

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 6047(e), 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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☒ D Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan COMPOSITION ROOFERS LOCAL 42 PENSION PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) COMPOSITION ROOFERS LOCAL 42 PENSION PLAN 205 WEST FOURTH ST SUITE 225 CINCINNATI, OH 45202 205 WEST FOURTH ST SUITE 225 CINCINNATI, OH 45202	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1964</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-6127285</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>513-381-6886</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>238100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan <u>06/01/1964</u>		2b Employer Identification Number (EIN) <u>31-6127285</u>		2c Plan Sponsor's telephone number <u>513-381-6886</u>		2d Business code (see instructions) <u>238100</u>	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan <u>06/01/1964</u>											
2b Employer Identification Number (EIN) <u>31-6127285</u>											
2c Plan Sponsor's telephone number <u>513-381-6886</u>											
2d Business code (see instructions) <u>238100</u>											

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.		
SIGN HERE	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) WILLIAM E HECKER, CPA WILLIS & HECKER, CPA'S, LLP 1210 MEADOW BRIDGE DR DAYTON, OH 45434			Preparer's telephone number (optional) 937-431-1040

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 458
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) 171
a(2) Total number of active participants at the end of the plan year	6a(2) 170
b Retired or separated participants receiving benefits	6b 173
c Other retired or separated participants entitled to future benefits.....	6c 73
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 416
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 52
f Total. Add lines 6d and 6e	6f 468
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

- ▶ 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 COMPOSITION ROOFERS LOCAL 42 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 COMPOSITION ROOFERS LOCAL 42 PENSION PLAN	D Employer Identification Number (EIN) 31-6127285

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

1a Enter the valuation date: Month 01 Day 01 Year 2014	
b Assets	
(1) Current value of assets	1b(1) 31084460
(2) Actuarial value of assets for funding standard account.....	1b(2) 34361297
c (1) Accrued liability for plan using immediate gain methods	1c(1) 43812447
(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) 43812447
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1) 0
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 71034300
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 422720
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2985562
(3) Expected plan disbursements for the plan year	1d(3) 3085562

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		07/16/2015
Signature of actuary		Date
JASON C. BIRKLE		14-07856
Type or print name of actuary		Most recent enrollment number
CUNI, RUST & STRENK		513-891-0270
Firm name		Telephone number (including area code)
4555 LAKE FOREST DRIVE - SUITE 620, CINCINNATI, OH 45242-3760		
Address of the firm		

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	31084460
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	216	41837262
(2) For terminated vested participants	71	7882439
(3) For active participants:		
(a) Non-vested benefits		328910
(b) Vested benefits		20985689
(c) Total active	171	21314599
(4) Total	458	71034300
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.76 %

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
01/01/2014	0				
12/31/2014	895300				
Totals ▶			3(b)	895300	3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	78.4 %
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, were any adjustable benefits reduced?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	2020

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 ☐ Reorganization | j ☐ Other (specify): | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.64 %
b Rates specified in insurance or annuity contracts	Pre-retirement Post-retirement ☐ 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	7.50%		7.50 %	
e Expense loading	6e	35.9%	☐ N/A	%	☒ N/A
f Salary scale	6f	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.6 %			
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.9 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	598913	54650
4	197063	17982

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 Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach 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)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....	☐ 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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....	8e	0

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	278827
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)	22259827
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	176161
e Total charges. Add lines 9a through 9d.....	9e	2524968
Credits to funding standard account:		
f Prior year credit balance, if any	9f	1451387
g Employer contributions. Total from column (b) of line 3	9g	895300
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	11357290
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	262956
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	15542566

(2) "RPA '94" override (90% current liability FFL)	9j(2)	30167154	
(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		4224771
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		1699803
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2014 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
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan COMPOSITION ROOFERS LOCAL 42 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPOSITION ROOFERS LOCAL 42 PENSION PLAN	D Employer Identification Number (EIN) 31-6127285	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

STONER & ASSOCIATES

205 WEST FOURTH ST
SUITE 225
CINCINNATI, OH 45202

31-1219231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	23376	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

WILLIS & HECKER, CPA'S, LLP

1210 MEADOW BRIDGE DR
DAYTON, OH 45434

31-0587693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	6600	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

US BANK

425 WALNUT ST
CINCINNATI, OH 45202

31-0841368

(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	NONE	7972	Yes ☐ No ☒	Yes ☐ No ☐	0	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)

FUND EVALUATION GROUP

201 EAST FIFTH ST
CINCINNATI, OH 45202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	115843	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

LEDBETTER PARISI & SOLLARS, LLC

9240 MARKETPLACE DR
MIAMISBURG, OH 45342

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	20012	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

CRS INC

4555 LAKE FOREST DRIVE
SUITE 620
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	31625	Yes ☐ No ☒	Yes ☐ No ☐	0	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

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>COMPOSITION ROOFERS LOCAL 42 PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPOSITION ROOFERS LOCAL 42 PENSION PLAN</u>		D Employer Identification Number (EIN) <u>31-6127285</u>

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	568785	1028107
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	42435	76957
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	160511	140795
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	155742	142174
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	30163349	28082666
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	31090822	29470699

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	6362	7018
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6362	7018

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	31084460	29463681
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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)	895300	
(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)		895300
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	636	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		636
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1199828	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1199828
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9805377	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8955762	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		849615
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		-1341182
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1604197

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2993731	
(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)		2993731
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	58237	
(2) Contract administrator fees.....	2i(2)	23376	
(3) Investment advisory and management fees.....	2i(3)	123815	
(4) Other.....	2i(4)	25817	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		231245
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3224976

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1620779
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: WILLIS & HECKER, CPA'S, LLP

(2) EIN: 31-0587693

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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			

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan COMPOSITION ROOFERS LOCAL 42 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 COMPOSITION ROOFERS LOCAL 42 PENSION PLAN				D Employer Identification Number (EIN) 31-6127285	
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 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer A W FARRELL & SON

b EIN 16-0954042

c Dollar amount contributed by employer

132456

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 07 Day 31 Year 2017

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) 4.40

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

a Name of contributing employer DALTON ROOFING COMPANY

b EIN 31-0557647

c Dollar amount contributed by employer

196699

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 07 Day 31 Year 2017

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) 4.40

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

a Name of contributing employer IMBUS ROOFING COMPANY

b EIN 31-0532384

c Dollar amount contributed by employer

157857

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 07 Day 31 Year 2017

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) 4.40

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

a Name of contributing employer WM KRAMER & SONS

b EIN 31-0854298

c Dollar amount contributed by employer

275715

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 07 Day 31 Year 2017

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) 4.40

(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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

WILLIS & HECKER, CPA'S, LLP
1210 MEADOW BRIDGE DRIVE, SUITE A
DAYTON, OHIO 45434
(937) 431-1040

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Composition Roofers Local #42 Pension Fund
Cincinnati, Ohio

We have audited the accompanying statements of net assets available for benefits and of accumulated plan benefits of Composition Roofers Local #42 Pension Fund as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended. These financial statements are the responsibility of the plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Composition Roofers Local #42 Pension Fund at December 31, 2014 and 2013, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of investments, party in interest transactions and reportable transactions, together referred to as "supplemental information", are presented for purposes of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Willis & Hecker

Dayton, Ohio
February 11, 2015

COMPOSITION ROOFERS LOCAL #42 PENSION FUND

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2014

<u>DESCRIPTION OF INVESTMENTS</u>	<u>UNITS</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>INDEX FUNDS</u>			
Ishares Russell ETF Midcap	6,960.000	\$ 724,952.69	\$ 1,162,598.40
JPMorgan Exch Traded Nt Alerian MLP	19,220.000	760,373.73	883,159.00
Powershs DB Commnty Indx	37,194.000	946,693.70	686,229.30
		<u>2,432,020.12</u>	<u>2,731,986.70</u>
<u>MUTUAL FUNDS</u>			
AQR Intl Eqty	141,597.541	1,386,061.53	1,393,319.80
ASG Mgd Futures Strategy Fd	92,084.663	910,009.66	1,013,852.14
CBRE Clarion Long Short	93,353.364	932,865.82	1,041,823.54
DFA Emerging Mkts Small Cap Port	82,045.334	1,482,869.01	1,631,881.69
DFA Emerging Mkts Value Port	60,866.947	1,676,384.20	1,567,323.89
DFA Intl Small Cap Value Port	72,946.670	1,087,208.94	1,356,808.06
DFA US Small Cap Value Port	52,039.638	1,315,475.48	1,819,826.14
Doubleline Total Return Bd Fd	251,737.972	2,818,860.60	2,761,565.55
Driehaus Slct Credit Fd	94,458.163	958,300.02	864,292.19
Gateway Fund	49,875.023	1,284,956.67	1,474,804.43
JHancock2 Gbl Absolute Return Strat	92,574.859	1,026,893.89	1,011,843.21
Loomis Sayles Bond Fund	97,991.617	1,343,980.01	1,453,215.68
Pimco Global Advantage Strategy Bd	134,030.259	1,530,272.70	1,424,741.65
Robeco Boston Partners Long Short Research	98,265.425	1,400,581.89	1,502,478.35
Schwab Fundamental Intl Large Co Index	166,145.189	1,097,965.90	1,365,713.45
Schwab Fundamental US Large Co Index	192,620.744	2,956,964.45	2,945,171.18
Templeton Frontier Mkts	50,140.119	858,910.05	722,017.71
		<u>24,068,560.82</u>	<u>25,350,678.66</u>
<u>CASH IN INTEREST BEARING ACCOUNTS</u>			
Schwab Govt Money Fund	0.00%	<u>142,174.56</u>	<u>142,174.56</u>
		<u>142,174.56</u>	<u>142,174.56</u>
TOTALS		<u>\$ 26,642,755.50</u>	<u>\$ 28,224,839.92</u>

SEE ACCOMPANYING NOTES

COMPOSITION ROOFERS LOCAL #42 PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2014

<u>DESCRIPTION</u>	<u>AMOUNT OF TRANSACTION</u>
PIMCO Fundamental Index Plus AR Fd (Various sales – various dates)	\$3,014,973

The above schedule includes all transactions in excess of 5% of the value of the Plan's assets at the beginning of the year, all series of transactions in any one security issue that in the aggregate are in excess of the aforementioned 5% limit and all transactions with any one individual involved in any single transaction in excess of the above mentioned limit, as defined in the March 1, 1989 Department of Labor Rules and Regulations for Reporting and Disclosure for pension and welfare benefit plans. The Plan had reportable gains of \$571,685 from the above transactions.

SEE ACCOMPANYING NOTES.

PN: 001

Years of Credited Service:

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

Plan Name: Composition Roofers No. 42 Pension Plan

EIN: 31-6127285

PN: 001

1. Interest Rates: 7.50%/3.64% (Funding/Current Liability).

2. Mortality Rates:
 - a. Funding
 - i. Non-Disabled RP-2000 Table with Blue Collar adjustment.
 - ii. Disabled RP-2000 Disabled Retiree Mortality Table.
 - iii. Future Mortality Improvements 25-year projection using Scale AA.
 - b. Current Liability 2014 Combines Static Mortality Table.

3. Actuarial Cost Method: Unit Credit.

4. Retirement Rates:
 - a. Actives

<u>Age</u>	<u>Rate</u>
58	0.30
59	0.10
60	0.20
61	0.30
62	1.00

The weighted average retirement age is 60.2.
 - b. Terminated Vested Age 58.

5. Expense Load: \$100,000 per year.

6. Hours Worked: 1,200 per year.

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

Plan Name: Composition Roofers No. 42 Pension Plan

EIN: 31-6127285

PN: 001

7. Percent Married/Spousal Age: 90% with husbands 3 years older than their wives.

8. Termination Rates: For years 1 and 2 – 0.35, for years 3 and later:

<u>Age</u>	<u>Rate</u>
25	0.0967
35	0.0871
45	0.0635
55	0.0155
65	0.0000

9. Disability Rates:

<u>Age</u>	<u>Rate</u>
25	0.0024
35	0.0040
45	0.0084
55	0.0220
65	0.0000

10. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$ and $\frac{1}{5}$) of each of the preceding 4 years' gains/(losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

11. Changes Since Last Year:

The mortality rates projections were updated and the Current Liability mortality and interest rates were updated as mandated by the IRS.

2014 ACTUARIAL CERTIFICATION OF FUNDED STATUS

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

Plan Identification

Composition Roofers Union Local No. 42 Pension Plan ("Plan")
Stoner & Associates
205 West Fourth Street, Suite 225
Cincinnati, OH 45202
(513) 381-6886
EIN/PN: 31-6127285/001
Plan Year: January 1, 2014 – December 31, 2014

Information on Plan Status

As of January 1, 2014, I hereby certify that the Plan is Critical as defined by the Pension Protection Act of 2006 (PPA) and is making scheduled progress under its Rehabilitation Plan.

This certification has been prepared based on the Plan's January 1, 2013 Actuarial Valuation and the December 31, 2013 Draft Audit. The January 1, 2013 Actuarial Valuation was projected to January 1, 2014 for determination of the Plan's Funded Percentage and additional projections of later years were used for Funding Standard Account purposes. Anticipated future Plan contributions were based on estimated 2013 Plan Year contributions and scheduled hourly contribution rate increases.

Actuarial Certification

I hereby certify that the Plan's most recent Actuarial Valuation presents fairly the actuarial position of the Plan as of January 1, 2013. The interest rate and mortality table used to calculate Current Liability are mandated by the IRS. In my opinion, all other assumptions used to determine the Plan's liabilities and costs are individually reasonable based on Plan experience and represent my best estimate of anticipated future experience under the Plan. The January 1, 2013 Actuarial Valuation has been performed in accordance with generally accepted actuarial principles and practices and the undersigned meets the qualification standards of the American Academy of Actuaries necessary to render an actuarial opinion.

Respectfully submitted,



M. R. Rust, EA, MAAA, ASA
Enrollment Number: 11-06146

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

March 28, 2014

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

Plan Name: Composition Roofers Local No. 42 Pension Plan

EIN: 31-6127285

PN: 001

2014 Pension Protection Act of 2006 (PPA) Funded Status = Critical

Does Not Pass Emergence Test = Projected Funding Deficiency in 2024

1/1 Plan Year	Actuarial Value of Assets (1)	PPA Liability (2)	PPA Funded Ratio (1) / (2)	Prior 12/31 Credit Balance	Minimum Required Contribution	Expected Contributions
2014	\$34,361,297	\$43,812,447	78.4%	\$1,451,387	\$0	\$900,092
2015*	\$33,612,934	\$44,189,376	76.1%	\$1,716,318	\$0	\$942,119
2016*	\$32,613,787	\$44,545,771	73.2%	\$1,823,314	\$0	\$984,147
2017*	\$32,118,926	\$44,804,843	71.7%	\$1,766,115	\$0	\$1,026,174
2018*	\$31,034,725	\$44,867,140	69.2%	\$1,666,394	\$0	\$1,068,202
2019*	\$30,780,366	\$44,826,474	68.7%	\$1,483,953	\$0	\$1,110,230
2020*	\$30,437,739	\$44,662,172	68.2%	\$1,236,517	\$170,364	\$1,134,746
2021*	\$29,990,796	\$44,375,575	67.6%	\$999,892	\$409,764	\$1,134,746
2022*	\$29,411,004	\$43,962,562	66.9%	\$751,678	\$675,944	\$1,134,746
2023*	\$28,697,444	\$43,422,600	66.1%	\$475,696	\$936,505	\$1,134,746
2024*	\$27,886,849	\$42,795,502	65.2%	\$205,541	\$1,484,406	\$1,134,746

* Projected

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

Plan Name: Composition Roofers Local No. 42 Pension Plan

EIN: 31-6127285

PN: 001

2014 Pension Protection Act of 2006 (PPA) Funded Status = Critical

Does Not Pass Emergence Test = Projected Funding Deficiency in 2024

1/1 Plan Year	Actuarial Value of Assets (1)	PPA Liability (2)	PPA Funded Ratio (1) / (2)	Prior 12/31 Credit Balance	Minimum Required Contribution	Expected Contributions
2014	\$34,361,297	\$43,812,447	78.4%	\$1,451,387	\$0	\$900,092
2015*	\$33,612,934	\$44,189,376	76.1%	\$1,716,318	\$0	\$942,119
2016*	\$32,613,787	\$44,545,771	73.2%	\$1,823,314	\$0	\$984,147
2017*	\$32,118,926	\$44,804,843	71.7%	\$1,766,115	\$0	\$1,026,174
2018*	\$31,034,725	\$44,867,140	69.2%	\$1,666,394	\$0	\$1,068,202
2019*	\$30,780,366	\$44,826,474	68.7%	\$1,483,953	\$0	\$1,110,230
2020*	\$30,437,739	\$44,662,172	68.2%	\$1,236,517	\$170,364	\$1,134,746
2021*	\$29,990,796	\$44,375,575	67.6%	\$999,892	\$409,764	\$1,134,746
2022*	\$29,411,004	\$43,962,562	66.9%	\$751,678	\$675,944	\$1,134,746
2023*	\$28,697,444	\$43,422,600	66.1%	\$475,696	\$936,505	\$1,134,746
2024*	\$27,886,849	\$42,795,502	65.2%	\$205,541	\$1,484,406	\$1,134,746

* Projected

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

Plan Name: Composition Roofers No. 42 Pension Plan

EIN: 31-6127285

PN: 001

Effective with the January 1, 2014 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality rates projections were updated.

 (signed)

Jason C. Birkle

Enrollment # 14-07856

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

Plan Name: Composition Roofers Local No. 42 Pension Plan

EIN: 31-6127285

PN: 001

Schedule of Actual vs. Expected Annual Progress

Rehabilitation Period Begins on January 1, 2011 and Ends on December 31, 2020.

1/1 Plan Year	Rehab. Period Year	Hourly Contrib. Rate	Projected Actuarial Value of Assets (1)	Projected PPA Liability (2)	Projected PPA Funded Ratio (1) / (2)	Actual PPA Funded Ratio	Projected 12/31 Credit Balance	Actual 12/31 Credit Balance	Expected Contributions	Expected Asset Return
2010		\$3.40	\$31,789,098	\$39,789,023	79.9%	85.2%	\$553,965	\$1,260,207	\$779,323	7.5%
2011	1	\$3.60	\$31,024,407	\$40,506,926	76.6%	85.0%	\$100,284	\$1,212,030	\$898,640	7.5%
2012	2	\$3.80	\$29,852,796	\$41,212,321	72.4%	77.7%	(\$176,120)	\$1,116,546	\$1,004,866	7.5%
2013	3	\$4.00	\$28,947,773	\$41,903,591	69.1%	80.0%	(\$479,314)	\$1,139,654	\$1,182,202	7.5%
2014	4	\$4.20	\$30,636,182	\$42,560,442	72.0%	78.4%	(\$628,666)	\$1,451,387	\$1,238,498	7.5%
2015	5	\$4.40	\$31,444,057	\$43,121,085	72.9%		(\$1,040,326)		\$1,294,793	7.5%
2016	6	\$4.60	\$32,282,983	\$43,635,774	74.0%		(\$1,537,571)		\$1,351,088	7.5%
2017	7	\$4.80	\$33,106,387	\$44,044,246	75.2%		(\$1,298,029)		\$1,407,384	7.5%
2018	8	\$5.00	\$33,827,348	\$44,253,464	76.4%		(\$1,062,526)		\$1,463,679	7.5%
2019	9	\$5.20	\$34,514,643	\$44,324,669	77.9%		(\$503,572)		\$1,519,974	7.5%
2020	10	\$5.40	\$35,148,258	\$44,220,512	79.5%		\$78,629		\$1,576,270	7.5%

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

Plan Name: Name

EIN: 31-6127285

PN: 001

Charge Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1991	Amendment	\$ 406,126	12	\$ 21,745	\$ 180,817
01/01/1992	Amendment	166,751	13	9,409	82,192
01/01/1996	Amendment	127,067	17	8,191	83,067
01/01/1998	Amendment	1,484,015	19	99,634	1,066,687
01/01/1999	Assumption	331,735	20	22,624	247,937
01/01/2000	Amendment	995,239	21	68,814	770,337
01/01/2001	Assumption	939,678	22	65,764	750,598
01/01/2003	Shortfall	200,394	9	18,285	125,389
01/01/2003	Amendment	273,661	24	19,545	230,763
01/01/2003	Experience	1,090,068	9	60,317	413,611
01/01/2004	Shortfall	39,055	10	3,564	26,295
01/01/2004	Assumption	851,659	25	61,348	735,134
01/01/2004	Experience	1,090,599	10	67,744	499,874
01/01/2005	Shortfall	140,722	11	12,840	100,979
01/01/2005	Experience	1,386,896	11	93,779	737,484
01/01/2006	Shortfall	97,857	12	8,930	74,252
01/01/2006	Amendment	658,035	27	48,096	591,555
01/01/2006	Assumption	689,381	27	50,387	619,735
01/01/2006	Experience	1,775,273	12	128,103	1,065,230
01/01/2007	Shortfall	41,838	8	4,409	27,762
01/01/2008	Assumption	51,604	14	4,087	37,293
01/01/2009	Assumption	54,311	15	4,451	42,234
01/01/2009	Experience	163,628	15	13,409	127,238
01/01/2009	Asset Loss	7,112,667	24	565,693	6,678,956
01/01/2010	Assumption	205,476	16	17,328	170,286
01/01/2010	Asset Loss	941,899	24	75,707	893,849
01/01/2011	Assumption	287,173	17	24,814	251,653
01/01/2011	Asset Loss	1,249,922	24	101,624	1,199,842
01/01/2012	Assumption	541,098	18	47,739	498,110
01/01/2012	Asset Loss	2,815,418	24	231,780	2,736,553
01/01/2013	Assumption	413,990	19	37,188	398,139
01/01/2014	Experience	598,913	20	54,650	598,913
01/01/2014	Assumption	197,063	20	17,982	197,063
Total Charges				\$ 2,069,980	\$ 22,259,827

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

Plan Name: Name

EIN: 31-6127285

PN: 001

Credit Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1994	Amendment	\$ 333,531	10	\$ 26,167	\$ 193,087
01/01/1995	Shortfall	152,940	1	13,898	13,899
01/01/1996	Shortfall	95,176	2	8,661	16,718
01/01/1997	Shortfall	45,656	3	4,161	11,630
01/01/1998	Assumption	1,588,460	14	125,113	1,141,766
01/01/1998	Shortfall	124,824	4	11,390	41,012
01/01/1999	Shortfall	10,974	5	1,002	4,356
01/01/2000	Experience	756,210	1	79,692	79,692
01/01/2000	Shortfall	33,435	6	3,051	15,395
01/01/2001	Experience	591,224	2	62,305	120,265
01/01/2001	Shortfall	7,520	7	687	3,909
01/01/2002	Experience	113,811	3	11,994	33,528
01/01/2002	Shortfall	31,498	8	2,874	18,100
01/01/2007	Assumption	152,840	23	12,038	139,852
01/01/2007	Experience	115,622	8	12,185	76,721
01/01/2008	Experience	378,821	9	39,921	273,754
01/01/2009	Amendment	2,897,061	10	305,302	2,252,793
01/01/2009	Cost Method	705,199	5	95,570	415,664
01/01/2010	Experience	4,934,797	11	520,046	4,089,685
01/01/2010	Amendment	147,383	11	15,532	122,143
01/01/2011	Experience	1,067,809	12	112,530	935,731
01/01/2011	Amendment	172,544	12	18,183	151,203
01/01/2012	Experience	140,157	13	14,770	129,023
01/01/2013	Experience	1,120,256	14	118,056	1,077,364
Total Credits				\$ 1,615,128	\$ 11,357,290

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

Plan Name: Name

EIN: 31-6127285

PN: 001

1.	Net Amortization	\$	10,902,537
2.	Credit Balance	\$	1,451,387
3.	Balance Test: [(1) - (2)]	\$	9,451,150
4.	Unfunded Accrued Liability		
	a. Accrued Liability	\$	43,812,447
	b. Actuarial Value of Assets		34,361,297
	c. Unfunded Accrued Liability [(a) - (b)]	\$	<u>9,451,150</u>

Schedule MB, line 6 – Summary of Plan Provisions

Plan Name: Composition Roofers No. 42 Pension Plan

EIN: 31-6127285

PN: 001

1. Effective Date: June 1, 1964.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees covered by the Local 42 Collective Bargaining Agreement.
4. Eligibility: 1st of the month coincident with or following the completion of 1,000 Hours of Service.
5. Year of Service: 1 Year of Service for each Plan Year during which at least 1,000 Hours of Service are worked. If the participant works less than 1,000 hours, $\frac{1}{10}$ of a Year of Service is earned for each 100 Hours of Service worked.
6. Actuarial Equivalency: UP 1984 Mortality Table at 7.00%.
7. Payment Forms:
 - a. Normal Single Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.
 - b. Optional Actuarially Equivalent $66\frac{2}{3}\%$, 75% or 100% Joint & Survivor (with or without Pop-Up) Annuity (QOSA).

Schedule MB, line 6 – Summary of Plan Provisions

Plan Name: Composition Roofers No. 42 Pension Plan

EIN: 31-6127285

PN: 001

8. Normal Retirement:

a. Eligibility

Age 58 or the 5th anniversary of Plan participation.

b. Monthly Benefit

Based on a percentage of Employer contributions made on behalf of the participant in accordance with the following table:

<u>Effective Date</u>	<u>Percentage</u>
6/1/1964	5.220%
6/1/1965	2.616%
6/1/1966	1.740%
6/1/1974	2.040% ¹
1/1/1980	2.880% ¹
1/1/1984	2.450%
1/1/1994	2.100%
1/1/2009	1.000% ²

¹Accrual is based on the specified percentage of contribution in excess of \$0.15 per hour.

²Accrual is based on contributions up to \$3.00 per hour effective 1/1/2009 and \$2.10 per hour effective 1/1/2010.

9. Early Retirement:

a. Eligibility

Age 55 and 5 Years of Service.

b. Monthly Benefit

Calculated as for Normal Retirement with monthly benefit reduced ⁵/₉ of 1% for each month that Early Retirement precedes age 58.

10. Vested Retirement:

a. Eligibility

5 Years of Service.

b. Monthly Benefit

Calculated as for Normal Retirement.

Schedule MB, line 6 – Summary of Plan Provisions

Plan Name: Composition Roofers No. 42 Pension Plan

EIN: 31-6127285

PN: 001

11. Disability Benefit:

- a. Eligibility Total and Permanent Disability and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced $\frac{5}{9}$ of 1% for each month that Disability Retirement precedes age 58, with a maximum reduction of 20%.

12. Pre-Retirement Death:

- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Surviving Spouses receive the survivor's annuity calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement.

13. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>
8/1/2013	\$4.20
8/1/2014	\$4.40
8/1/2015	\$4.60
8/1/2016	\$4.80
8/1/2017	\$5.00
8/1/2018	\$5.20
8/1/2019	\$5.40

14. Changes Since Last Year:

Effective January 1, 2014 terminated vested participants are no longer allowed to retire early.

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

► **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 Composition Roofers Local No. 42 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 Board of Trustees, Composition Roofers Local No. 42 Pension Plan	D Employer Identification Number (EIN) 31-6127285

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

1a Enter the valuation date:	Month 01	Day 01	Year 2014
-------------------------------------	-----------------	---------------	------------------

b Assets:		
(1) Current value of assets	1b(1)	31,084,460
(2) Actuarial value of assets for funding standard account	1b(2)	34,361,297
c (1) Accrued liability for plan using immediate gain methods	1c(1)	43,812,447
(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)	43,812,447
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	71,034,300
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	422,720
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,985,562
(3) Expected plan disbursements for the plan year	1d(3)	3,085,562

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	07/16/2015 Date 14-07856 Most recent enrollment number (513) 891-0270 Telephone number (including area code)
	Jason C. Birkle Type or print name of actuary Cuni, Rust & Strenk Firm name 4555 Lake Forest Drive - Suite 620 US Cincinnati OH 45242-3760 Address of the firm	

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

(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Expense loading	6e	35.9 %	N/A
f Salary scale	6f	%	N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		12.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	598,913	54,650
4	197,063	17,982

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

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach 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) 5

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ 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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) 8e 0

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 278,827

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)	22,259,827	2,069,980
(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 176,161

e Total charges. Add lines 9a through 9d 9e 2,524,968

Credits to funding standard account:

f Prior year credit balance, if any 9f 1,451,387

g Employer contributions. Total from column (b) of line 3 9g 895,300

h Amortization credits as of valuation date 9h 11,357,290

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h 9i 262,956

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	15,542,566
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(2) "RPA '94" override (90% current liability FFL)	9j(2)	30,167,154	
(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 4,224,771
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m 1,699,803
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2014 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	☒ Yes ☐ No	

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 6047(e), 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 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. ☒	
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information			
1a Name of plan COMPOSITION ROOFERS LOCAL 42 PENSION PLAN		1b Three-digit plan number (PN) ▶ 001	
		1c Effective date of plan 06/01/1964	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) COMPOSITION ROOFERS LOCAL 42 PENSION PLAN 205 WEST FOURTH ST SUITE 225 CINCINNATI, OH 45202	205 WEST FOURTH ST SUITE 225 CINCINNATI, OH 45202	2b Employer Identification Number (EIN) 31-6127285 2c Plan Sponsor's telephone number 513-381-6886 2d Business code (see instructions) 238100	

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	<i>Robert J. Voegeli</i> Signature of plan administrator	7/24/2015 Date	ROBERT J. VOEGELI Enter name of individual signing as plan administrator
SIGN HERE	<i>Robert J. Voegeli</i> Signature of employer/plan sponsor	7/24/2015 Date	ROBERT J. VOEGELI Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) WILLIAM E HECKER, CPA WILLIS & HECKER, CPA'S, LLP 1210 MEADOW BRIDGE DR DAYTON, OH 45434			Preparer's telephone number (optional) 937-431-1040

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 458
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) 171
a(2) Total number of active participants at the end of the plan year	6a(2) 170
b Retired or separated participants receiving benefits	6b 173
c Other retired or separated participants entitled to future benefits.....	6c 73
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 416
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 52
f Total. Add lines 6d and 6e.	6f 468
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)