

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- 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 COMPOSITION ROOFERS UNION LOCAL 30 EMPLOYEE'S PENSION PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	08/01/1986
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) COMPOSITION ROOFERS UNION LOCAL 30 EMPLOYEE'S PENSION PLAN 6447 TORRESDALE AVENUE PHILADELPHIA, PA 19135		2b Employer Identification Number (EIN)	23-2469454
		2c Sponsor's telephone number	215-331-8770
		2d Business code (see instructions)	813930
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5a Total number of participants at the beginning of the plan year	5a	33	
b Total number of participants at the end of the plan year.....	5b	32	
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)		
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)		
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	7	
d(2) Total number of active participants at the end of the plan year.....	5d(2)	7	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e		

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	04/08/2025	PATRICK M. TROMBETTA, CPA
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534948. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets.....	7a 8838636	9607132
b	Total plan liabilities.....	7b	
c	Net plan assets (subtract line 7b from line 7a).....	7c 8838636	9607132
8		(a) Amount	(b) Total
8	Income, Expenses, and Transfers for this Plan Year		
a	Contributions received or receivable from:		
	(1) Employers.....	8a(1) 210000	
	(2) Participants.....	8a(2)	
	(3) Others (including rollovers).....	8a(3)	
b	Other income (loss).....	8b 1072731	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c	1282731
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 463193	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions).....	8f 51042	
g	Other expenses.....	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	514235
i	Net income (loss) (subtract line 8h from line 8c).....	8i	768496
j	Transfers to (from) the plan (see instructions).....	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10		Yes	No	Amount
10	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).....	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b	X	
c	Was the plan covered by a fidelity bond?.....	10c	X	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?.....	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h	X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i	X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b 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

15 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 _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan <u>COMPOSITION ROOFERS UNION LOCAL 30 EMPLOYEE'S 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 or 5500-SF <u>COMPOSITION ROOFERS UNION LOCAL 30 EMPLOYEE'S PENSION PLAN</u>	D Employer Identification Number (EIN) <u>23-2469454</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>8838636</u>
b Actuarial value	2b		<u>9145868</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>26</u>	<u>5490914</u>	<u>5490914</u>
b For terminated vested participants	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants	<u>7</u>	<u>1010659</u>	<u>1225207</u>
d Total	<u>33</u>	<u>6501573</u>	<u>6716121</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.19 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>79677</u>
b Expected plan-related expenses	6b		<u>33000</u>
c Target normal cost	6c		<u>112677</u>

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

SIGN HERE			
	Signature of actuary	<u>04/08/2025</u>	Date
	<u>BRIAN GODDU, FSA</u>	<u>23-08951</u>	Most recent enrollment number
	Type or print name of actuary	<u>484-530-0692</u>	Telephone number (including area code)
	<u>THE MCKEOGH COMPANY</u>		
	Firm name		
	<u>1001 CONSHOHOCKEN ST RD, STE 1-407</u> <u>WEST CONSHOHOCKEN, PA 19428</u>		
	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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		2009092
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		2009092
10	Interest on line 9 using prior year's actual return of <u>9.36</u> %		188051
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		116972
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		6270
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		123242
d	Portion of (c) to be added to prefunding balance		123242
12	Other reductions in balances due to elections or deemed elections	0	3315
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	2317070

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.67 %
15	Adjusted funding target attainment percentage	15	136.17 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/11/2023	10000		02/27/2024	10000			
09/28/2023	20000		03/12/2024	10000			
10/10/2023	10000		04/11/2024	40000			
11/20/2023	10000		05/07/2024	40000			
12/12/2023	10000		06/25/2024	40000			
01/25/2024	10000						
			Totals ▶	18(b)	210000	18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	203037

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b**

22 Weighted average retirement age **22** 55

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 112677

b Excess assets, if applicable, but not greater than line 31a **31b** 112677

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34**

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35).....			36
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 203037

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 203037

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment D to 2023 Schedule SB of Form 5500
Schedule SB, Part V - Summary of Plan Provisions

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

Participation A person becomes an Active Participant upon working in covered employment.

Definitions

Plan Year Twelve-month period ending June 30.

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

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

Continuous Service In general, one-twelfth of a year for each month worked for which contributions were required in a year up to a maximum of one year of Continuous Service in any given Plan Year.

Accrued Monthly Pension \$140.00 per month for each year of Continuous Service.

Normal Retirement Date (NRD) Earlier of the date participant both attains age 65 and completes five years of Continuous Service.

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment D to 2023 Schedule SB of Form 5500
Schedule SB, Part V - Summary of Plan Provisions
(Continued)

Eligibility for Benefits

<i>Normal Retirement</i>	Retirement on or after NRD.
<i>Early Retirement</i>	Retirement on or after having both attained age 50 and completing five years of Continuous Service.
<i>Disability Retirement</i>	Retirement following a total and permanent disability and qualification for disability benefits under Title II of the Federal Social Security Act after completion of 3 years of Continuous Service (7 years of Continuous Service for disability retirements prior to January 1, 1999).
<i>Deferred Vested</i>	Termination of Covered Employment for reasons other than death or retirement after completing five years of Continuous Service, or after the fifth Plan Year in which the Participant was credited with 1,000 hours.
<i>Preretirement Death Benefit</i>	Death of an Active Participant when Preretirement Surviving Spouse Pension not payable.
<i>Preretirement Surviving Spouse Pension</i>	Death of a Married Active Participant after completing 5 years of Continuous Service.
<i>Postretirement Death Benefit</i>	Death after normal, early or disability retirement.

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment D to 2023 Schedule SB of Form 5500
Schedule SB, Part V - Summary of Plan Provisions
(Continued)

Benefits Paid Upon the Following Events

<i>Normal Retirement</i>	Accrued Monthly Pension determined as of NRD.
<i>Early Retirement</i>	Accrued Monthly Pension determined as of date of retirement.
<i>Disability Retirement</i>	Accrued Monthly Pension determined as of date of disability.
<i>Deferred Vested</i>	Accrued Monthly Pension determined as of termination date payable at NRD.
<i>Preretirement Death Benefit</i>	A death benefit equal to 60 times the monthly pension benefit is payable if the preretirement surviving spouse benefit is not applicable.
<i>Preretirement Surviving Spouse Benefit</i>	<p>If the Participant was married at the time of death and had completed 5 years of Continuous Service, then the death benefit shall be paid in the form of an annuity to the surviving spouse with the monthly amount being one-half of the Accrued Monthly Pension payable as of the participant's earliest retirement date for life and guaranteed for 120 months.</p> <p>A lump sum death benefit of \$2,000 is also payable if the preretirement surviving spouse benefit is applicable.</p>
<i>Normal and Optional Forms of Payment</i>	The basic pension benefits described above are payable on a life annuity basis. Single employees receive the basic benefit. Married employees receive a benefit that provides the spouse with a 50% contingent annuity benefit.

Other Benefits

<i>Postretirement Death Benefits</i>	A single sum death benefit shall be paid to the named beneficiary in an amount equal to the product of (a) 60 less the number of pension payments received, and (b) the Participant's Accrued Monthly Pension. The minimum single sum death benefit is \$5,000.
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Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment D to 2023 Schedule SB of Form 5500
Schedule SB, Part V - Summary of Plan Provisions
(Continued)

- Employee Contributions** Employee contributions are neither required nor permitted.
- Actuarial Equivalence** Unless specified contrary in the plan, factors for actuarial equivalent benefits shall be based on an 8.0% interest assumption and the Unisex Pensioner 1984 Mortality Table set forward one year for participants and set back 4 years for surviving spouses and beneficiaries.
- Optional Form Conversion Value** The accrued benefits described above are payable as a life annuity, 50% Joint and Survivor, 75% Joint and Survivor or 100% Joint and Survivor.
- The 50% Joint and Survivor benefit equals the life annuity benefit with no reduction. The 75% Joint and Survivor benefit and 100% Joint and Survivor benefit are actuarially equivalent to the 50% Joint and Survivor benefit.
- Sponsor Elections** Effective with the Plan Year beginning July 1, 2013, the Plan Sponsor made a standing election under 1.430(f)-1(f)(1)(ii) to add the maximum amount possible each year to the Plan's prefunding balance.
- In the Plan Year beginning July 1, 2014, the Plan Sponsor made an election under 1.430(f)-1(d) to apply the full carryover balance of \$33,708 to the minimum required contribution, thereby permanently eliminating the carryover balance.
- The Plan Sponsor has made elections under 1.430(f)-1(e) to reduce the prefunding balance as follows:

Plan Year Beginning	Reduction Amount
July 1, 2016	\$ 374,062
July 1, 2017	\$ 395,998
July 1, 2018	\$ 133,799
July 1, 2019	\$ 128,637
July 1, 2020	\$ 65,195
July 1, 2021	\$ 81,148
July 1, 2022	\$ 0
July 1, 2023	\$ 3,315

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment E to 2023 Schedule SB of Form 5500
Schedule SB, Line 26a – Schedule of Active Participant Data

<u>Attained Age</u>	<u>Years of Credited Service</u>										<u>Totals</u>	
	<u>Under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>40 & Up</u>		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	3	0	0	0	0	0	0	0	0	0	3
55 to 59	0	0	0	2	0	0	0	0	0	0	0	2
60 to 64	0	1	0	0	0	1	0	0	0	0	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	0	2	0	1	0	0	0	0	0	7

Average Age: 57.1

Average Service: 7.4

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment C to 2023 Schedule SB of Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions / Methods

The Actuarial Cost Method for determining the Actuarial Accrued Liability and Normal Cost is the Unit Credit Cost Method and is the same method used in the prior valuation.

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment C to 2023 Schedule SB of Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
(Continued)

One-third of the investment gain or loss on the market value of assets (total return compared to the assumed return) for each Plan Year is recognized over the two succeeding years beginning with the 2008 Plan Year. The actuarial value determined above will never be permitted to be less than 90% nor more than 110% of the market value of assets.

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Attachment C to 2023 Schedule SB of Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
(Continued)

Investment return (net of investment expenses)

<i>For Minimum Required Contribution purposes</i>	Segment Rates:	4.75%
		5.00%
		5.74%

<i>For Limitation on Deductible Contributions and PBGC Premium purposes</i>	Segment Rates:	3.22%
		4.22%
		4.34%

<i>For ASC 960 purposes</i>	7.00% per year
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Administrative Expenses	\$33,000 per year
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Mortality (healthy)	IRS prescribed mortality for 2023 valuation dates.
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Mortality (disabled)	Mortality tables specified in Revenue Ruling 96-7 with separate rates for males and females.
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Withdrawal	Rates varying by age
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Sample rates:

Age	Rate
25	0.049
30	0.034
35	0.024
40	0.013
45	0.007
50 & Over	0.000

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Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
(Continued)

Disability incidence	150% of the disability incidence rates (males and females combined) published in the Society of Actuaries' 1979 Reports
Retirement	Age 55 from Active status Age 50 from Terminated Vested status
Form of payment	Single Participants elect a Life annuity Married Participants elect a 50% Joint & Survivor Annuity
Percentage married	80%
Spouse age	Spouses of male participants assumed to be 3 years younger. Spouses of female participants assumed to be 3 years older.

Composition Roofers Union Local 30 Employees' Pension Plan
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Attachment F to 2023 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases

	Years Remaining	Plan Year Beginning July 1, 2023			Plan Year Beginning July 1, 2022		
		Present Value Factors	Shortfall Amortization Installment	Present Value of Installments	Present Value Factors	Shortfall Amortization Installment	Present Value of Installments
			(1)	(2)		(1)	(2)
a.	1	1.0000	\$ 0	\$ 0	1.0000	\$ 0	\$ 0
b.	2	1.9547	0	0	1.9547	0	0
c.	3	2.8660	0	0	2.8660	0	0
d.	4	3.7361	0	0	3.7361	0	0
e.	5	4.5666	0	0	4.5666	0	0
f.	6	5.3502	0	0	5.3435	0	0
g.	7	6.0964	0	0	6.0821	0	0
h.	8	6.8071	0	0	6.7843	0	0
i.	9	7.4839	0	0	7.4519	0	0
j.	10	8.1285	0	0	8.0867	0	0
k.	11	8.7424	0	0	8.6901	0	0
l.	12	9.3271	0	0	9.2639	0	0
m.	13	9.8839	0	0	9.8094	0	0
n.	14	10.4143	0	0	10.3281	0	0
o.	15	10.9193	0	0	10.8212	0	0
p.	Total*		\$ 0	\$ 0		\$ 0	\$ 0
q.	Total of Present Value of Installments From Prior Years = sum of (2)(a) through (2)(n)			\$ 0			\$ 0

* Total of shortfall amortization installments is the Net Shortfall Amortization Charge.

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment A to 2023 Schedule SB of Form 5500
Schedule SB, Line 19 – Discounted Employer Contributions

Effective Interest Rate: 5.19%
Valuation Date: 7/1/2023

(1) Date	(2) Contribution Amount	(3) Number of Days to Discount Back to 7/1/2023	(4) Discount Factor $(1.0519)^{-[(\text{Column 3})/365]}$	(5) Discounted Contribution (to 7/1/2023)
07/11/2023	\$ 10,000	10	0.9986	\$ 9,986
09/28/2023	20,000	89	0.9877	19,754
10/10/2023	10,000	101	0.9861	9,861
11/20/2023	10,000	142	0.9805	9,805
12/12/2023	10,000	164	0.9775	9,775
01/25/2024	10,000	208	0.9716	9,716
02/27/2024	10,000	241	0.9671	9,671
03/12/2024	10,000	255	0.9653	9,653
04/11/2024	40,000	285	0.9613	38,452
05/07/2024	40,000	311	0.9578	38,312
06/25/2024	40,000	360	0.9513	38,052
Total	\$ 210,000			\$ 203,037

Composition Roofers Union Local 30 Employees' Pension Plan
EIN: 23-2469454 / Plan Number: 001

Attachment B to 2023 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Retirement Age

Weighted Average Retirement Age

Active Participants are assumed to retire at age 55.

Form 5500-SF

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

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

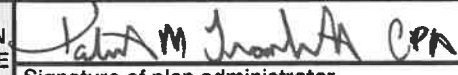
D If the plan is a collectively-bargained plan, check here
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan COMPOSITION ROOFERS UNION LOCAL 30 EMPLOYEE'S PENSION PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	08/01/1986
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 instr.) COMPOSITION ROOFERS UNION LOCAL 30 EMPLOYEE'S PEN 6447 TORRESDALE AVENUE PHILADELPHIA PA 19135	2b Employer Identification Number (EIN)	23-2469454
	2c Sponsor's telephone number	215-331-8770
	2d Business code (see instructions)	813930
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5a Total number of participants at the beginning of the plan year	5a	33
b Total number of participants at the end of the plan year	5b	32
c (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d (1) Total number of active participants at the beginning of the plan year	5d(1)	7
d (2) Total number of active participants at the end of the plan year	5d(2)	7
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		04/02/2025	PATRICK M. TROMBETTA, CPA
	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

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

Form 5500-SF (2023)
v. 230728

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024


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

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

A Name of plan COMPOSITION ROOFERS UNION LOCAL 30 EMPLOYEES' 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 UNION LOCAL 30 EMPLOYEES' PENSION PLAN	D Employer Identification Number (EIN) 23-2469454	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>	
2	Assets:		
	a Market value	2a	8838636
	b Actuarial value	2b	9145868
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	26	5490914
	b For terminated vested participants	0	0
	c For active participants	7	1010659
	d Total	33	6501573
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.19 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	79677
	b Expected plan-related expenses	6b	33000
	c Target normal cost	6c	112677

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	<u>4/8/2025</u> Date
	<u>BRIAN GODDU, FSA</u> Type or print name of actuary	<u>23-08951</u> Most recent enrollment number
	<u>THE MCKEOGH COMPANY</u> Firm name	<u>484-530-0692</u> Telephone number (including area code)
	<u>1001 CONSHOHOCKEN STATE ROAD SUITE 1-407 WEST CONSHOHOCKEN, PA 19428</u> 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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2009092
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2009092
10	Interest on line 9 using prior year's actual return of <u>9.36</u> %	0	188051
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		116972
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		6270
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		123242
	d Portion of (c) to be added to prefunding balance		123242
12	Other reductions in balances due to elections or deemed elections	0	3315
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2317070

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.67%
15	Adjusted funding target attainment percentage	15	136.17%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.29%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 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
			01/25/2024	10000	
07/11/2023	10000		02/27/2024	10000	
09/28/2023	20000		03/12/2024	10000	
10/10/2023	10000		04/11/2024	40000	
11/20/2023	10000		05/07/2024	40000	
12/12/2023	10000		06/25/2024	40000	
			Totals ▶	18(b)	210000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	203037

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75%	2nd segment: 5.00%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....		21b	0
22 Weighted average retirement age		22	55
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years		28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....		30	0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	112677
b Excess assets, if applicable, but not greater than line 31a		31b	112677
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	203037
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	203037
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			