628	76,679
	Prudential Financial Inc. 2.100% Due 3/10/2030	75,000	65,935	69,578
	Roper Technologies 2.950% Due 9/15/2029	250,000	276,155	239,022
	State Street Corp. Var% Due 10/22/2032	100,000	98,179	101,894
	United Health Group Inc. 3.850% Due 6/15/2028	250,000	275,113	249,735
	Visa Inc. 2.050% Due 4/15/2030	100,000	84,227	92,669
	Wells Fargo & Company Var% Due 3/02/2033	75,000	65,162	70,000

Asbestos Workers Local No. 84 Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
As of December 31, 2025
EIN: 34-6009649
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
		Shares		
	Total corporate bonds		$ 2,836,814	$ 2,831,616
	Common stocks			
	Home Depot Inc (HD)	515	$ 116,481	$ 177,212
	Marriott International Inc (MAR)	550	83,711	170,629
	McDonald's Corp (MCD)	450	95,240	137,534
	Wyndham Hotels & Resorts I (WH)	620	35,539	46,847
	Procter & Gamble Co (PG)	1,348	184,473	193,182
	Chevron Corporation (CVX)	7,400	94,994	112,783
	Eog Res Inc (EOG)	1,666	170,787	174,947
	Ares Management Corp - A (ARES)	887	131,766	143,366
	Bank of America Corp (BAC)	4,268	126,980	234,740
	Houlihan Lokey Inc (HLI)	1,272	79,532	221,569
	JPMorgan Chase & Co (JPM)	1,050	124,613	338,331
	Stifel Finl Corp (SF)	1,419	117,018	177,687
	AbbVie Inc (ABBV)	1,586	186,240	362,385
	Johnson & Johnson (JNJ)	1,129	164,177	233,647
	Zoetis Inc (ZTS)	777	123,636	97,762
	Eaton Corp Plc (ETN)	800	66,702	254,808
	General Dynamics Corp (GD)	629	152,928	211,759
	Honeywell Intl Inc (HON)	900	153,871	175,581
	PACCAR Inc (PCAR)	1,238	132,731	135,573
	Accenture Plc Class A (ACN)	474	114,260	127,174
	Apple Inc (AAPL)	1,060	52,653	288,172
	Broadcom Inc (AVGO)	1,286	59,219	445,085
	Microsoft Corp (MSFT)	635	87,542	307,099
	Qualcomm (QCOM)	692	109,913	118,367
	Salesforce Inc (CRM)	350	91,866	92,719
	Crh Plc (CRH)	1,433	120,334	179,331
	New Linde Plc (LIN)	298	114,752	127,064
	American Tower Corp (AMT)	897	182,384	157,486
	Disney Walt Co (DIS)	1,585	175,429	180,325
	Aramark (ARMK)	1,460	43,399	53,816
	Bath & Body Works, Inc (BBWI)	1,500	30,428	30,120
	Cavco Industries Inc (CVCO)	33	8,475	19,494
	Deckers Outdoor Corp (DECK)	490	41,276	50,798
	First Watch Restaurant Group (FWRG	1,330	22,173	20,056
	Frontdoor Inc-W/I (FTDR)	630	20,155	36,345
	Marriott Vacations Worldwide (VAC)	249	17,084	14,365
	Monro Inc. (MNRO)	734	11,400	14,709
	Phinia Inc (PHIN)	1,370	51,237	85,885
	Stoneridge Inc (SRI)	154	986	892
	Wolverine World Wide Inc (WWW)	558	7,640	10,128
	Wyndham Hotels & Resorts I (WH)	247	15,842	18,663
	Nomad Foods Ltd-When Issued (NOMD)	4,820	59,585	60,298
	Smithfield Foods Inc (SFD)	1,935	41,517	43,209
	Dt Midstream Inc-W/I (DTM)	421	19,125	50,385
	Nacco Industries Inc (NC)	115	4,976	5,640
	Viper Energy Inc-Cl A (VNOM)	1,103	43,594	42,609
	NPK International Inc (NPKI)	6,010	40,445	71,639
	Bridgewater Bancshares Inc (BWB)	1,910	31,998	33,482
	F&G Annuities & Life I (FG)	1,884	59,886	58,121
	EZCORP Inc (EZPW)	1,480	19,838	28,742
	Federal Agric Mtg Corp (AGM)	107	11,405	18,786
	Houlihan Lokey Inc (HLI)	325	30,437	56,612
	Howard Hughes Holdings Inc (HHH)	329	22,533	26,244
	Jackson Financial Inc-A W/I (JXN)	317	13,656	33,808
	Perella Weinberg Partners (PWP)	1,719	22,068	29,739
	Prog Holdings Inc (PRG)	1,440	44,584	42,466
	Raymond James Financial Inc (RJF)	338	25,106	54,279
	Enovis Corp (ENOV)	1,091	34,288	29,064
	Concentra Group Holdings Par (CON)	2,020	41,529	39,754
	Emergent Biosolutions Inc (EBS)	980	9,846	12,113
	Encompass Health Corp (EHC)	390	22,439	41,395
	Pennant Group Inc/The-Wi (PNTG)	636	8,168	17,903

Asbestos Workers Local No. 84 Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
As of December 31, 2025
EIN: 34-6009649
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
		Shares		
	Talkspace Inc (TALK)	4,910	12,900	17,823
	Teleflex Inc (TFX)	160	20,834	19,526
	Pentair PLC	270	264,623	28,118
	Aebi Schmidt Holding Ag-W/I (AEBI)	7,303	78,122	92,383
	API Group Corp (APG)	1,876	25,875	71,776
	Amentum Holdings Inc-W/I (AMTM)	3,283	70,303	95,207
	Arcosa Inc - W/I (ACA)	535	28,650	56,881
	Atmus Filtration Technologie (ATMU)	2,520	75,362	130,813
	Centuri Holdings Inc (CTRI)	885	16,716	22,346
	Crane Co-W/I (CR)	378	28,944	69,715
	Esab Corp-W/I (ESAB)	1	53	112
	Everus Construction Grou-W/I (ECG)	815	31,448	69,731
	Fortive Corp (FTV)	1,660	85,212	91,649
	Fortune Brands Innovations Inc. (FBIN)	2,117	117,260	105,892
	Freightcar America Inc (RAIL)	2,259	21,184	25,007
	Gibraltar Industries Inc (ROCK)	857	54,363	42,370
	HNI Corp (HNI)	1,530	68,905	64,321
	Innovative Solutions (ISSC)	1,180	13,252	22,349
	Insteel Industries Inc (IIIN)	683	19,047	21,631
	Distribution Solutions Group Inc (DSGR)	353	9,491	9,669
	MDU Resources Group Inc (MDU)	1,622	17,771	31,661
	MasterBrand Inc-W/I (MBC)	4,738	49,327	52,308
	Mayville Engineering Co Inc (MEC	1,103	15,464	20,648
	Middleby Corp (MIDD)	716	92,695	106,448
	Orion Group Holdings Inc (ORN)	1,679	9,494	16,689
	RB Global Inc (RBA)	360	21,093	37,033
	Rcm Technologies Inc (RCMT)	431	8,881	8,812
	Resolute Holdings Manag-W/I (RHLD)	178	6,301	36,745
	V2X Inc (VVX)	859	36,604	41,403
	Pursuit Attractions and (PRSU)	1,203	44,068	40,517
	CCC Intelligent Solutions Ho (CCC)	10,060	74,793	79,977
	Clearfield Inc (CLFD)	1,076	35,763	31,365
	CompoSecure Inc (CMPO)	2,927	42,440	56,433
	Crane Nxt Co. (CXT)	1,685	79,818	79,313
	Diebold Nixdorf Inc (DBD)	277	7,597	18,806
	Kyndryl Holdings Inc-W/I (KD)	1,282	24,943	34,050
	NCR Voyix Corporation (VYX)	2,300	25,247	23,460
	Qnity Electronics Inc-W/I (Q)	306	25,085	24,985
	Ralliant Corp (RAL)	2,183	97,256	111,137
	Vontier Corp-W/I (VNT)	1,930	56,838	71,757
	Titan America Sa (TTAM)	1,420	20,047	23,401
	Amrize Ltd (AMRZ)	1,710	85,596	92,477
	DuPont De Nemours Inc-Wi (DD)	1,250	42,331	50,250
	Ingevity Corp (NGVT)	415	16,425	24,560
	Magnera Corp (MAGN)	2,734	51,761	41,393
	Royal Gold Inc (RGLD)	166	15,807	36,900
	Solstice Adv Materials Inc (SOLS)	1,550	71,515	75,299
	CTO Newco REIT Inc (CTO)	11	199	203
	Diamondrock Hospitality Co (DRH)	4,020	31,752	36,019
	Millrose Properties (MRP)	2,120	58,061	63,324
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	PotlatchDeltic Corp (PCH)	2,539	107,464	101,001
	Rayonier Inc (RYN)	2,377	64,746	51,462
	Seaport Entertainment Group (SEG)	612	17,060	12,099
	Angi Inc-W/I (ANGI)	1,377	20,021	17,805
	Atlanta Braves Holdings In-C (BATRK)	1,290	42,095	50,891
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	GCI Llc-Cl C WI (GLIBK)	3,377	107,709	125,658
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	UGI Holding Corp New (UGI)	2,730	69,819	102,184
	Jacobs Solutions Inc (J)	120	15,721	15,895
	Total common stocks		$ 7,091,712	$ 9,807,179

Asbestos Workers Local No. 84 Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
As of December 31, 2025
EIN: 34-6009649
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
		Shares		
Money market funds				
	Federated Hermes Government Obligation Fund PREM SHS #117	80,375	$ 80,376	$ 80,376
	Federated Hermes Government Obligation Fund PREM SHS #117	131,134	131,134	131,134
	Federated Hermes Government Obligation Fund PREM SHS #117	533,192	533,192	533,192
	Federated Hermes Government Obligation Fund PRRM SHS #117	515,118	515,118	515,118
	Pending Securities Payable	(17,264)	(17,264)	(17,264)
	Fidelity Government Cash Reserves	54,062	54,062	54,062
	Total money market funds		$ 1,296,618	$ 1,296,618
Registered Investment Companies				
	Invesco NASDAQ 100 ETF	7,495	$ 1,224,833	$ 1,895,633
	iShares Russell 1000 Growth ETF	7,939	1,233,266	3,757,529
	iShares Core MSCI EAFE ETF	14,571	936,122	1,303,522
	iShares Core MSCI Emerging Markets ETF	8,261	438,163	555,304
	Cohen & Steers Real Estate	34,564	546,921	600,026
	Fidelity Emerging Markets Fund	17,372	682,450	866,328
	Goldman Sachs GQP PRT Intl Instl	89,295	1,564,695	2,006,465
	Vanguard International Core Stock Fund Admiral Shares	29,438	1,000,000	996,762
	AqR Diversifying Stratetgies Fund	64,965	844,210	910,162
	Blackrock Credit Stratgies Fund I	132,475	1,222,430	1,083,644
	JPMorgan Exchange Traded Ultra Short Income Fund	3,891	195,589	196,846
	Total registered investments companies		$ 9,888,679	$ 14,172,221
Real Estate Investment Trusts				
	Blacktone Real Estate Income Trust	78,869	$ 1,068,060	$ 1,105,330
	Total real estate investment trusts		$ 1,068,060	$ 1,105,330
	Total investments		$ 24,853,434	$ 31,854,345

PLAN HISTORY

Origins/Purpose

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

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

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

Employer Contributions

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

Date	Hourly Contribution Rate
7-1-95	$ 2.90
7-1-97	3.00
7-1-99	3.25
7-1-05	3.37
7-1-06	3.87
7-1-07	4.37
9-1-08	4.77
7-1-09	5.27
7-1-10	5.77
7-1-11	6.27
7-1-12	6.77
7-1-13	6.87
8-1-14	7.10
7-1-15	7.46
7-1-16	7.82
7-1-17	8.00
7-1-18	8.36
7-1-19	8.76
6-1-20	9.12
6-1-21	9.37
6-1-22	9.50
6-1-23	9.65
6-1-24	9.75

PLAN HISTORY

Reciprocity

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

SUMMARY OF PLAN PROVISIONS

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

SUMMARY OF PLAN PROVISIONS (CONTINUED)

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

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

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Lump sum death benefit	
Eligibility	Death of participant with at least 5 years of future service, no spouse
Lump sum amount	100% of employer contributions made after January 1, 1978.

Asbestos Workers Local No. 84 Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
As of December 31, 2025
EIN: 34-6009649
Plan Number: 001

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		Shares		
Government securities				
	USA Treasury Notes 02.750% Due 08/15/2032	75,000	$ 70,790	$ 69,911
	USA Treasury Notes 03.500% Due 01/31/2030	50,000	49,945	49,713
	USA Treasury Notes 04.000% Due 02/15/2026	50,000	50,340	50,015
	USA Treasury Notes 03.500% Due 02/15/2033	50,000	50,092	48,592
	USA Treasury Notes 03.375% Due 05/15/2033	50,000	48,459	48,069
	USA Treasury Notes 04.000% Due 02/15/2034	125,000	123,071	124,610
	Federal Home Loan Bank Bonds 1.000% Due 5/26/2026	250,000	249,813	247,295
	Federal Farm Credit Bank Bond 0.640% Due 1/05/2027	250,000	249,250	242,915
	Federal Farm Credit Bank Bond 2.150% Due 12/01/2031	125,000	124,500	112,985
	Federal Farm Credit Bank Bond 2.000% Due 12/07/2029	150,000	150,000	140,745
	Federal Farm Credit Bank Bond 4.050% Due 5/17/2029	75,000	74,888	74,907
	Federal National Mtg Assn Pool FS3743 3.000% Due 9/01/2042	135,632	120,607	126,721
	Federal National Mtg Assn Pool MA5502 5.000% Due 10/01/2044	170,181	169,703	173,299
	Total government securities		$ 1,531,458	$ 1,509,777
Mortgage obligations				
	Federal National Mortgage Association Series 2012 145 Class DC 1.500% Due 1/25/2028	18,599	$ 17,878	$ 18,304
	Federal National Mortgage Association Series 2013 5 Class NC 1.500% Due 12/25/2032	43,547	41,696	41,416
	Federal National Mortgage Association Series 2013 13 Class KD 1.500% Due 3/25/2028	19,334	18,582	18,946
	Federal National Mortgage Association Series 2013 41 Class HC 1.750% Due 2/25/2033	44,993	43,151	43,231
	Federal National Mortgage Association Series 2024 48 Class BY 5.000% Due 7/25/2054	100,000	99,172	96,519
	Federal National Mortgage Association Series 2024 90 Class BV 5.000% Due 11/25/2035	115,435	115,435	117,587
	Federal Home Loan Mortgage Corporation Series 4165 Class BE 1.500% Due 2/15/2028	14,413	13,859	14,169
	Federal Home Loan Mortgage Corporation Series 4182 Class QE 1.750% Due 2/15/20333	30,824	29,716	29,680
	Federal Home Loan Mortgage Corporation Series 4869 Class AJ 3.500% Due 4/15/2049	67,067	68,707	65,486
	Federal Home Loan Mortgage Corporation Series 5450 Class KB 4.500% Due 9/25/2054	150,000	145,711	139,247
	Federal Home Loan Mortgage Corporation Series 5515 Class MV 5.000% Due 2/25/2036	141,233	140,405	141,844
	Federal Home Loan Mortgage Corporation Series 5220 Class VG 3.500% Due 7/25/2033	53,402	49,931	51,504
	Federal Home Loan Mortgage Corporation Series 5304 Class UB 4.000% Due 2/25/2052	115,817	108,587	109,046
	Government National Mortgage A Series 2012 74 Class FL 2.690% Due 5/20/2041	24,668	24,390	24,412
	Government National Mortgage A Series 2018 5 Class CA 3.000% Due 6/20/2047	65,472	65,594	60,884
	Government National Mortgage A Series 2023 196 Class DV 4.500% Due 1/20/2035	85,369	83,568	85,206
	Government National Mortgage A Series 2024 112 Class MY 5.000% Due 7/20/2054	75,000	73,711	74,123
	Total mortgage obligations		$ 1,140,093	$ 1,131,604
Corporate bonds				
	Amazon.com Inc. 3.150% Due 8/22/2027	100,000	$ 95,468	$ 99,187
	American Financial Group 5.000% Due 9/23/2035	75,000	73,566	73,647
	American Honda Finance 2.300 Due 9/09/2026	250,000	248,570	247,273
	Amgen Inc. 2.250% Due 3/02/2033	50,000	49,838	51,758
	Apollo Global Management 5.150% Due 8/12/2035	50,000	49,992	50,090
	Bank of America Corporation Var% Due 11/03/2032	75,000	63,104	68,824
	Citi Group Inc. Var% Due 11/03/2032	100,000	84,642	89,590
	Coca-Cola Co. / The UNSC 3.450% Due 3/25/2030	75,000	69,941	73,559
	Commonwealth Edison Co. 3.700% Due 8/15/2028	150,000	153,894	149,421
	Walt Disney Company 2.000% Due 9/01/2029	250,000	237,275	233,750
	Meta Platforms Inc.4.875% Due 11/15/2035	50,000	49,833	49,933
	Meta Platforms Inc. 3.850% Due 8/15/2032	100,000	95,685	97,006
	Goldman Sachs Group Inc. Var% Due 2/24/2033	75,000	64,760	69,092
	JP Morgan Chase and Co. Var% Due 10/23/2029	75,000	74,435	78,998
	JP Morgan Chase and Co. Var% Due 10/23/2033	50,000	74,130	82,346
	KKR & Co Inc. 5.100% Due 8/07/2035	50,000	49,668	50,000
	Keycorp 2.250% Due 4/06/2027	150,000	149,819	146,607
	Lowes Cos Inc. 4.850%Due 4/01/2031	75,000	63,971	68,807
	Lowe's Cos Inc. 4.850% Due 7/15/2035	50,000	49,641	49,592
	Nextera Energy Capital 5.250% Due 3/15/2034	100,000	99,183	102,559
	Nisource Inc. 5.350% Due 7/15/2035	75,000	74,628	76,679
	Prudential Financial Inc. 2.100% Due 3/10/2030	75,000	65,935	69,578
	Roper Technologies 2.950% Due 9/15/2029	250,000	276,155	239,022
	State Street Corp. Var% Due 10/22/2032	100,000	98,179	101,894
	United Health Group Inc. 3.850% Due 6/15/2028	250,000	275,113	249,735
	Visa Inc. 2.050% Due 4/15/2030	100,000	84,227	92,669
	Wells Fargo & Company Var% Due 3/02/2033	75,000	65,162	70,000

Asbestos Workers Local No. 84 Pension Plan

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		Shares		
	Total corporate bonds		$ 2,836,814	$ 2,831,616
	Common stocks			
	Home Depot Inc (HD)	515	$ 116,481	$ 177,212
	Marriott International Inc (MAR)	550	83,711	170,629
	McDonald's Corp (MCD)	450	95,240	137,534
	Wyndham Hotels & Resorts I (WH)	620	35,539	46,847
	Procter & Gamble Co (PG)	1,348	184,473	193,182
	Chevron Corporation (CVX)	7,400	94,994	112,783
	Eog Res Inc (EOG)	1,666	170,787	174,947
	Ares Management Corp - A (ARES)	887	131,766	143,366
	Bank of America Corp (BAC)	4,268	126,980	234,740
	Houlihan Lokey Inc (HLI)	1,272	79,532	221,569
	JPMorgan Chase & Co (JPM)	1,050	124,613	338,331
	Stifel Finl Corp (SF)	1,419	117,018	177,687
	AbbVie Inc (ABBV)	1,586	186,240	362,385
	Johnson & Johnson (JNJ)	1,129	164,177	233,647
	Zoetis Inc (ZTS)	777	123,636	97,762
	Eaton Corp Plc (ETN)	800	66,702	254,808
	General Dynamics Corp (GD)	629	152,928	211,759
	Honeywell Intl Inc (HON)	900	153,871	175,581
	PACCAR Inc (PCAR)	1,238	132,731	135,573
	Accenture Plc Class A (ACN)	474	114,260	127,174
	Apple Inc (AAPL)	1,060	52,653	288,172
	Broadcom Inc (AVGO)	1,286	59,219	445,085
	Microsoft Corp (MSFT)	635	87,542	307,099
	Qualcomm (QCOM)	692	109,913	118,367
	Salesforce Inc (CRM)	350	91,866	92,719
	Crh Plc (CRH)	1,433	120,334	179,331
	New Linde Plc (LIN)	298	114,752	127,064
	American Tower Corp (AMT)	897	182,384	157,486
	Disney Walt Co (DIS)	1,585	175,429	180,325
	Aramark (ARMK)	1,460	43,399	53,816
	Bath & Body Works, Inc (BBWI)	1,500	30,428	30,120
	Cavco Industries Inc (CVCO)	33	8,475	19,494
	Deckers Outdoor Corp (DECK)	490	41,276	50,798
	First Watch Restaurant Group (FWRG	1,330	22,173	20,056
	Frontdoor Inc-W/I (FTDR)	630	20,155	36,345
	Marriott Vacations Worldwide (VAC)	249	17,084	14,365
	Monro Inc. (MNRO)	734	11,400	14,709
	Phinia Inc (PHIN)	1,370	51,237	85,885
	Stoneridge Inc (SRI)	154	986	892
	Wolverine World Wide Inc (WWW)	558	7,640	10,128
	Wyndham Hotels & Resorts I (WH)	247	15,842	18,663
	Nomad Foods Ltd-When Issued (NOMD)	4,820	59,585	60,298
	Smithfield Foods Inc (SFD)	1,935	41,517	43,209
	Dt Midstream Inc-W/I (DTM)	421	19,125	50,385
	Nacco Industries Inc (NC)	115	4,976	5,640
	Viper Energy Inc-Cl A (VNOM)	1,103	43,594	42,609
	NPK International Inc (NPKI)	6,010	40,445	71,639
	Bridgewater Bancshares Inc (BWB)	1,910	31,998	33,482
	F&G Annuities & Life I (FG)	1,884	59,886	58,121
	EZCORP Inc (EZPW)	1,480	19,838	28,742
	Federal Agric Mtg Corp (AGM)	107	11,405	18,786
	Houlihan Lokey Inc (HLI)	325	30,437	56,612
	Howard Hughes Holdings Inc (HHH)	329	22,533	26,244
	Jackson Financial Inc-A W/I (JXN)	317	13,656	33,808
	Perella Weinberg Partners (PWP)	1,719	22,068	29,739
	Prog Holdings Inc (PRG)	1,440	44,584	42,466
	Raymond James Financial Inc (RJF)	338	25,106	54,279
	Enovis Corp (ENOV)	1,091	34,288	29,064
	Concentra Group Holdings Par (CON)	2,020	41,529	39,754
	Emergent Biosolutions Inc (EBS)	980	9,846	12,113
	Encompass Health Corp (EHC)	390	22,439	41,395
	Pennant Group Inc/The-Wi (PNTG)	636	8,168	17,903

Asbestos Workers Local No. 84 Pension Plan

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		Shares		
	Talkspace Inc (TALK)	4,910	12,900	17,823
	Teleflex Inc (TFX)	160	20,834	19,526
	Pentair PLC	270	264,623	28,118
	Aebi Schmidt Holding Ag-W/I (AEBI)	7,303	78,122	92,383
	API Group Corp (APG)	1,876	25,875	71,776
	Amentum Holdings Inc-W/I (AMTM)	3,283	70,303	95,207
	Arcosa Inc - W/I (ACA)	535	28,650	56,881
	Atmus Filtration Technologie (ATMU)	2,520	75,362	130,813
	Centuri Holdings Inc (CTRI)	885	16,716	22,346
	Crane Co-W/I (CR)	378	28,944	69,715
	Esab Corp-W/I (ESAB)	1	53	112
	Everus Construction Grou-W/I (ECG)	815	31,448	69,731
	Fortive Corp (FTV)	1,660	85,212	91,649
	Fortune Brands Innovations Inc. (FBIN)	2,117	117,260	105,892
	Freightcar America Inc (RAIL)	2,259	21,184	25,007
	Gibraltar Industries Inc (ROCK)	857	54,363	42,370
	HNI Corp (HNI)	1,530	68,905	64,321
	Innovative Solutions (ISSC)	1,180	13,252	22,349
	Insteel Industries Inc (IIIN)	683	19,047	21,631
	Distribution Solutions Group Inc (DSGR)	353	9,491	9,669
	MDU Resources Group Inc (MDU)	1,622	17,771	31,661
	MasterBrand Inc-W/I (MBC)	4,738	49,327	52,308
	Mayville Engineering Co Inc (MEC	1,103	15,464	20,648
	Middleby Corp (MIDD)	716	92,695	106,448
	Orion Group Holdings Inc (ORN)	1,679	9,494	16,689
	RB Global Inc (RBA)	360	21,093	37,033
	Rcm Technologies Inc (RCMT)	431	8,881	8,812
	Resolute Holdings Manag-W/I (RHLD)	178	6,301	36,745
	V2X Inc (VVX)	859	36,604	41,403
	Pursuit Attractions and (PRSU)	1,203	44,068	40,517
	CCC Intelligent Solutions Ho (CCC)	10,060	74,793	79,977
	Clearfield Inc (CLFD)	1,076	35,763	31,365
	CompoSecure Inc (CMPO)	2,927	42,440	56,433
	Crane Nxt Co. (CXT)	1,685	79,818	79,313
	Diebold Nixdorf Inc (DBD)	277	7,597	18,806
	Kyndryl Holdings Inc-W/I (KD)	1,282	24,943	34,050
	NCR Voyix Corporation (VYX)	2,300	25,247	23,460
	Qnity Electronics Inc-W/I (Q)	306	25,085	24,985
	Ralliant Corp (RAL)	2,183	97,256	111,137
	Vontier Corp-W/I (VNT)	1,930	56,838	71,757
	Titan America Sa (TTAM)	1,420	20,047	23,401
	Amrize Ltd (AMRZ)	1,710	85,596	92,477
	DuPont De Nemours Inc-Wi (DD)	1,250	42,331	50,250
	Ingevity Corp (NGVT)	415	16,425	24,560
	Magnera Corp (MAGN)	2,734	51,761	41,393
	Royal Gold Inc (RGLD)	166	15,807	36,900
	Solstice Adv Materials Inc (SOLS)	1,550	71,515	75,299
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	Total money market funds		$ 1,296,618	$ 1,296,618
Registered Investment Companies				
	Invesco NASDAQ 100 ETF	7,495	$ 1,224,833	$ 1,895,633
	iShares Russell 1000 Growth ETF	7,939	1,233,266	3,757,529
	iShares Core MSCI EAFE ETF	14,571	936,122	1,303,522
	iShares Core MSCI Emerging Markets ETF	8,261	438,163	555,304
	Cohen & Steers Real Estate	34,564	546,921	600,026
	Fidelity Emerging Markets Fund	17,372	682,450	866,328
	Goldman Sachs GQP PRT Intl Instl	89,295	1,564,695	2,006,465
	Vanguard International Core Stock Fund Admiral Shares	29,438	1,000,000	996,762
	AqR Diversifying Stratetgies Fund	64,965	844,210	910,162
	Blackrock Credit Stratgies Fund I	132,475	1,222,430	1,083,644
	JPMorgan Exchange Traded Ultra Short Income Fund	3,891	195,589	196,846
	Total registered investments companies		$ 9,888,679	$ 14,172,221
Real Estate Investment Trusts				
	Blacktone Real Estate Income Trust	78,869	$ 1,068,060	$ 1,105,330
	Total real estate investment trusts		$ 1,068,060	$ 1,105,330
	Total investments		$ 24,853,434	$ 31,854,345

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2025 SCHEDULE MB: LINE 8B
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 8b(2) - Schedule of Active Participant Data
Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2025

	Years of Service									
Attained age	**Under 1**	**1 to 4**	**5 to 9**	**10 to 14**	**15 to 19**	**20 to 24**	**25 to 29**	**30 to 34**	**35 to 39**	**40 & up**
Under 25	4	5	0	0	0	0	0	0	0	0
25 to 29	2	3	5	0	0	0	0	0	0	0
30 to 34	1	3	8	2	0	0	0	0	0	0
35 to 39	0	3	5	2	4	1	0	0	0	0
40 to 44	0	2	2	2	5	4	0	0	0	0
45 to 49	1	0	1	2	6	3	4	0	0	0
50 to 54	0	0	2	1	3	3	2	2	1	0
55 to 59	0	0	1	3	2	4	0	1	1	0
60 to 64	0	0	0	1	0	0	2	1	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2025 SCHEDULE MB: LINE 9
STATEMENT BY ENROLLED ACTUARY

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

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

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2025 Outstanding Balance	1/1/2025 Amortization Payment
				Years	Months		
Charges							
1/1/1996	Assumptions	459,826	30	1	0	36,432	36,432
1/1/1997	Assumptions	230,641	30	2	0	35,246	18,222
1/1/1998	Plan Amendment	24,897	30	3	0	5,505	1,959
1/1/1999	Assumptions	114,238	30	4	0	32,492	8,966
1/1/2000	Assumptions	217,346	30	5	0	74,613	17,007
1/1/2001	Assumptions	48,613	30	6	0	19,339	3,793
1/1/2002	Assumptions	128,241	30	7	0	57,513	9,973
1/1/2007	Assumptions	604,794	30	12	0	394,452	46,413
1/1/2009	Relief 09 Asset Loss	4,010,386	29	13	0	2,770,105	309,762
1/1/2013	Assumptions	608,641	15	3	0	177,011	63,038
1/1/2016	Amendments	182,942	15	6	0	96,138	18,849
1/1/2016	Assumptions	53,384	15	6	0	28,052	5,500
1/1/2016	Experience Loss	371,233	15	6	0	195,082	38,249
1/1/2017	Assumptions	315,478	15	7	0	187,127	32,451
1/1/2017	Experience Loss	188,192	15	7	0	111,629	19,358
1/1/2018	Experience Loss	369,634	15	8	0	242,727	37,990
1/1/2019	Experience Loss	996,577	15	9	0	713,456	102,341
1/1/2020	Assumptions	404,271	15	10	0	311,754	41,483
1/1/2020	Experience Loss	428,977	15	10	0	330,808	44,018
1/1/2022	Assumptions	167,035	15	12	0	145,663	17,140
1/1/2024	Experience Loss	751,505	15	14	0	721,599	77,113
				Total Charges:		**6,686,743**	**950,057**

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2025 Outstanding Balance	1/1/2025 Amortization Payment
				Years	Months		
Credits							
1/1/2011	Assumptions	211,126	15	1	0	22,018	22,018
1/1/2011	Experience Gain	558,090	15	1	0	58,195	58,195
1/1/2012	Experience Gain	405,124	15	2	0	81,446	42,101
1/1/2013	Experience Gain	418,886	15	3	0	121,828	43,384
1/1/2014	Experience Gain	459,643	15	4	0	172,231	47,521
1/1/2015	Experience Gain	229,656	15	5	0	103,990	23,702
1/1/2019	Assumptions	65,468	15	9	0	46,868	6,723
1/1/2021	Assumptions	101,956	15	11	0	83,943	10,462
1/1/2021	Experience Gain	766,485	15	11	0	631,058	78,650
1/1/2022	Experience Gain	1,136,890	15	12	0	991,442	116,658
1/1/2023	Assumptions	75,232	15	13	0	69,035	7,720
1/1/2023	Experience Gain	279,520	15	13	0	256,494	28,682
1/1/2025	Assumptions	540,546	15	15	0	540,546	55,466
1/1/2025	Experience Gain	84,766	15	15	0	84,766	8,698
				Total Credits:		**3,263,860**	**549,980**
				Net Charges:		**3,422,883**	**400,077**
				Less Credit Balance:		8,168,635	
				Less Reconciliation Balance:		0	
				Unfunded Actuarial Liability:		**-4,745,752**	

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2025 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

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

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

- The assumed hourly contribution rate was increased from $9.65 to $9.75 to reflect the negotiated increase effective June 1, 2024.

- The assumed future hours worked were increased from 1,600 hours to 1,700 hours per future year for vested active lives. The future hours worked for non-vested active lives remain unchanged. This represents our best estimate of future hours based on recent plan experience.

- The assumed retirement rates were changed according to the schedule in Appendix B to represent our best estimate of future retirement patterns based on recent plan experience.

- The assumed withdrawal rates were changed according to the schedule in Appendix B to represent our best estimate of future withdrawal patterns based on recent plan experience.

- The load of 0.2% on inactive vested liabilities used to value the pre-retirement death benefits was removed and replaced with explicit calculations on an individual basis. This change was made in coordination of our transition to a new valuation software that includes enhanced capabilities in valuing the inactive vested death benefits.

- The current liability interest rate was changed from 2.77% to 3.44%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

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

ACTUARIAL ASSUMPTIONS

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

Valuation date	January 1, 2025
Interest rates	
ERISA rate of return used to value liabilities	7.00% per year net of investment expenses
Unfunded vested benefits	7.00% per year net of investment expenses
Current liability	3.35% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
Funding	$84,050 per year excluding investment expenses, increasing 2.5% per year.
ASC 960	A 5.75% load was applied to the accrued liabilities for 2025 (5.75% for 2024).
Loading	
Pop-up feature	Liabilities for non-retired participants' benefits to be paid after retirement increased 0.4%; liabilities for retired participants receiving a joint and survivor form of benefit are valued using the actual pop-up benefit amounts.
Mortality	
Assumed plan mortality	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale. For males a 115% multiplier was added and for females a 120% multiplier was added.
Assumed plan mortality – disabled lives	Same as healthy lives
Current liability	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal

According to Table T-4 (minus 51GA mortality) – specimen rates shown below. Assumed rate during second year of employment is 35%* and 10% for the next two years.

Age	Withdrawal Rate
25	0.0529
30	0.0507
35	0.0470
40	0.0419
45	0.0354
50	0.0248
55	0.0094
60	0.0009

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

Disability

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

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

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future retirement rates

Active lives

Rates are according to the following schedule:

Age	With 30 Years	Without 30 Years
55	.25	.10
56-60	.25	.05
61	.25	.10
62	.40	.20
63	.40	.10
64	.40	.40
65+	1.00	1.00
Age when first eligible for 30 and out		.40

Resulting in an average expected retirement age of 59.5.

Inactive vested lives

Age 61 or current age, if older.

Disabled lives

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

Timing of decrements

Beginning of year

Future hours worked

Vested lives

1,700 hours per year, 0 after assumed retirement age

Non-vested lives

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

Future hourly contribution rate

$9.75

Future annual credits

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

Age of participants with unrecorded birth dates

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

Marriage assumptions

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

Optional form assumption

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

ACTUARIAL ASSUMPTIONS (CONTINUED)

QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2022 are still assumed to be deceased.
Benefits Vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 5 years of vesting service.
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

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

ERISA rate of return used to value liabilities	Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2025 survey of investment consultants. Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities. Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.
Mortality	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population. The blue collar table was chosen based on the industry of plan participants. Finally, a 115% multiplier for males and 120% multiplier for females was applied. This was based on a study of data from larger plans in generally similar industries, plus an adjustment for additional hazards of the industry of this plan. Based on information from the CDC on COVID-19 deaths through April 12, 2025, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.
Retirement	Actual rates of retirement by age were last studied for this plan for the period January 1, 2020 through December 31, 2024. The assumed future rates of retirement were selected based on the results of this study.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS(CONT.)

Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period January 1, 2020 through December 31, 2024. The assumed future rates of withdrawal were selected based on the results of this study.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2025 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 – Employer Contributions

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

ASBESTOS WORKERS LOCAL #84 PENSION PLAN
EIN: 34-6009649/PN: 001
ATTACHMENT TO 2025 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

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

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

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] 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 ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
ASBESTOS WORKERS LOCAL 84 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ASBESTOS WORKERS LOCAL 84 PENSION

PO BOX 68994

INDIANAPOLIS IN 46268-0994

2b Employer Identification Number (EIN) 34-6009649

2c Plan Sponsor's telephone number 800-398-6144

2d Business code (see instructions) 238900

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

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

SIGN HERE	Signature of plan administrator	Date: SEP 21, 2026	Enter name of individual signing as plan administrator: CARL HUGHES
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
Asbestos Workers Local 84 Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees of Asbestos Workers 84 Pension Plan

D Employer Identification Number (EIN)
34-6009649

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

1a Enter the valuation date: Month 1 Day 1 Year 2025

b	Assets		
(1)	Current value of assets	1b(1)	29,417,527
(2)	Actuarial value of assets for funding standard account	1b(2)	29,022,819
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	24,277,067
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	
(b)	Accrued liability under entry age normal method	1c(2)(b)	
(c)	Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	24,277,067
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	43,229,119
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,746,244
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,346,571
(3)	Expected plan disbursements for the plan year	1d(3)	1,369,732

Statement by Enrolled Actuary

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

SIGN HERE

Paul Bullock

Signature of actuary

9/10/26

Date

Paul Bullock, ASA, EA, MAAA

Type or print name of actuary

26-05770

Most recent enrollment number

Foster & Foster, Inc.

Firm name

(317) 580-8670

Telephone number (including area code)

11590 N. Meridian Street, Suite 610
Carmel IN 46032-4529

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	29,417,527
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		61	15,271,810
(2) For terminated vested participants		19	1,040,480
(3) For active participants:			
(a) Non-vested benefits			6,676,586
(b) Vested benefits			20,240,243
(c) Total active		110	26,916,829
(4) Total		190	43,229,119
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	68.05 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
12/31/2025	1,699,172				
			Totals ► **3(b)**	1,699,172	**3(c)** 0
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	119.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	3.44 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00%
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.0%	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	12.3%	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	81,208	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-84,766	-8,698
4	-540,546	-55,466

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	1,308,677

			Outstanding balance	
c Amortization charges as of valuation date:				
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**		6,686,743	950,057
(2) Funding waivers	**9c(2)**		0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**		0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**		158,111
e Total charges. Add lines 9a through 9d		**9e**		2,416,845
Credits to funding standard account:				
f Prior year credit balance, if any		**9f**		8,168,635
g Employer contributions. Total from column (b) of line 3		**9g**		1,699,172
			Outstanding balance	
h Amortization credits as of valuation date	**9h**		3,263,860	549,980
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**		669,774
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**		5,062,868	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		11,997,510	
(3) FFL credit		**9j(3)**		0
k (1) Waived funding deficiency		**9k(1)**		0
(2) Other credits		**9k(2)**		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**		11,087,561
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**		8,670,716
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**		
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**		0
(3) Total as of valuation date		**9o(3)**		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**		0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No