

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ROOFERS LOCAL 20 HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ROOFERS LOCAL 20 HEALTH AND WELFARE FUND</u></p> <p><u>6321 BLUE RIDGE BLVD</u> <u>RAYTOWN, MO 64133-4809</u></p>	<p>1c Effective date of plan <u>12/31/1964</u></p> <p>2b Employer Identification Number (EIN) <u>44-6013920</u></p> <p>2c Plan Sponsor's telephone number <u>816-313-9427</u></p> <p>2d Business code (see instructions) <u>238100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2025	STEVE GERCONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	553
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	487
	6a(2)	487
	6b	62
	6c	
	6d	549
	6e	
	6f	549
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	26

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>8</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 44-6013920</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	70712	549	07/01/2023	06/30/2024

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

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

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

IMG **2960 NORTH MERIDIAN STREET**
INDIANAPOLIS, IN 46208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	102	THIRD PARTY ADMINISTRATION FEES	5

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	30706
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	30706
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention	9c(1)(H)		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 44-6013920	

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

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	70712	487	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	3604	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....	9a(4)		3604
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....	9b(3)		
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves.....	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 44-6013920	

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

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	70712	264	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 - b** Dental
 - c** Vision
 - d** Life insurance
 - e** Temporary disability (accident and sickness)
 - f** Long-term disability
 - g** Supplemental unemployment
 - h** Prescription drug
 - i** Stop loss (large deductible)
 - j** HMO contract
 - k** PPO contract
 - l** Indemnity contract
 - m** Other (specify) **▶ BASIC DEP LIFE SPOUSE/FAM**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	5105	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....	9a(4)		5105
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....	9b(3)		
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves.....	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier	10a		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 44-6013920	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	70712	438	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	5208	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....	9a(4)		5208
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....	9b(3)		
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves.....	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 44-6013920

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

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-3560825	32395	12022161	612	07/01/2023	06/30/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....		9b(1)	49175
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	49175
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	11199	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		11199
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 44-6013920</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OFF KANSAS CITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1257251	47171	31585000	1408	07/01/2023	06/30/2024

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

<p>(a) Total amount of commissions paid 11764</p>	<p>(b) Total amount of fees paid</p>
--	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON BENEFIT COMPANY **44 W 47TH STREET STE 600**
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11764		REGULAR COMMISSION ADMIN SERVICE FEE	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	30706
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	30706
b Benefit charges (1) Claims paid.....		9b(1)	6842499
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	6842499
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	331428	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		331428
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 44-6013920	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OFF KANSAS CITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1257251	47171	31585000	1408	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	1923922
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....	9a(4)	1923922
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves.....	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 44-6013920	

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

1 Coverage Information:

(a) Name of insurance carrier
ELIXIR CRAFTED RX SOLUTIONS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
33-0567651		10000433	555	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....		9b(1)	2585667
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	2585667
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	25849	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		25849
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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**

A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 44-6013920	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

PRUDENTIAL INSURANCE COMPANY

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INSURER	11411	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4365	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STACIE BAKER

44-6013920

(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?
30 50	PLAN EMPLOYEE	50369	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MALLORY BURNETTE

44-6013920

(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?
30 50	PLAN EMPLOYEE	41890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHELLE ROSS

44-6013920

(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?
30 50	PLAN EMPLOYEE	88362	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ACCOUNTING SOLUTIONS GROUP LLC

81-2274769

(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 50	FUND AUDITOR	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOCKTON COMPANIES LLC

48-0763803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 55	CNSULTANT	67901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ROUSE, FRETS, WHITE, GOSS, GENTILE,

13-1706479

(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 50	FUND LEGAL COUNSEL	32763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HORIZON ACTUARIAL

26-1370698

(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 50	PLAN ACTUARY	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FINANCIAL COUNSELORS

43-0890172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	48249	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HAYNES BENEFITS

2600 GRAND BLVD SUITE 410
KANSAS CITY, MO 64108

(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 50	FUND LEGAL COUNSEL	31867	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCS CPA'S PA

48-1215584

(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 50	FUND AUDITOR	23000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ONSITE LOGIC

8700 MONROVIA # 310
LENEXA, KS 66215

(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?
15 50	SOFTWARE PROVIDER	28026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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			
A Name of plan ROOFERS LOCAL 20 HEALTH AND WELFARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ►	501
B Three-digit plan number (PN) ►	501		
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 20 HEALTH AND WELFARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 44-6013920</td> </tr> </table>	D Employer Identification Number (EIN) 44-6013920	
D Employer Identification Number (EIN) 44-6013920			

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	19250	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	857604	823730
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	236482	431742
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1223654	1377910
(2) U.S. Government securities	1c(2)	2567592	2850949
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2971340	3365247
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1299625	1322664
(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)	1653911	887282
(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	22045	118386
f Total assets (add all amounts in lines 1a through 1e)	1f	10851503	11177910
Liabilities			
g Benefit claims payable	1g	478000	813100
h Operating payables	1h	38982	51614
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	516982	864714
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10334521	10313196

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)	8674494	
(B) Participants	2a(1)(B)	231302	
(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)		8905796
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45628	
(B) U.S. Government securities	2b(1)(B)	70304	
(C) Corporate debt instruments	2b(1)(C)	88581	
(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)		204513
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	72487	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	17422	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		89909
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2821178	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2640088	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	327036	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		57214
c Other income	2c		247794
d Total income. Add all income amounts in column (b) and enter total	2d		10013352

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7325047	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1520483	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8845530
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	185982	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	48000	
(5) Investment advisory and investment management fees	2i(5)	48249	
(6) Bank or trust company trustee/custodial fees	2i(6)	265	
(7) Actuarial fees	2i(7)	7500	
(8) Legal fees	2i(8)	64620	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4642	
(11) Other expenses	2i(11)	829889	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1189147
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10034677

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-21325
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ACCOUNTING SOLUTIONS GROUP

(2) EIN: 81-2274769

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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



Independent Auditor's Report

To the Board of Trustees
Roofers Local Union No. 20 Health & Welfare Fund

Opinion

We have audited the accompanying financial statements of the Roofers Local Union No. 20 Health & Welfare Fund, an employee benefit fund subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits schedules of administrative expenses and changes in the fund's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Roofers Local Union No. 20 Health & Welfare Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Roofers Local Union No. 20 Health & Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibility of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Local Union No. 20 Health & Welfare Fund's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Roofers Local Union No. 20 Health & Welfare Fund's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, that raise substantial doubt about Roofers Local Union No. 20 Health & Welfare Fund's ability to continue as a going concern for a reasonable period of time.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

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

Accounting Solutions Group LLC

Accounting Solutions Group LLC

December 3, 2024
Gladstone, Missouri

ROOFERS LOCAL UNION NO. 20 HEALTH AND WELFARE FUND
June 30, 2024

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT END OF YEAR
 EIN: 44-6013920 PLAN NO. 501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity, date, interest collateral, par or maturity value	(d) Cost	(e) Current value
MONEY MARKET FUNDS				
	ROOFERS CLEARING ACCT 10840011466		513,612	513,612
	ROOFERS SUPPLEMENT ACCT 10840011486		432,406	432,406
	ROOFERS INVESTMENT ACCT 10840011476		413,358	413,358
	TOTAL MONEY MARKET FUNDS		1,359,376	1,359,376
GOVERNMENT & AGENCIES				
	ROOFERS SUPPLEMENT ACCT 10840011486		704,662	692,943
	ROOFERS INVESTMENT ACCT 10840011476		2,258,282	2,158,006
	TOTAL GOVERNMENT & AGENCIES		2,962,944	2,850,949
DEBT SECURITIES				
	ROOFERS SUPPLEMENT ACCT 10840011486		1,105,514	1,076,203
	ROOFERS INVESTMENT ACCT 10840011476		2,401,648	2,289,044
	TOTAL DEBT SECURITIES		3,507,162	3,365,247
EQUITY SECURITIES				
	ROOFERS INVESTMENT ACCT 10840011476		498,000	1,322,664
	TOTAL EQUITY SECURITIES		498,000	1,322,664
MUTUAL FUNDS				
	ROOFERS INVESTMENT ACCT 10840011476		649,397	887,282
	TOTAL MUTUAL FUNDS		649,397	887,282

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS CLEARING
 ACCOUNT NUMBER: 10840011466

PORTFOLIO DETAIL

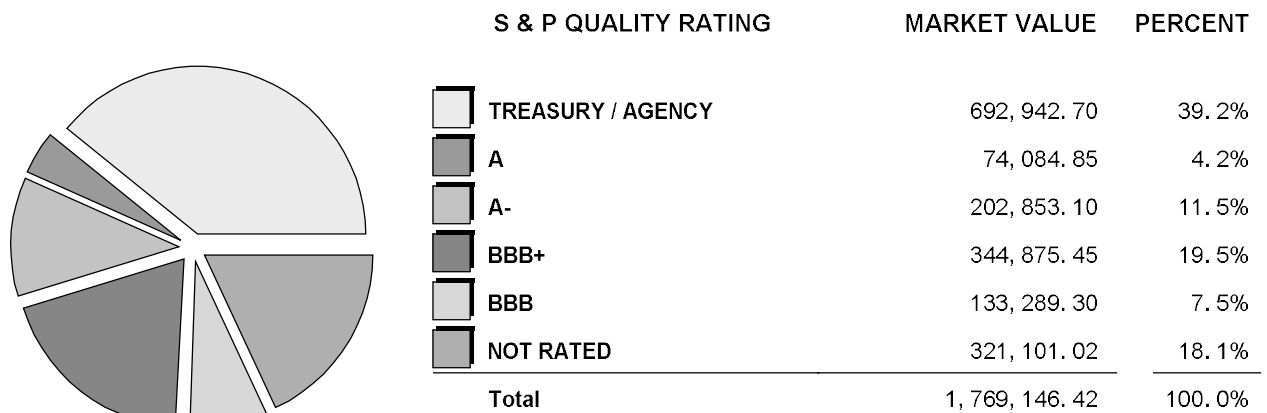
DESCRIPTION	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS				
FIDELITY GOVERNMENT PORTFOLIO INSTITUTIONAL CLASS 4.27%	513,611.86 1.00	513,611.86 0.00	26,964.62 2,247.05	5.25
CASH	0.00		0.00	
TOTAL CASH AND EQUIVALENTS	513,611.86	513,611.86 0.00	26,964.62 2,247.05	5.25
TOTAL ASSETS	513,611.86	513,611.86 0.00	26,964.62 2,247.05	5.25
TOTAL ACCRUED INC	2,247.05	2,247.05		
GRAND TOTAL ASSETS	515,858.91	515,858.91 0.00	26,964.62 2,247.05	5.25

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS SUPPLEME
 ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL

DESCRIPTION	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS				
FIDELITY GOVERNMENT PORTFOLIO INSTITUTIONAL CLASS 4.27%	432,406.24 1.00	432,406.24 0.00	22,701.33 1,891.78	5.25
CASH	0.00	0.00		
TOTAL CASH AND EQUIVALENTS	432,406.24	432,406.24	22,701.33 1,891.78	5.25

BOND QUALITY SUMMARY


DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
ABBVIE INC SR GBL NT 26 DTD 05/21/2020 2.95% 11/21/2026-2026	A-	25,000.000	23,832.75 95.33	24,212.89 380.14-	737.50 81.94	3.09
AMERICAN EXPRESS CO SR GBL NT DTD 10/23/2017 3% 10/30/2024-2024	BBB+	20,000.000	19,823.40 99.12	20,227.71 404.31-	600.00 101.67	3.03
BROADCOM INC SR GBL NT DTD 04/15/2020 4.75% 04/15/2029-2029	BBB+	50,000.000	49,344.50 98.69	49,037.00 307.50	2,375.00 501.39	4.81
THE CIGNA GROUP SR GBL NT DTD 05/15/2019 4.125% 11/15/2025-2025	A-	30,000.000	29,497.50 98.33	29,273.28 224.22	1,237.50 158.13	4.20
CVS HEALTH CORP SENIOR GLOBAL NOTE DTD 07/20/2015 3.875% 07/20/2025-2025	BBB	40,000.000	39,275.60 98.19	40,443.45 1,167.85-	1,550.00 693.19	3.95

JUNE 01, 2024 TO JUNE 30, 2024

ACCOUNT NAME: ROOFERS SUPPLEME

ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
CAPITAL ONE FINANCIAL CORP GLBL NT FIXED TO FLOAT DTD 11/02/2021 1.878% 11/02/2027-2026	BBB	25,000.000	22,921.00 91.68	23,023.67 102.67-	469.50 76.95	2.05
CITIGROUP INC SR GLBL FIXED TO FLOAT DTD 06/09/2021 1.462% 06/09/2027-2026	BBB+	25,000.000	23,170.00 92.68	23,203.75 33.75-	365.50 22.34	1.58
JOHN DEERE CAPITAL CORPORATION FR DTD 06/08/2023 4.7% 06/10/2030	A	35,000.000	34,680.45 99.09	34,354.77 325.68	1,645.00 95.96	4.74
DISNEY WALT CO SR GLBL COCO DTD 03/23/2020 3.35% 03/24/2025	A	40,000.000	39,404.40 98.51	40,357.20 952.80-	1,340.00 361.06	3.40
FIFTH THIRD BANCORP SR GLBL NT FIXED TO FLOAT DTD 10/27/2022 6.361% 10/27/2028-2027	BBB+	35,000.000	35,767.55 102.19	34,185.48 1,582.07	2,226.35 395.80	6.22
PALMER SQUARE INCOME PLUS		1,999.422	19,974.23 9.99	19,874.26 99.97	1,173.66	5.88
LORD ABBETT SHORT DURATION INCOME I		78,418.434	301,126.79 3.84	328,842.19 27,715.40-	14,977.92 1,248.16	4.97
LOWES COS INC SENIOR GLOBAL NOTE 3.1% 05/03/2027-2027	BBB+	25,000.000	23,672.75 94.69	24,281.49 608.74-	775.00 124.86	3.27
MARRIOTT INTERNATIONAL INC SR GLBL NT DTD 03/27/2023 4.9% 04/15/2029-2029	BBB	35,000.000	34,643.70 98.98	34,814.15 170.45-	1,715.00 362.06	4.95
MCDONALDS CORP MED TERM NT DTD 12/09/2015 3.7% 01/30/2026-2025	BBB+	25,000.000	24,425.00 97.70	24,824.50 399.50-	925.00 387.99	3.79
MORGAN STANLEY FIXED TO FLOAT DTD 04/22/2021 1.593% 05/04/2027-2026	A-	25,000.000	23,306.00 93.22	23,341.80 35.80-	398.25 63.06	1.71
PAYPAL HOLDINGS INC SR GLBL NT DTD 09/26/2019 2.4% 10/01/2024-2024	A-	40,000.000	39,673.20 99.18	40,050.77 377.57-	960.00 240.00	2.42
CHARLES SCHWAB CORPORATION SR NT FIXED TO FLOAT DTD 11/17/2023 6.196% 11/17/2029-2028	A-	35,000.000	36,420.65 104.06	36,116.51 304.14	2,168.60 265.05	5.95
STARBUCKS CORP SR GLBL NT DTD 08/10/2018 3.8% 08/15/2025-2025	BBB+	35,000.000	34,394.15 98.27	34,697.55 303.40-	1,330.00 502.44	3.87
SYSCO CORP CR SEN SR GLBL DTD 04/02/2020 5.95% 04/01/2030-2030	BBB	35,000.000	36,449.00 104.14	36,047.20 401.80	2,082.50 520.63	5.71
TRUIST FINANCIAL CORP FR FIXED TO FLOAT DTD 10/26/2022 5.9% 10/28/2026-2025	A-	50,000.000	50,123.00 100.25	49,509.62 613.38	2,950.00 516.25	5.89

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS SUPPLEME
 ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
US TREASURY NTS DTD 03/21/2019 2.25% 03/31/2026		50,000.00	47,875.00 95.75	48,902.91 1,027.91-	1,125.00 282.79	2.35
US TREASURY NTS DTD 08/15/2014 2.375% 08/15/2024		50,000.00	49,810.50 99.62	49,745.67 64.83	1,187.50 446.94	2.38
US TREASURY NOTE 2.25% 02/15/2027		45,000.00	42,430.05 94.29	43,604.98 1,174.93-	1,012.50 381.08	2.39
US TREASURY NTS DTD 12/19/2019 1.75% 12/31/2024		40,000.00	39,296.80 98.24	40,054.95 758.15-	700.00 1.90	1.78
US TREASURY NOTES DTD 04/23/2020 .375% 04/30/2025		50,000.00	48,064.50 96.13	49,644.14 1,579.64-	187.50 31.59	0.39
US TREASURY NTS DTD 10/22/2020 .25% 10/31/2025		50,000.00	46,990.50 93.98	49,314.57 2,324.07-	125.00 21.06	0.27
US TREASURY NTS DTD 11/18/2021 1.25% 11/30/2026		50,000.00	46,181.50 92.36	49,933.59 3,752.09-	625.00 52.94	1.35
US TREASURY NTS DTD 08/03/2022 3.125% 08/15/2025		50,000.00	48,951.00 97.90	49,753.15 802.15-	1,562.50 588.08	3.19
US TREASURY NTS DTD 08/18/2022 3.125% 08/31/2027		45,000.00	43,178.85 95.95	44,681.84 1,502.99-	1,406.25 470.02	3.26
US TREASURY NTS DTD 08/24/2023 5% 08/31/2025		50,000.00	49,961.00 99.92	50,079.64 118.64-	2,500.00 835.60	5.00
US TREASURY NTS DTD 09/21/2023 4.625% 09/30/2028		50,000.00	50,449.00 100.90	49,405.38 1,043.62	2,312.50 581.28	4.58
US TREASURY NTS DTD 09/21/2023 5% 09/30/2025		60,000.00	59,976.60 99.96	59,914.29 62.31	3,000.00 754.10	5.00
US TREASURY NTS DTD 03/21/2024 4.5% 03/31/2026		60,000.00	59,688.60 99.48	59,587.50 101.10	2,700.00 678.69	4.52
US TREASURY NTS DTD 04/18/2024 4.875% 04/30/2026		60,000.00	60,088.80 100.15	60,039.84 48.96	2,925.00 492.80	4.87
VERIZON COMMUNICATIONS INC SR GLBL NT DTD 03/13/2017 4.125% 03/16/2027-2017	BBB+	35,000.00	34,131.30 97.52	34,723.52 592.22-	1,443.75 421.09	4.23
WELLS FARGO & CO FR FIXED TO FLOAT DTD 01/23/2024 5.198% 01/23/2030-2029	BBB+	30,000.00	29,896.20 99.65	29,519.40 376.80	1,559.40 684.40	5.22
WILLIAMS COS INC SR GLBL NT DTD 08/10/2023 5.3% 08/15/2028-2028	BBB+	70,000.00	70,250.60 100.36	70,550.90 300.30-	3,710.00 1,401.56	5.28
TOTAL FIXED INCOME			1,769,146.42	1,810,175.51 41,029.09-	70,084.18 14,844.85	3.96
TOTAL ASSETS			2,201,552.66	2,242,581.75 41,029.09-	92,785.51 16,736.63	4.21
TOTAL ACCRUED INC			16,736.63	16,736.63		



JUNE 01, 2024 TO JUNE 30, 2024

ACCOUNT NAME: ROOFERS SUPPLEME
ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
GRAND TOTAL ASSETS			2,218,289.29	2,259,318.38 41,029.09-	92,785.51 16,736.63	4.21

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL

DESCRIPTION	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS				
FDIC INSURED SWEEP 4.1%	412,055.81 1.00	412,055.81 0.00	21,014.85 1,751.24	5.10
CASH	1,301.89	1,301.89 0.00		
TOTAL CASH AND EQUIVALENTS	413,357.70	413,357.70 0.00	21,014.85 1,751.24	5.08

DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
INVESCO DEVELOPING MARKETS R6	ODVIX	2,392.419	94,859.41 39.65	85,768.68 9,090.73	880.41	0.93
ABBVIE INC	ABBV	128.000	21,954.56 171.52	13,072.27 8,882.29	793.60	3.61
ADOBE INC	ADBE	42.000	23,332.68 555.54	10,947.59 12,385.09		
ALPHABET INC CL C	GOOG	71.000	13,022.82 183.42	1,007.11 12,015.71	56.80	0.44
ALPHABET INC CL A	GOOGL	380.000	69,217.00 182.15	7,638.21 61,578.79	304.00	0.44
AMAZON.COM INC	AMZN	377.000	72,855.25 193.25	23,013.43 49,841.82		
AMERICAN TOWER CORP REIT	AMT	61.000	11,857.18 194.38	8,337.22 3,519.96	400.16 98.82	3.37
AMERIPRISE FINANCIAL INC	AMP	41.000	17,514.79 427.19	3,667.93 13,846.86	242.72	1.39
APPLE INC	AAPL	482.000	101,518.84 210.62	5,520.43 95,998.41	482.00	0.47
BERKSHIRE HATHAWAY INC CLASS B	BRK.B	67.000	27,255.60 406.80	16,638.88 10,616.72		
BOOKING HOLDINGS INC	BKNG	8.000	31,692.00 3,961.50	14,168.01 17,523.99	280.00	0.88
BROADCOM INC	AVGO	30.000	48,165.90 1,605.53	4,086.68 44,079.22	630.00	1.31
CATERPILLAR INC	CAT	74.000	24,649.40 333.10	7,850.62 16,798.78	417.36	1.69
CISCO SYSTEMS INC	CSCO	383.000	18,196.33 47.51	15,130.70 3,065.63	612.80	3.37

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
CONOCOPHILLIPS	COP	145.000	16,585.10 114.38	6,684.45 9,900.65	336.40	2.03
COSTCO WHOLESALE CORPORATION	COST	37.000	31,449.63 849.99	3,045.65 28,403.98	171.68	0.55
DFA EMERGING MARKETS CORE EQUITY	DFCEX	1,237.015	29,725.47 24.03	23,231.14 6,494.33	907.97	3.05
DFA REAL ESTATE SECURITIES I	DFREX	3,547.909	135,707.52 38.25	119,931.23 15,776.29	4,534.23	3.34
DFA US SMALL CAP	DFSTX	3,047.926	137,309.07 45.05	59,251.69 78,057.38	1,557.49	1.13
DANAHER CORP	DHR	54.000	13,491.90 249.85	1,464.16 12,027.74	58.32 14.58	0.43
DISNEY WALT CO	DIS	168.000	16,680.72 99.29	20,206.75 3,526.03-	126.00	0.76
DOW INC	DOW	378.000	20,052.90 53.05	22,106.20 2,053.30-	1,058.40	5.28
ECOLAB INC	ECL	79.000	18,802.00 238.00	9,102.84 9,699.16	180.12 45.03	0.96
EXXON MOBIL CORP	XOM	282.000	32,463.84 115.12	19,615.92 12,847.92	1,071.60	3.30
META PLATFORMS INC CL A	META	40.000	20,168.80 504.22	3,071.19 17,097.61	80.00	0.40
FIDELITY INTERNATIONAL INDEX FUND	FSPSX	3,839.344	191,084.15 49.77	166,320.36 24,763.79	5,759.02	3.01
FORD MOTOR CO	F	1,263.000	15,838.02 12.54	13,784.63 2,053.39	757.80	4.78
FORTIVE CORP	FTV	129.000	9,558.90 74.10	2,939.91 6,618.99	41.28	0.43
HOME DEPOT INC	HD	79.000	27,194.96 344.24	9,476.68 17,718.28	711.00	2.61
HONEYWELL INTERNATIONAL INC	HON	100.000	21,354.00 213.54	21,844.78 490.78-	432.00	2.02
JPMORGAN CHASE & CO	JPM	158.000	31,957.08 202.26	5,932.90 26,024.18	726.80	2.27
CLEARBRIDGE INTERNATIONAL GROWTH FUND CLASS IS	LMGPX	452.359	29,602.37 65.44	22,509.39 7,092.98	372.74	1.26
MFS MID CAP VALUE R6	MVCKX	3,956.376	129,373.50 32.70	98,751.14 30,622.36	1,938.62	1.50

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

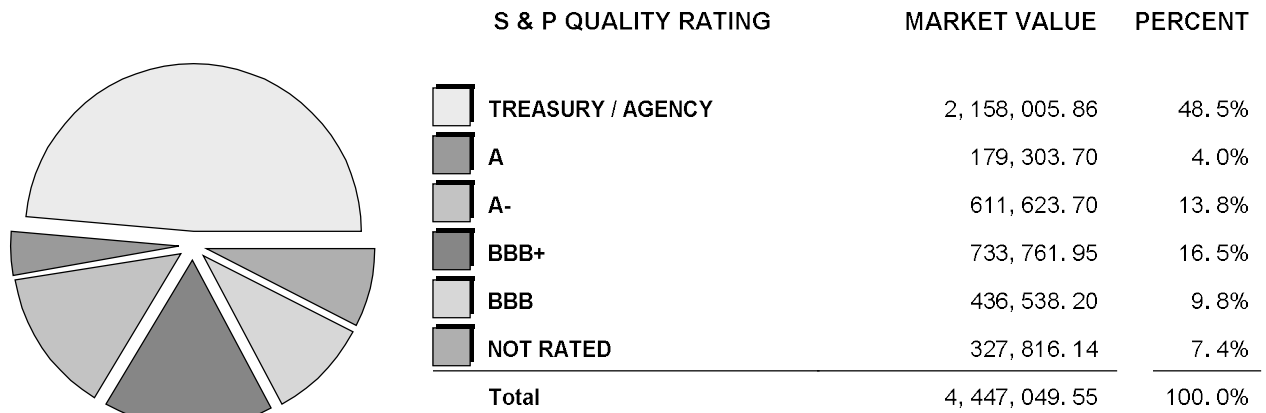
DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
MCDONALDS CORP	MCD	72.000	18,348.48 254.84	13,612.12 4,736.36	480.96	2.62
MERCK & CO INC	MRK	195.000	24,141.00 123.80	10,962.52 13,178.48	600.60 150.15	2.49
MICROSOFT CORP	MSFT	236.000	105,480.20 446.95	5,904.72 99,575.48	708.00	0.67
NORTHROP GRUMMAN CORP	NOC	47.000	20,489.65 435.95	8,963.52 11,526.13	387.28	1.89
NVIDIA CORPORATION	NVDA	450.000	55,593.00 123.54	16,192.05 39,400.95	18.00	0.03
PNC FINANCIAL SERVICES GROUP INC	PNC	112.000	17,413.76 155.48	7,312.04 10,101.72	694.40	3.99
PAYPAL HOLDINGS INC	PYPL	285.000	16,538.55 58.03	34,485.19 17,946.64-		
PEPSICO INC	PEP	139.000	22,925.27 164.93	8,787.21 14,138.06	753.38	3.29
PROCTER & GAMBLE CO	PG	86.000	14,183.12 164.92	6,330.96 7,852.16	346.24	2.44
RTX CORPORATION	RTX	242.000	24,294.38 100.39	14,908.67 9,385.71	609.84	2.51
T ROWE PRICE MID-CAP GROWTH I	RPTIX	988.385	102,584.48 103.79	49,739.31 52,845.17	205.58	0.20
SALESFORCE INC	CRM	92.000	23,653.20 257.10	6,921.65 16,731.55	147.20	0.62
SCHWAB US LARGE CAP VALUE ETF	SCHV	500.000	37,040.00 74.08	23,894.59 13,145.41	866.00 218.80	2.34
TESLA MOTORS INC	TSLA	81.000	16,028.28 197.88	28,983.80 12,955.52-		
THERMO FISHER SCIENTIFIC INC	TMO	41.000	22,673.00 553.00	2,237.78 20,435.22	63.96 15.99	0.28
UNION PACIFIC CORP	UNP	97.000	21,947.22 226.26	6,640.17 15,307.05	504.40	2.30
UNITEDHEALTH GROUP INC	UNH	71.000	36,157.46 509.26	3,804.46 32,353.00	596.40	1.65
VISA INC CL A	V	100.000	26,247.00 262.47	5,202.98 21,044.02	208.00	0.79
WALMART INC	WMT	339.000	22,953.69 67.71	9,802.74 13,150.95	281.37	1.23

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
ZOETIS INC CL A	ZTS	86.000	14,908.96 173.36	13,540.65 1,368.31	148.61	1.00
EATON CORP PLC	ETN	65.000	20,380.75 313.55	5,331.30 15,049.45	244.40	1.20
CHUBB LIMITED	CB	93.000	23,722.44 255.08	10,330.44 13,392.00	338.52 84.63	1.43
TE CONNECTIVITY LTD		118.000	17,750.74 150.43	7,389.69 10,361.05	306.80	1.73
TOTAL EQUITIES			2,209,946.32	1,147,397.33 1,062,548.99	34,431.26 628.00	1.56

BOND QUALITY SUMMARY


DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
AON PLC SENIOR GLOBAL NOTE DTD 02/23/2016 3.875% 12/15/2025-2025	A-	70,000.000	68,403.30 97.72	70,355.41 1,952.11-	2,712.50 120.56	3.97
AT&T INC INC SENIOR GLOBAL NOTE 27 4.25% 03/01/2027-2026	BBB	50,000.000	48,830.50 97.66	50,413.99 1,583.49-	2,125.00 708.33	4.35
ABBVIE INC SR GLBL NT DTD 09/18/2018 4.25% 11/14/2028-2028	A-	35,000.000	34,181.35 97.66	34,830.95 649.60-	1,487.50 194.20	4.35
ABBVIE INC SR GLBL NT 26 DTD 05/21/2020 2.95% 11/21/2026-2026	A-	50,000.000	47,665.50 95.33	51,564.83 3,899.33-	1,475.00 163.89	3.09

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
ACTIVISION BLIZZARD INC SR GBLB NT DTD 05/26/2017 3.4% 06/15/2027-2027	NR	50,000.000	46,497.50 93.00	50,500.68 4,003.18-	1,700.00 75.56	3.66
AMGEN INC SR GBLB NT DTD 03/02/2023 5.25% 03/02/2033-2032	BBB+	125,000.000	124,861.25 99.89	124,030.00 831.25	6,562.50 2,169.27	5.26
BANK OF AMERICA CORP FR DTD 04/14/2016 3.5% 04/19/2026	A-	50,000.000	48,470.00 96.94	49,191.73 721.73-	1,750.00 350.00	3.61
BROADCOM INC SR GBLB NT DTD 05/21/2020 4.11% 09/15/2028-2028	BBB+	85,000.000	82,008.00 96.48	89,837.07 7,829.07-	3,493.50 1,028.64	4.26
CVS HEALTH CORP SR GBLB NT DTD 12/16/2020 1.875% 02/28/2031-2030	BBB	30,000.000	24,102.90 80.34	30,010.90 5,908.00-	562.50 192.19	2.33
CAPITAL ONE FINANCIAL CORP SR GLOBAL NT DTD 02/02/2015 3.2% 02/05/2025-2025	BBB	50,000.000	49,239.00 98.48	49,033.35 205.65	1,600.00 648.89	3.25
CITIGROUP INC SR GLOBAL NT DTD 10/17/2016 3.2% 10/21/2026-2026	BBB+	50,000.000	47,671.50 95.34	48,890.17 1,218.67-	1,600.00 311.11	3.36
CITIGROUP INC SR GBLB FIXED TO FLOAT DTD 06/09/2021 1.462% 06/09/2027-2026	BBB+	50,000.000	46,340.00 92.68	49,607.00 3,267.00-	731.00 44.67	1.58
EDWARDS LIFESCIENCES SR GBLB NT DTD 06/06/2018 4.3% 06/15/2028-2028	BBB	100,000.000	96,674.00 96.67	100,282.86 3,608.86-	4,300.00 191.11	4.45
FHLMC PC GOLD COMB DTD 01/01/2018 3.5% 01/01/2048		22,389.280	20,301.48 90.68	22,455.76 2,154.28-	783.62 65.30	3.86
FNMA POOL #MA0918 DTD 11/01/2011 4% 12/01/2041		8,319.690	7,857.28 94.44	8,769.49 912.21-	332.79 27.73	4.24
FIDELITY SHORT-TERM TREASURY BOND INDEX FUND INSTITUTIONAL PREMIUM		18,801.948	189,899.67 10.10	187,692.00 2,207.67	3,515.96 293.00	1.85
GE AEROSPACE SR GBLB NT DTD 04/22/2020 3.625% 05/01/2030-2030	A-	60,000.000	55,015.80 91.69	61,141.81 6,126.01-	2,175.00 362.50	3.95
GOLDMAN SACHS GROUP INC SENIOR GLOBAL NOTE 3.85% 01/26/2027-2026	BBB+	50,000.000	48,333.00 96.67	49,019.14 686.14-	1,925.00 828.82	3.98
HOME DEPOT INC SR GBLB NT DTD 06/17/2019 2.95% 06/15/2029-2029	A	50,000.000	45,828.50 91.66	53,922.42 8,093.92-	1,475.00 65.56	3.22
HUNTINGTON BANCSHARES INC SR GLBL NT DTD 05/08/2018 4% 05/15/2025-2025	BBB+	45,000.000	44,262.45 98.36	44,939.70 677.25-	1,800.00 230.00	4.07

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
INTERCONTINENTAL EXCHANGE INC SR GLBL NT DTD 05/26/2020 2.1% 06/15/2030-2030		50,000.000	42,373.50 84.75	42,506.38 132.88-	1,050.00 46.67	2.48
JP MORGAN CHASE & CO GLBL NT FIXED TO FLOAT DTD 11/08/2021 2.545% 11/08/2032-2031	A	160,000.000	133,475.20 83.42	130,293.88 3,181.32	4,072.00 599.49	3.05
KEYCORP FR FIXED TO FLOAT DTD 05/23/2022 4.789% 06/01/2033-2032	BBB	110,000.000	100,576.30 91.43	101,707.69 1,131.39-	5,267.90 438.99	5.24
LORD ABBETT SHORT DURATION INCOME I		12,772.259	49,045.47 3.84	55,431.60 6,386.13-	2,439.50 203.29	4.97
LOWES COS INC SENIOR GLOBAL NOTE 3.1% 05/03/2027-2027	BBB+	75,000.000	71,018.25 94.69	72,912.21 1,893.96-	2,325.00 374.58	3.27
MORGAN STANLEY FIXED TO FLOAT DTD 07/20/2021 2.239% 07/21/2032-2031	A-	105,000.000	85,926.75 81.84	105,146.60 19,219.85-	2,350.95 1,044.87	2.74
ORACLE CORP SR GLBL NT DTD 03/24/2021 1.65% 03/25/2026-2026	BBB	100,000.000	93,730.00 93.73	100,283.23 6,553.23-	1,650.00 440.00	1.76
PAYPAL HOLDINGS INC SR GLBL NT DTD 09/26/2019 2.85% 10/01/2029-2029	A-	75,000.000	67,656.00 90.21	75,276.92 7,620.92-	2,137.50 534.38	3.16
CHARLES SCHWAB CORPORATION SR NT FIXED TO FLOAT DTD 11/17/2023 6.196% 11/17/2029-2028	A-	100,000.000	104,059.00 104.06	103,892.41 166.59	6,196.00 757.29	5.95
STARBUCKS CORP SR GLBL NT DTD 03/12/2020 2.25% 03/12/2030-2029	BBB+	50,000.000	43,115.50 86.23	42,623.24 492.26	1,125.00 340.63	2.61
T MOBILE USA INC SR SEC GLBL NT DTD 04/15/2021 3.875% 04/15/2030-2030	BBB	25,000.000	23,385.50 93.54	25,954.08 2,568.58-	968.75 204.51	4.14
TRUIST FINANCIAL CORP FR FIXED TO FLOAT DTD 10/26/2022 5.9% 10/28/2026-2025	A-	100,000.000	100,246.00 100.25	101,166.53 920.53-	5,900.00 1,032.50	5.89
US TREASURY NTS DTD 10/31/2018 3.125% 11/15/2028		65,000.000	61,752.60 95.00	72,060.39 10,307.79-	2,031.25 259.43	3.29
US TREASURY NOTE 2.625% 01/31/2026		190,000.000	183,513.40 96.59	183,981.19 467.79-	4,987.50 2,082.69	2.72
US TREASURY NOTE 2.25% 02/15/2027		35,000.000	33,001.15 94.29	34,323.47 1,322.32-	787.50 296.39	2.39
US TREASURY NTS DTD 03/19/2020 .625% 03/31/2027		120,000.000	107,958.00 89.97	120,293.39 12,335.39-	750.00 188.52	0.69
US TREASURY NTS DTD 05/21/2020 .25% 05/31/2025		150,000.000	143,448.00 95.63	149,412.11 5,964.11-	375.00 31.76	0.26

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
US TREASURY DTD 04/22/2021 1.25% 04/30/2028		125,000.000	111,103.75 88.88	124,604.49 13,500.74-	1,562.50 263.25	1.41
US TREASURY NTS DTD 07/22/2021 1% 07/31/2028		225,000.000	196,620.75 87.39	224,217.77 27,597.02-	2,250.00 939.56	1.14
US TREASURY NTS DTD 02/02/2022 1.875% 02/15/2032		100,000.000	84,082.00 84.08	91,548.51 7,466.51-	1,875.00 705.70	2.23
US TREASURY NTS DTD 02/02/2022 1.5% 02/15/2025		100,000.000	97,664.00 97.66	99,213.07 1,549.07-	1,500.00 564.56	1.54
US TREASURY NTS DTD 03/24/2022 2.375% 03/31/2029		100,000.000	91,535.00 91.54	97,344.88 5,809.88-	2,375.00 596.99	2.59
US TREASURY NTS DTD 05/04/2022 2.875% 05/15/2032		90,000.000	81,217.80 90.24	89,356.63 8,138.83-	2,587.50 330.47	3.19
US TREASURY NTS DTD 11/02/2022 4.125% 11/15/2032		165,000.000	162,493.65 98.48	159,392.08 3,101.57	6,806.25 869.28	4.19
US TREASURY NTS DTD 11/02/2022 4.5% 11/15/2025		100,000.000	99,391.00 99.39	100,377.24 986.24-	4,500.00 574.73	4.53
US TREASURY NTS DTD 02/16/2023 4.625% 02/28/2025		125,000.000	124,488.75 99.59	124,718.86 230.11-	5,781.25 1,932.32	4.64
US TREASURY NTS DTD 05/03/2023 3.375% 05/15/2033		100,000.000	92,859.00 92.86	96,440.12 3,581.12-	3,375.00 431.05	3.63
US TREASURY NTS DTD 11/22/2023 4.375% 11/30/2028		90,000.000	90,031.50 100.04	90,476.34 444.84-	3,937.50 333.50	4.37
US TREASURY NTS DTD 01/18/2024 4% 01/31/2029		50,000.000	49,260.00 98.52	49,886.72 626.72-	2,000.00 835.16	4.06
US TREASURY NTS DTD 01/18/2024 4% 01/31/2031		50,000.000	49,037.00 98.07	49,748.05 711.05-	2,000.00 835.16	4.08
US TREASURY NTS DTD 01/31/2024 4% 02/15/2034		175,000.000	170,241.75 97.28	169,743.16 498.59	7,000.00 2,634.62	4.11
US TREASURY NTS DTD 04/18/2024 4.875% 04/30/2026		100,000.000	100,148.00 100.15	99,917.97 230.03	4,875.00 821.33	4.87
VERIZON COMMUNICATIONS INC SR GLBL NT DTD 03/22/2021 1.45% 03/20/2026-2026	BBB+	100,000.000	93,613.00 93.61	100,138.40 6,525.40-	1,450.00 406.81	1.55
WELLS FARGO & CO SENIOR GLOBAL NOTE DTD 04/15/2016 3% 04/22/2026	BBB+	50,000.000	47,931.00 95.86	49,027.28 1,096.28-	1,500.00 287.50	3.13
WILLIAMS COS INC SR GLBL NT DTD 03/02/2021 2.6% 03/15/2031-2030	BBB+	100,000.000	84,608.00 84.61	100,023.40 15,415.40-	2,600.00 765.56	3.07
TOTAL FIXED INCOME			4,447,049.55	4,659,929.55 212,880.00-	144,495.72 31,074.87	3.25

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
TOTAL ASSETS			7,070,353.57	6,220,684.58 849,668.99	199,941.83 33,454.11	2.83
TOTAL ACCRUED INC			33,454.11	33,454.11		
GRAND TOTAL ASSETS			7,103,807.68	6,254,138.69 849,668.99	199,941.83 33,454.11	2.83



ROOFERS LOCAL UNION NO. 20

HEALTH & WELFARE FUND

AUDITED FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

Accounting Solutions Group, LLC
816-646-9502

6910 N Holmes St, Suite 300
Gladstone, MO 64118

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND

Table of Contents

	Page
Independent Auditor's Report	1 - 3
Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits.....	5
Schedules of Administrative Expenses	6
Statements of Fund's Benefit Obligations	7
Statement of Changes in Fund's Benefit Obligations	8
Notes to Financial Statements	9 - 20
Schedule of Assets Held for Investment Purposes at Year End	21



Independent Auditor's Report

To the Board of Trustees
Roofers Local Union No. 20 Health & Welfare Fund

Opinion

We have audited the accompanying financial statements of the Roofers Local Union No. 20 Health & Welfare Fund, an employee benefit fund subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits schedules of administrative expenses and changes in the fund's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Roofers Local Union No. 20 Health & Welfare Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Roofers Local Union No. 20 Health & Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibility of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Local Union No. 20 Health & Welfare Fund's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Roofers Local Union No. 20 Health & Welfare Fund's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, that raise substantial doubt about Roofers Local Union No. 20 Health & Welfare Fund's ability to continue as a going concern for a reasonable period of time.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

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

Accounting Solutions Group LLC

Accounting Solutions Group LLC

December 3, 2024
Gladstone, Missouri

ROOFERS LOCAL UNION NO. 20
HEALTH AND WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments at fair value		
Money market funds	\$ 1,359,376	\$ 1,223,654
Government and agency securities	2,850,949	2,567,592
Debt securities	3,365,247	2,971,340
Equity securities	1,322,664	1,299,625
Mutual funds	887,282	1,653,911
	9,785,518	9,716,122
Accounts receivable		
Estimated employer remittances	823,730	857,604
Rebates receivable	379,304	191,765
Accrued interest and dividends	52,438	44,259
Interfund receivable	-	458
	1,255,472	1,094,086
Cash in banks - interest bearing	18,534	19,250
Prepaid expenses	1,280	1,216
Fixed assets - net	117,106	20,829
	136,920	41,295
Total assets	11,177,910	10,851,503
<u>LIABILITIES</u>		
Accrued expenses	40,955	28,153
Other accrued liabilities	10,659	10,829
	51,614	38,982
Total liabilities	51,614	38,982
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	\$ 11,126,296	\$ 10,812,521

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

ROOFERS LOCAL UNION NO. 20
HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>ADDITIONS TO PLAN ASSETS</u>		
Contributions		
Employer	\$ 8,674,494	\$ 8,032,705
Retirees and COBRA	231,302	247,514
	<u>8,905,796</u>	<u>8,280,219</u>
Investment income		
Net appreciation (depreciation) in the fair value of investments	565,340	246,323
Interest and dividends	294,422	272,208
	<u>859,762</u>	<u>518,531</u>
Less investment expenses	<u>(48,249)</u>	<u>(39,424)</u>
Net investment income (loss)	<u>811,513</u>	<u>479,107</u>
Other income		
Reimbursements	247,794	164,850
Other	-	6,251
	<u>247,794</u>	<u>171,101</u>
Total additions	<u>9,965,103</u>	<u>8,930,427</u>
<u>DEDUCTIONS FROM PLAN ASSETS</u>		
Benefits paid to participants	6,989,947	6,340,693
Insurance paid for benefits	1,520,483	1,370,547
Preferred provider fees - BCBS	390,849	370,671
Preferred provider fees - Medtrac	42,705	44,265
Preferred provider fees - Vision	11,979	11,435
Administrative fee - Spira Care	109,640	109,940
Administrative expenses	585,725	700,398
	<u>9,651,328</u>	<u>8,947,949</u>
Total deductions	<u>9,651,328</u>	<u>8,947,949</u>
Net decrease during year	313,775	(17,522)
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>10,812,521</u>	<u>10,830,043</u>
End of year	<u>\$ 11,126,296</u>	<u>\$ 10,812,521</u>

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

ROOFERS LOCAL UNION NO. 20
HEALTH AND WELFARE FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES
YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial	\$ 7,500	\$ 7,500
Audit and legal	112,620	186,914
Bank charges	265	11,322
Computer fees	34,075	88,808
Consulting fees	69,159	72,443
Depreciation	1,182	3,847
Employee fringe benefits	113,477	96,301
Insurance	10,027	13,608
Miscellaneous	1,665	7,100
Office salaries	185,982	149,917
Office supplies and expenses	4,560	15,549
Payroll taxes	14,170	14,297
Printing and postage	5,157	3,608
Rent	15,233	14,512
Telephone	2,810	3,597
Transitional reinsurance	3,201	6,059
Trustee and delegate expenses	4,642	5,016
	<u>\$ 585,725</u>	<u>\$ 700,398</u>

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

ROOFERS LOCAL UNION NO. 20
HEALTH AND WELFARE FUND

STATEMENTS OF FUND'S BENEFIT OBLIGATIONS
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>AMOUNTS CURRENTLY PAYABLE TO OR FOR</u>		
<u>PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</u>		
Claims payable , estimated claims incurred but not reported (IBNR) and premiums due to insurers	\$ 813,100	\$ 478,000
	<hr/>	<hr/>
<u>POSTRETIREMENT BENEFIT OBLIGATIONS</u>		
Current retirees	4,821,735	6,136,693
Other participants fully eligible for benefits	7,530,750	5,813,398
Other participants not yet fully eligible for benefits	21,794,345	21,291,822
	<hr/>	<hr/>
	34,146,830	33,241,913
	<hr/>	<hr/>
Plan's total benefit obligations	\$ 34,959,930	\$ 33,719,913
	<hr/>	<hr/>

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

ROOFERS LOCAL UNION NO. 20
HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN FUND'S BENEFIT OBLIGATIONS
YEARE ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>AMOUNTS CURRENTLY PAYABLE TO OR FOR</u>		
<u>PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</u>		
Balance at beginning of year	\$ 478,000	\$ 520,500
Claims reported and approved for payment	7,325,047	6,408,133
Claims paid	<u>(6,989,947)</u>	<u>(6,450,633)</u>
Balance at end of year	<u>813,100</u>	<u>478,000</u>
 <u>POSTRETIREMENT BENEFIT OBLIGATIONS</u>		
Balance at beginning of year	33,241,913	32,261,332
Increase (decrease) during the year attributable to:		
Benefits earned net of benefits paid	2,317,430	2,414,257
Plan amendment	-	-
Changes in actuarial assumptions	<u>(1,412,513)</u>	<u>(1,433,676)</u>
Balance at end of year	<u>34,146,830</u>	<u>33,241,913</u>
Plan's total benefit obligations at end of year	<u><u>\$ 34,959,930</u></u>	<u><u>\$ 33,719,913</u></u>

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

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF FUND

The following is a general description of the Roofer’s Local Union No. 20 Health and Welfare Fund. Participants should refer to the Fund Agreement for a more complete description of the Fund’s provisions.

General

The fund provides health and welfare benefits to members of the union. It is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA). The Fund is managed by a joint Board of Trustees, consisting of representatives from the Union and from the signatory contractors.

Benefits

The Fund provides health and welfare benefits (medical, dental, vision, life insurance, disability, and death) to eligible members of the union. Eligibility is described in the Fund document. All members covered by the collective bargaining agreement are participants in the fund. No coverage is provided after Medicare eligibility unless still actively employed in the industry.

Contributions

Contributions to the Fund are made by employers in accordance with written Collective Bargaining Agreements or Participation Agreements. The amount of the employer contributions for members of Roofers Local No, 20 are determined by the Collective Bargaining Agreements. Contributions for non-bargained employees of contributing employers who sign participation agreements established by the Board of Trustees. The Fund also provides for contributions from members whose eligibility is about to terminate and retirees who are at least years of age and who are not yet eligible for Medicare coverage.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Date of Management’s Review

Subsequent events activity has been evaluated through December 3, 2024, the date these financial statements were available to be issued.

Basis of Accounting

The accompanying financial statements were prepared using the accrual basis of accounting.

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 2 –SUMMARY OF ACCOUNTING POLICIES - Continued

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires Fund management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The trustees determine the appropriateness of the Fund's investment offerings, monitor investment performance, and determine the Fund's valuation policies. See Note 4 for a discussion of fair value measurements.

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

Contributions from Employers

As provided in the collective bargaining agreement, employers are required to remit to the Fund each month based on hours worked by covered employees during the preceding month. As contributions are always at least one month behind the employee eligibility months, the Fund accrues, as "Estimated employer remittances receivable," the contributions due from employers at year end for proper matching. This amount is based upon actual receipts from employers after the year end which are attributable to periods.

Delinquent Contributions

It has been determined, through audits authorized by the Board of Trustees, there are employers who are delinquent in their contributions or who have not contributed the proper amount based on the actual number of hours worked by covered employees. Due to the lack of certainty involving the amounts and collectability of these delinquent contributions, such amounts are not reflected in the financial statements until received.

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 2 –SUMMARY OF ACCOUNTING POLICIES – Continued

Fixed Assets

Furniture, fixtures, and equipment are capitalized at cost. Expenditures for maintenance and repairs are expensed when incurred. Depreciation is calculated using a straight-line method over the estimated useful lives of assets.

Provision for Benefits Payable

As of June 30, 2024 and 2023, there existed a Fund obligation for benefit claims not yet paid. The obligation for those claims held by the Fund, awaiting processing for payment, is represented on the accompanying statements of Fund's obligations as "Health claims payable." The Fund obligation for those claims incurred prior to the year end, but not reported to the Fund until after the year end, is represented by an actuarially derived estimate by the Fund's actuary in accordance with accepted actuarial principles. The obligation is presented on the statement of Fund's obligations as "Claims incurred but not reported." Health claims incurred by retired participants, but not yet reported at year end, are included in the postretirement benefit obligation.

Postretirement Benefits

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Fund to participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Fund. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Fund's participating employers and from existing Fund assets. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the Fund's actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims-

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 2 –SUMMARY OF ACCOUNTING POLICIES – Continued

costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a 9% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal year ended June 30, 2024 and 2023; the rate was assumed to decrease gradually to 5% for fiscal year end June 30, 2032 and to remain at that level thereafter. The discount rate was 5.25% and 5.0% for the years ended June 30, 2024 and 2023, respectively.

The foregoing assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Administrative Expenses

Administrative expenses of the Fund are paid by the Fund.

Reclassifications

Certain reclassifications have been made to the prior-year financial statements to conform with the presentation of the current-year financial statements. The net reclassifications had no effect on net assets available for benefits.

NOTE 3 – INVESTMENTS

During 2024 and 2023, the Fund's investments (including gains and losses on investments bought and sold, as well as held during the year), appreciated (depreciated) in value by \$565,340 and \$246,323, respectively.

NOTE 4 – FAIR VALUE MEASUREMENTS

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

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS - Continued

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Level 1: The fair values of exchange-traded funds, mutual funds and money market mutual funds are based on quoted market prices from active markets.

Level 2: The fair values of government and agency securities and debt securities for which quoted market prices are not available are based on yields currently available on comparable securities of issues with similar credit ratings.

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Fund's investments at fair value as of June 30, 2024 and 2023:

		<u>Fair Value Measurements at End of Reporting Period Using:</u>	
		Quoted prices in active markets for identical assets (Levels 1)	Significant other observable inputs (Levels 2)
<u>June 30, 2024</u>	<u>Fair Value</u>		
Money Market Funds	\$ 1,359,376	\$ 1,359,376	\$ -
Government and Agency Securities	2,850,949	-	2,850,949
Debt Securities	3,365,247	-	3,365,247
Equity Securities	1,322,664	1,322,664	-
Mutual Funds	<u>887,282</u>	<u>887,282</u>	<u>-</u>
	<u>\$ 9,785,518</u>	<u>\$ 3,569,322</u>	<u>\$ 6,216,196</u>

		<u>Fair Value Measurements at End of Reporting Period Using:</u>	
		Quoted prices in active markets for identical assets (Levels 1)	Significant other observable inputs (Levels 2)
<u>June 30, 2023</u>	<u>Fair Value</u>		
Money Market Funds	\$ 1,223,654	\$ 1,223,654	\$ -
Government and Agency Securities	2,567,592	-	2,567,592
Debt Securities	2,971,340	-	2,971,340
Equity Securities	1,299,625	1,299,625	-
Mutual Funds	<u>1,653,911</u>	<u>1,653,911</u>	<u>-</u>
	<u>\$ 9,716,122</u>	<u>\$ 4,177,190</u>	<u>\$ 5,538,932</u>

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The significance of transfers between levels are evaluated based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended June 30, 2024 and 2023, there were no significant transfers between Levels 1, 2 or 3.

NOTE 5 – FUNDING

The Fund is primarily funded by employer contributions in accordance with the terms of an applicable collective bargaining agreement or participation agreement. Additional contributions are received from eligible self-contributors and retired participants. The Fund is secondarily funded through the income resulting from the investment of accumulated contributions.

NOTE 6 – BENEFIT OBLIGATIONS

The Fund's deficiencies of net assets to benefit obligations at June 30, 2024 and 2023 relate primarily to the postretirement obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

The weighted-average health care cost-trend rate assumption has a significant effect on the amount reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the postretirement obligation, as of June 30, 2024 and 2023, by approximately \$4,077,765 and \$3,980,294, respectively.

NOTE 7 – RISKS AND UNCERTAINTIES

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

Recent market conditions have resulted in an unusually high degree of volatility and increased the risks and short-term liquidity associated with certain investments held by the Fund, which could impact the value of investments after the date of these financial statements.

Fund contributions are made, and the actuarial present value of accumulated fund benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 7 – RISKS AND UNCERTAINTIES – Continued

demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 8 – FUND TERMINATION

In the event that the obligation of the employers to make employer payments shall terminate, or upon any liquidation of the Trust Fund for any reason, the trustees shall continue to apply the Trust Fund to the purposes specified above, and none other, and upon disbursement of the entire Trust Fund, the Trust shall terminate.

NOTE 9 – TAX STATUS

The Trust established under the Fund to hold the Fund’s assets is intended to qualify pursuant to section 501(c)(9) of the Internal Revenue Code. The Fund has obtained a favorable tax determination letter from the Internal Revenue Service, and the fund sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund is subject to routine audits by tax authorities, however, there are currently no audits for any tax periods in progress. Fund management believes the Fund is no longer subject to income tax examinations for years prior to 2018.

NOTE 10 – FIXED ASSETS

The following schedule presents cost basis and accumulated depreciation by class of fixed assets as of June 30, 2024 and 2023.

<u>2024</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Equipment	\$ 15,904	\$ 13,132	\$ 2,772
Computer Software	<u>174,069</u>	<u>59,735</u>	<u>114,334</u>
	<u>\$ 189,973</u>	<u>\$ 72,867</u>	<u>\$ 117,106</u>
<u>2023</u>			
Equipment	\$ 15,904	\$ 11,950	\$ 3,854
Computer Software	<u>76,610</u>	<u>59,735</u>	<u>16,875</u>
	<u>\$ 92,514</u>	<u>\$ 71,685</u>	<u>\$ 20,729</u>

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 11 – LEASE COMMITMENTS

The Fund has leased office and storage space from Roofers Local Union No. 20 effective August 1, 2022 to July 31, 2025. Rent expenses for the years ended June 30, 2024 and 2023 was 15,233 and 14,512, respectively. A portion of the rent expense has been reimbursed by related parties as part of a shared services agreement.

Future minimum lease expense for the year ending June 30 is as follows:

2025	15,362
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NOTE 12 – ADMINISTRATIVE AGREEMENTS

(1) Consultants

- a) The Fund has an agreement with Horizon Actuarial Services, LLC to provide actuarial, and consultation and compliance services.
- b) The Fund has an agreement with Lockton to act as fund consultant.

(2) Benefit payments

The Fund has an agreement with Blue Cross and Blue Shield of Kansas City to pay health and dental claims.

(3) Investment Custody

Midwest Trust – The Fund has a custodial agreement with the bank governing the funds deposited with the bank’s trust department. The agreement sets the parameters for the safekeeping of the Fund’s assets held by the bank.

NOTE 13 – PENSION PLAN

The employees of the Fund are participants in the multiemployer bargained Roofers Local No. 20 Pension Plan and Roofers’ International Pension Plan. Contributions are made to the fund based on a negotiated rate per hour. Benefits and vesting are computed in accordance with the fund's provisions. The risks of participating in these multiemployer funds differ from those of single-employer funds in the following respects:

- Assets contributed to the multiemployer fund by one employer may be used to provide benefits to employees of other participating employers.

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 13 – PENSION PLAN - Continued

- If a participating employer stops contributing to the plan, then the unfunded obligations of the fund may be borne by the remaining participating employers.
- If the Fund chooses to stop participating in a multiemployer plan, then it may be required to pay an amount based on the underfunded status of the fund, referred to as a withdrawal liability.

The Fund’s participation in the fund for the annual periods ended June 30, 2024 and 2023 is outlined in the following table:

	Roofers Local No. 20 <u>Pension Plan</u>	National Roofing Industry <u>Pension Plan</u>
Employer Identification Number	43-6142370	36-6157071
Pension Plan Number	001	001
Pension Protection Act Zone Status		
2024	Green	Green
2023	Green	Green
FIP/RP Status Pending/Implemented	N/A	N/A
Contributions		
2024	\$ 32,383	\$ 23,319
2023	\$ 30,574	\$ 17,872
Surcharge Imposed	N/A	N/A
Collective Bargaining Agreement Expiration Date	N/A	N/A
Contributions Exceeded 5% of Total		
Contributions		
2024	NO	NO
2023	NO	NO

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 14 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 11,126,296	\$ 10,812,521
Benefit Obligations Currently Payable	<u>816,100</u>	<u>478,000</u>
Net Assets Available for Benefits per the Form 5500	<u>\$ 11,942,396</u>	<u>\$ 10,334,521</u>

- 1) The following is a reconciliation of benefits paid to participants per the accompanying financial statements to the Form 5500 for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Benefits Paid to Participants per the Financial Statements	\$ 6,989,947	\$ 6,450,633
Add: Amounts Payable at End of Year	813,100	478,000
Less: Amounts Payable at Beginning of Year	<u>478,000</u>	<u>-</u>
Benefits Paid to Participants per the Form 5500	<u>\$ 7,325,047</u>	<u>\$ 6,928,633</u>

Amounts currently payable to or for the participants, dependents and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to June 30 but not yet paid as of that date.

- 2) FASB ASC 965 requires health and welfare funds to report postretirement benefit obligations. Form 5500 does not require this information to be reported.
- 3) Realized gain or loss on financial statements is different than realized gain or loss reflected on Form 5500; realized gain or loss on Form 5500 is computed based on beginning of year fair market values.

NOTE 15 – RELATED PARTY TRANSACTIONS

The Fund has a shared services agreement with the Roofers' Local No. 20 Pension and Apprenticeship Funds. The Fund incurs and pays the administrative expenses and then is reimbursed by the Pension and Apprenticeship Funds at the rate of 47.5% and 5.0%, respectively. The agreement requires reimbursement for shared office expenses such as rent and office supplies as well as salaries, payroll taxes and fringe benefits for employees of the Fund. The

ROOFERS LOCAL UNION NO. 20 HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS - CONTINUED
June 30, 2024 and 2023

NOTE 15 – RELATED PARTY TRANSACTIONS - Continued

amounts reimbursed to the Fund were \$247,794 and \$164,850 for the years ended June 30, 2024 and 2023 respectively.

NOTE 16 – INVESTMENTS THAT REPRESENT 5% OR MORE OF TOTAL FUND'S NET ASSETS

As of June 30, 2024, the Fund has no investments that represent 5% or more of the Fund's net assets.

NOTE 17 – TRANSACTIONS WITH PARTIES-IN-INTEREST

Service providers are compensated by the Fund for the services they provide. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

ROOFERS LOCAL UNION NO. 20 HEALTH AND WELFARE FUND
June 30, 2024

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT END OF YEAR
 EIN: 44-6013920 PLAN NO. 501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity, date, interest collateral, par or maturity value	(d) Cost	(e) Current value
MONEY MARKET FUNDS				
	ROOFERS CLEARING ACCT 10840011466		513,612	513,612
	ROOFERS SUPPLEMENT ACCT 10840011486		432,406	432,406
	ROOFERS INVESTMENT ACCT 10840011476		413,358	413,358
	TOTAL MONEY MARKET FUNDS		1,359,376	1,359,376
GOVERNMENT & AGENCIES				
	ROOFERS SUPPLEMENT ACCT 10840011486		704,662	692,943
	ROOFERS INVESTMENT ACCT 10840011476		2,258,282	2,158,006
	TOTAL GOVERNMENT & AGENCIES		2,962,944	2,850,949
DEBT SECURITIES				
	ROOFERS SUPPLEMENT ACCT 10840011486		1,105,514	1,076,203
	ROOFERS INVESTMENT ACCT 10840011476		2,401,648	2,289,044
	TOTAL DEBT SECURITIES		3,507,162	3,365,247
EQUITY SECURITIES				
	ROOFERS INVESTMENT ACCT 10840011476		498,000	1,322,664
	TOTAL EQUITY SECURITIES		498,000	1,322,664
MUTUAL FUNDS				
	ROOFERS INVESTMENT ACCT 10840011476		649,397	887,282
	TOTAL MUTUAL FUNDS		649,397	887,282

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS CLEARING
 ACCOUNT NUMBER: 10840011466

PORTFOLIO DETAIL

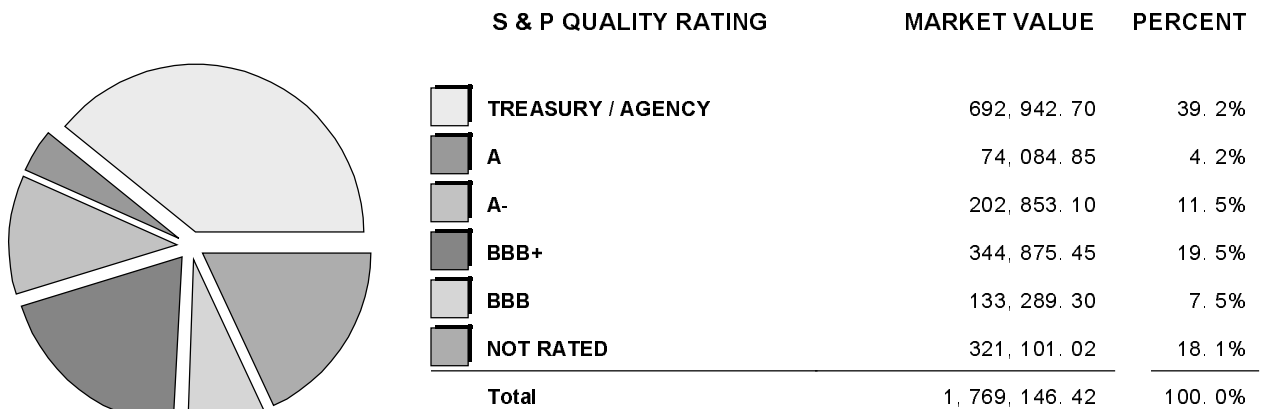
DESCRIPTION	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS				
FIDELITY GOVERNMENT PORTFOLIO INSTITUTIONAL CLASS 4.27%	513,611.86 1.00	513,611.86 0.00	26,964.62 2,247.05	5.25
CASH	0.00		0.00	
TOTAL CASH AND EQUIVALENTS	513,611.86	513,611.86 0.00	26,964.62 2,247.05	5.25
TOTAL ASSETS	513,611.86	513,611.86 0.00	26,964.62 2,247.05	5.25
TOTAL ACCRUED INC	2,247.05	2,247.05		
GRAND TOTAL ASSETS	515,858.91	515,858.91 0.00	26,964.62 2,247.05	5.25

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS SUPPLEME
 ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL

DESCRIPTION	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS				
FIDELITY GOVERNMENT PORTFOLIO INSTITUTIONAL CLASS 4.27%	432,406.24 1.00	432,406.24 0.00	22,701.33 1,891.78	5.25
CASH	0.00	0.00		
TOTAL CASH AND EQUIVALENTS	432,406.24	432,406.24	22,701.33 1,891.78	5.25

BOND QUALITY SUMMARY


DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
ABBVIE INC SR GLBL NT 26 DTD 05/21/2020 2.95% 11/21/2026-2026	A-	25,000.000	23,832.75 95.33	24,212.89 380.14-	737.50 81.94	3.09
AMERICAN EXPRESS CO SR GLBL NT DTD 10/23/2017 3% 10/30/2024-2024	BBB+	20,000.000	19,823.40 99.12	20,227.71 404.31-	600.00 101.67	3.03
BROADCOM INC SR GLBL NT DTD 04/15/2020 4.75% 04/15/2029-2029	BBB+	50,000.000	49,344.50 98.69	49,037.00 307.50	2,375.00 501.39	4.81
THE CIGNA GROUP SR GLBL NT DTD 05/15/2019 4.125% 11/15/2025-2025	A-	30,000.000	29,497.50 98.33	29,273.28 224.22	1,237.50 158.13	4.20
CVS HEALTH CORP SENIOR GLOBAL NOTE DTD 07/20/2015 3.875% 07/20/2025-2025	BBB	40,000.000	39,275.60 98.19	40,443.45 1,167.85-	1,550.00 693.19	3.95

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS SUPPLEME
 ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
CAPITAL ONE FINANCIAL CORP GLBL NT FIXED TO FLOAT DTD 11/02/2021 1.878% 11/02/2027-2026	BBB	25,000.000	22,921.00 91.68	23,023.67 102.67-	469.50 76.95	2.05
CITIGROUP INC SR GLBL FIXED TO FLOAT DTD 06/09/2021 1.462% 06/09/2027-2026	BBB+	25,000.000	23,170.00 92.68	23,203.75 33.75-	365.50 22.34	1.58
JOHN DEERE CAPITAL CORPORATION FR DTD 06/08/2023 4.7% 06/10/2030	A	35,000.000	34,680.45 99.09	34,354.77 325.68	1,645.00 95.96	4.74
DISNEY WALT CO SR GLBL COCO DTD 03/23/2020 3.35% 03/24/2025	A	40,000.000	39,404.40 98.51	40,357.20 952.80-	1,340.00 361.06	3.40
FIFTH THIRD BANCORP SR GLBL NT FIXED TO FLOAT DTD 10/27/2022 6.361% 10/27/2028-2027	BBB+	35,000.000	35,767.55 102.19	34,185.48 1,582.07	2,226.35 395.80	6.22
PALMER SQUARE INCOME PLUS		1,999.422	19,974.23 9.99	19,874.26 99.97	1,173.66	5.88
LORD ABBETT SHORT DURATION INCOME I		78,418.434	301,126.79 3.84	328,842.19 27,715.40-	14,977.92 1,248.16	4.97
LOWES COS INC SENIOR GLOBAL NOTE 3.1% 05/03/2027-2027	BBB+	25,000.000	23,672.75 94.69	24,281.49 608.74-	775.00 124.86	3.27
MARRIOTT INTERNATIONAL INC SR GLBL NT DTD 03/27/2023 4.9% 04/15/2029-2029	BBB	35,000.000	34,643.70 98.98	34,814.15 170.45-	1,715.00 362.06	4.95
MCDONALDS CORP MED TERM NT DTD 12/09/2015 3.7% 01/30/2026-2025	BBB+	25,000.000	24,425.00 97.70	24,824.50 399.50-	925.00 387.99	3.79
MORGAN STANLEY FIXED TO FLOAT DTD 04/22/2021 1.593% 05/04/2027-2026	A-	25,000.000	23,306.00 93.22	23,341.80 35.80-	398.25 63.06	1.71
PAYPAL HOLDINGS INC SR GLBL NT DTD 09/26/2019 2.4% 10/01/2024-2024	A-	40,000.000	39,673.20 99.18	40,050.77 377.57-	960.00 240.00	2.42
CHARLES SCHWAB CORPORATION SR NT FIXED TO FLOAT DTD 11/17/2023 6.196% 11/17/2029-2028	A-	35,000.000	36,420.65 104.06	36,116.51 304.14	2,168.60 265.05	5.95
STARBUCKS CORP SR GLBL NT DTD 08/10/2018 3.8% 08/15/2025-2025	BBB+	35,000.000	34,394.15 98.27	34,697.55 303.40-	1,330.00 502.44	3.87
SYSCO CORP CR SEN SR GLBL DTD 04/02/2020 5.95% 04/01/2030-2030	BBB	35,000.000	36,449.00 104.14	36,047.20 401.80	2,082.50 520.63	5.71
TRUIST FINANCIAL CORP FR FIXED TO FLOAT DTD 10/26/2022 5.9% 10/28/2026-2025	A-	50,000.000	50,123.00 100.25	49,509.62 613.38	2,950.00 516.25	5.89

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS SUPPLEME
 ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
US TREASURY NTS DTD 03/21/2019 2.25% 03/31/2026		50,000.000	47,875.00 95.75	48,902.91 1,027.91-	1,125.00 282.79	2.35
US TREASURY NTS DTD 08/15/2014 2.375% 08/15/2024		50,000.000	49,810.50 99.62	49,745.67 64.83	1,187.50 446.94	2.38
US TREASURY NOTE 2.25% 02/15/2027		45,000.000	42,430.05 94.29	43,604.98 1,174.93-	1,012.50 381.08	2.39
US TREASURY NTS DTD 12/19/2019 1.75% 12/31/2024		40,000.000	39,296.80 98.24	40,054.95 758.15-	700.00 1.90	1.78
US TREASURY NOTES DTD 04/23/2020 .375% 04/30/2025		50,000.000	48,064.50 96.13	49,644.14 1,579.64-	187.50 31.59	0.39
US TREASURY NTS DTD 10/22/2020 .25% 10/31/2025		50,000.000	46,990.50 93.98	49,314.57 2,324.07-	125.00 21.06	0.27
US TREASURY NTS DTD 11/18/2021 1.25% 11/30/2026		50,000.000	46,181.50 92.36	49,933.59 3,752.09-	625.00 52.94	1.35
US TREASURY NTS DTD 08/03/2022 3.125% 08/15/2025		50,000.000	48,951.00 97.90	49,753.15 802.15-	1,562.50 588.08	3.19
US TREASURY NTS DTD 08/18/2022 3.125% 08/31/2027		45,000.000	43,178.85 95.95	44,681.84 1,502.99-	1,406.25 470.02	3.26
US TREASURY NTS DTD 08/24/2023 5% 08/31/2025		50,000.000	49,961.00 99.92	50,079.64 118.64-	2,500.00 835.60	5.00
US TREASURY NTS DTD 09/21/2023 4.625% 09/30/2028		50,000.000	50,449.00 100.90	49,405.38 1,043.62	2,312.50 581.28	4.58
US TREASURY NTS DTD 09/21/2023 5% 09/30/2025		60,000.000	59,976.60 99.96	59,914.29 62.31	3,000.00 754.10	5.00
US TREASURY NTS DTD 03/21/2024 4.5% 03/31/2026		60,000.000	59,688.60 99.48	59,587.50 101.10	2,700.00 678.69	4.52
US TREASURY NTS DTD 04/18/2024 4.875% 04/30/2026		60,000.000	60,088.80 100.15	60,039.84 48.96	2,925.00 492.80	4.87
VERIZON COMMUNICATIONS INC SR GLBL NT DTD 03/13/2017 4.125% 03/16/2027-2017	BBB+	35,000.000	34,131.30 97.52	34,723.52 592.22-	1,443.75 421.09	4.23
WELLS FARGO & CO FR FIXED TO FLOAT DTD 01/23/2024 5.198% 01/23/2030-2029	BBB+	30,000.000	29,896.20 99.65	29,519.40 376.80	1,559.40 684.40	5.22
WILLIAMS COS INC SR GLBL NT DTD 08/10/2023 5.3% 08/15/2028-2028	BBB+	70,000.000	70,250.60 100.36	70,550.90 300.30-	3,710.00 1,401.56	5.28
TOTAL FIXED INCOME			1,769,146.42	1,810,175.51 41,029.09-	70,084.18 14,844.85	3.96
TOTAL ASSETS			2,201,552.66	2,242,581.75 41,029.09-	92,785.51 16,736.63	4.21
TOTAL ACCRUED INC			16,736.63	16,736.63		



JUNE 01, 2024 TO JUNE 30, 2024

ACCOUNT NAME: ROOFERS SUPPLEME
ACCOUNT NUMBER: 10840011486

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
GRAND TOTAL ASSETS			2,218,289.29	2,259,318.38 41,029.09-	92,785.51 16,736.63	4.21

JUNE 01, 2024 TO JUNE 30, 2024

ACCOUNT NAME: ROOFERS INV MGMT
ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL

DESCRIPTION	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
CASH AND EQUIVALENTS				
FDIC INSURED SWEEP 4.1%	412,055.81 1.00	412,055.81 0.00	21,014.85 1,751.24	5.10
CASH	1,301.89	1,301.89 0.00		
TOTAL CASH AND EQUIVALENTS	413,357.70	413,357.70 0.00	21,014.85 1,751.24	5.08

DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
INVESCO DEVELOPING MARKETS R6	ODVIX	2,392.419	94,859.41 39.65	85,768.68 9,090.73	880.41	0.93
ABBVIE INC	ABBV	128.000	21,954.56 171.52	13,072.27 8,882.29	793.60	3.61
ADOBE INC	ADBE	42.000	23,332.68 555.54	10,947.59 12,385.09		
ALPHABET INC CL C	GOOG	71.000	13,022.82 183.42	1,007.11 12,015.71	56.80	0.44
ALPHABET INC CL A	GOOGL	380.000	69,217.00 182.15	7,638.21 61,578.79	304.00	0.44
AMAZON.COM INC	AMZN	377.000	72,855.25 193.25	23,013.43 49,841.82		
AMERICAN TOWER CORP REIT	AMT	61.000	11,857.18 194.38	8,337.22 3,519.96	400.16 98.82	3.37
AMERIPRISE FINANCIAL INC	AMP	41.000	17,514.79 427.19	3,667.93 13,846.86	242.72	1.39
APPLE INC	AAPL	482.000	101,518.84 210.62	5,520.43 95,998.41	482.00	0.47
BERKSHIRE HATHAWAY INC CLASS B	BRK.B	67.000	27,255.60 406.80	16,638.88 10,616.72		
BOOKING HOLDINGS INC	BKNG	8.000	31,692.00 3,961.50	14,168.01 17,523.99	280.00	0.88
BROADCOM INC	AVGO	30.000	48,165.90 1,605.53	4,086.68 44,079.22	630.00	1.31
CATERPILLAR INC	CAT	74.000	24,649.40 333.10	7,850.62 16,798.78	417.36	1.69
CISCO SYSTEMS INC	CSCO	383.000	18,196.33 47.51	15,130.70 3,065.63	612.80	3.37

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
CONOCOPHILLIPS	COP	145.000	16,585.10 114.38	6,684.45 9,900.65	336.40	2.03
COSTCO WHOLESALE CORPORATION	COST	37.000	31,449.63 849.99	3,045.65 28,403.98	171.68	0.55
DFA EMERGING MARKETS CORE EQUITY	DFCEX	1,237.015	29,725.47 24.03	23,231.14 6,494.33	907.97	3.05
DFA REAL ESTATE SECURITIES I	DFREX	3,547.909	135,707.52 38.25	119,931.23 15,776.29	4,534.23	3.34
DFA US SMALL CAP	DFSTX	3,047.926	137,309.07 45.05	59,251.69 78,057.38	1,557.49	1.13
DANAHER CORP	DHR	54.000	13,491.90 249.85	1,464.16 12,027.74	58.32 14.58	0.43
DISNEY WALT CO	DIS	168.000	16,680.72 99.29	20,206.75 3,526.03-	126.00	0.76
DOW INC	DOW	378.000	20,052.90 53.05	22,106.20 2,053.30-	1,058.40	5.28
ECOLAB INC	ECL	79.000	18,802.00 238.00	9,102.84 9,699.16	180.12 45.03	0.96
EXXON MOBIL CORP	XOM	282.000	32,463.84 115.12	19,615.92 12,847.92	1,071.60	3.30
META PLATFORMS INC CL A	META	40.000	20,168.80 504.22	3,071.19 17,097.61	80.00	0.40
FIDELITY INTERNATIONAL INDEX FUND	FSPSX	3,839.344	191,084.15 49.77	166,320.36 24,763.79	5,759.02	3.01
FORD MOTOR CO	F	1,263.000	15,838.02 12.54	13,784.63 2,053.39	757.80	4.78
FORTIVE CORP	FTV	129.000	9,558.90 74.10	2,939.91 6,618.99	41.28	0.43
HOME DEPOT INC	HD	79.000	27,194.96 344.24	9,476.68 17,718.28	711.00	2.61
HONEYWELL INTERNATIONAL INC	HON	100.000	21,354.00 213.54	21,844.78 490.78-	432.00	2.02
JPMORGAN CHASE & CO	JPM	158.000	31,957.08 202.26	5,932.90 26,024.18	726.80	2.27
CLEARBRIDGE INTERNATIONAL GROWTH FUND CLASS IS	LMGPX	452.359	29,602.37 65.44	22,509.39 7,092.98	372.74	1.26
MFS MID CAP VALUE R6	MVCKX	3,956.376	129,373.50 32.70	98,751.14 30,622.36	1,938.62	1.50

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

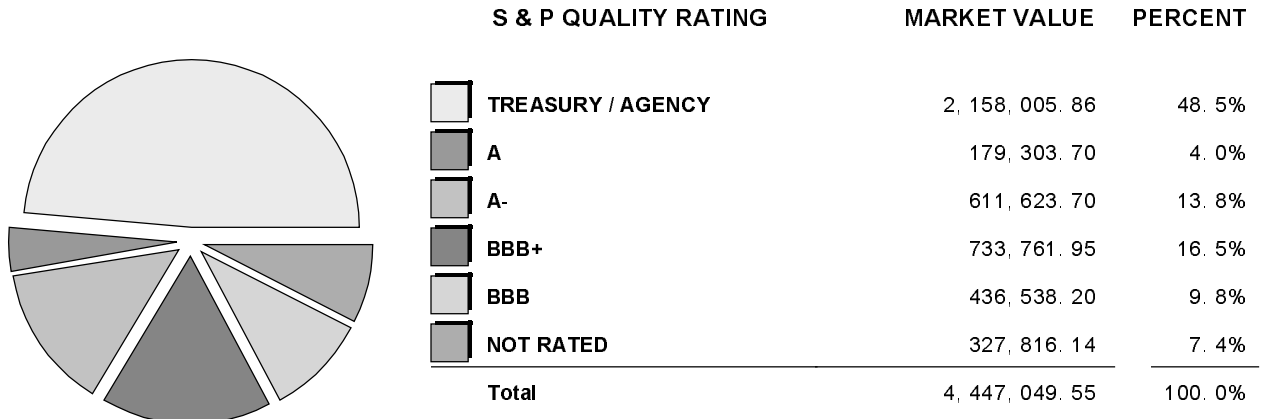
DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
MCDONALDS CORP	MCD	72.000	18,348.48 254.84	13,612.12 4,736.36	480.96	2.62
MERCK & CO INC	MRK	195.000	24,141.00 123.80	10,962.52 13,178.48	600.60 150.15	2.49
MICROSOFT CORP	MSFT	236.000	105,480.20 446.95	5,904.72 99,575.48	708.00	0.67
NORTHROP GRUMMAN CORP	NOC	47.000	20,489.65 435.95	8,963.52 11,526.13	387.28	1.89
NVIDIA CORPORATION	NVDA	450.000	55,593.00 123.54	16,192.05 39,400.95	18.00	0.03
PNC FINANCIAL SERVICES GROUP INC	PNC	112.000	17,413.76 155.48	7,312.04 10,101.72	694.40	3.99
PAYPAL HOLDINGS INC	PYPL	285.000	16,538.55 58.03	34,485.19 17,946.64-		
PEPSICO INC	PEP	139.000	22,925.27 164.93	8,787.21 14,138.06	753.38	3.29
PROCTER & GAMBLE CO	PG	86.000	14,183.12 164.92	6,330.96 7,852.16	346.24	2.44
RTX CORPORATION	RTX	242.000	24,294.38 100.39	14,908.67 9,385.71	609.84	2.51
T ROWE PRICE MID-CAP GROWTH I	RPTIX	988.385	102,584.48 103.79	49,739.31 52,845.17	205.58	0.20
SALESFORCE INC	CRM	92.000	23,653.20 257.10	6,921.65 16,731.55	147.20	0.62
SCHWAB US LARGE CAP VALUE ETF	SCHV	500.000	37,040.00 74.08	23,894.59 13,145.41	866.00 218.80	2.34
TESLA MOTORS INC	TSLA	81.000	16,028.28 197.88	28,983.80 12,955.52-		
THERMO FISHER SCIENTIFIC INC	TMO	41.000	22,673.00 553.00	2,237.78 20,435.22	63.96 15.99	0.28
UNION PACIFIC CORP	UNP	97.000	21,947.22 226.26	6,640.17 15,307.05	504.40	2.30
UNITEDHEALTH GROUP INC	UNH	71.000	36,157.46 509.26	3,804.46 32,353.00	596.40	1.65
VISA INC CL A	V	100.000	26,247.00 262.47	5,202.98 21,044.02	208.00	0.79
WALMART INC	WMT	339.000	22,953.69 67.71	9,802.74 13,150.95	281.37	1.23

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	TICKER	SHARES	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
EQUITIES						
ZOETIS INC CL A	ZTS	86.000	14,908.96 173.36	13,540.65 1,368.31	148.61	1.00
EATON CORP PLC	ETN	65.000	20,380.75 313.55	5,331.30 15,049.45	244.40	1.20
CHUBB LIMITED	CB	93.000	23,722.44 255.08	10,330.44 13,392.00	338.52 84.63	1.43
TE CONNECTIVITY LTD		118.000	17,750.74 150.43	7,389.69 10,361.05	306.80	1.73
TOTAL EQUITIES			2,209,946.32	1,147,397.33 1,062,548.99	34,431.26 628.00	1.56

BOND QUALITY SUMMARY


DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
AON PLC SENIOR GLOBAL NOTE DTD 02/23/2016 3.875% 12/15/2025-2025	A-	70,000.000	68,403.30 97.72	70,355.41 1,952.11-	2,712.50 120.56	3.97
AT&T INC INC SENIOR GLOBAL NOTE 27 4.25% 03/01/2027-2026	BBB	50,000.000	48,830.50 97.66	50,413.99 1,583.49-	2,125.00 708.33	4.35
ABBVIE INC SR GLBL NT DTD 09/18/2018 4.25% 11/14/2028-2028	A-	35,000.000	34,181.35 97.66	34,830.95 649.60-	1,487.50 194.20	4.35
ABBVIE INC SR GLBL NT 26 DTD 05/21/2020 2.95% 11/21/2026-2026	A-	50,000.000	47,665.50 95.33	51,564.83 3,899.33-	1,475.00 163.89	3.09

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
ACTIVISION BLIZZARD INC SR GBLB NT DTD 05/26/2017 3.4% 06/15/2027-2027	NR	50,000.000	46,497.50 93.00	50,500.68 4,003.18-	1,700.00 75.56	3.66
AMGEN INC SR GBLB NT DTD 03/02/2023 5.25% 03/02/2033-2032	BBB+	125,000.000	124,861.25 99.89	124,030.00 831.25	6,562.50 2,169.27	5.26
BANK OF AMERICA CORP FR DTD 04/14/2016 3.5% 04/19/2026	A-	50,000.000	48,470.00 96.94	49,191.73 721.73-	1,750.00 350.00	3.61
BROADCOM INC SR GBLB NT DTD 05/21/2020 4.11% 09/15/2028-2028	BBB+	85,000.000	82,008.00 96.48	89,837.07 7,829.07-	3,493.50 1,028.64	4.26
CVS HEALTH CORP SR GBLB NT DTD 12/16/2020 1.875% 02/28/2031-2030	BBB	30,000.000	24,102.90 80.34	30,010.90 5,908.00-	562.50 192.19	2.33
CAPITAL ONE FINANCIAL CORP SR GLOBAL NT DTD 02/02/2015 3.2% 02/05/2025-2025	BBB	50,000.000	49,239.00 98.48	49,033.35 205.65	1,600.00 648.89	3.25
CITIGROUP INC SR GLOBAL NT DTD 10/17/2016 3.2% 10/21/2026-2026	BBB+	50,000.000	47,671.50 95.34	48,890.17 1,218.67-	1,600.00 311.11	3.36
CITIGROUP INC SR GBLB FIXED TO FLOAT DTD 06/09/2021 1.462% 06/09/2027-2026	BBB+	50,000.000	46,340.00 92.68	49,607.00 3,267.00-	731.00 44.67	1.58
EDWARDS LIFESCIENCES SR GBLB NT DTD 06/06/2018 4.3% 06/15/2028-2028	BBB	100,000.000	96,674.00 96.67	100,282.86 3,608.86-	4,300.00 191.11	4.45
FHLMC PC GOLD COMB DTD 01/01/2018 3.5% 01/01/2048		22,389.280	20,301.48 90.68	22,455.76 2,154.28-	783.62 65.30	3.86
FNMA POOL #MA0918 DTD 11/01/2011 4% 12/01/2041		8,319.690	7,857.28 94.44	8,769.49 912.21-	332.79 27.73	4.24
FIDELITY SHORT-TERM TREASURY BOND INDEX FUND INSTITUTIONAL PREMIUM		18,801.948	189,899.67 10.10	187,692.00 2,207.67	3,515.96 293.00	1.85
GE AEROSPACE SR GBLB NT DTD 04/22/2020 3.625% 05/01/2030-2030	A-	60,000.000	55,015.80 91.69	61,141.81 6,126.01-	2,175.00 362.50	3.95
GOLDMAN SACHS GROUP INC SENIOR GLOBAL NOTE 3.85% 01/26/2027-2026	BBB+	50,000.000	48,333.00 96.67	49,019.14 686.14-	1,925.00 828.82	3.98
HOME DEPOT INC SR GBLB NT DTD 06/17/2019 2.95% 06/15/2029-2029	A	50,000.000	45,828.50 91.66	53,922.42 8,093.92-	1,475.00 65.56	3.22
HUNTINGTON BANCSHARES INC SR GBLB NT DTD 05/08/2018 4% 05/15/2025-2025	BBB+	45,000.000	44,262.45 98.36	44,939.70 677.25-	1,800.00 230.00	4.07

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
INTERCONTINENTAL EXCHANGE INC SR GLBL NT DTD 05/26/2020 2.1% 06/15/2030-2030		50,000.000	42,373.50 84.75	42,506.38 132.88-	1,050.00 46.67	2.48
JP MORGAN CHASE & CO GLBL NT FIXED TO FLOAT DTD 11/08/2021 2.545% 11/08/2032-2031	A	160,000.000	133,475.20 83.42	130,293.88 3,181.32	4,072.00 599.49	3.05
KEYCORP FR FIXED TO FLOAT DTD 05/23/2022 4.789% 06/01/2033-2032	BBB	110,000.000	100,576.30 91.43	101,707.69 1,131.39-	5,267.90 438.99	5.24
LORD ABBETT SHORT DURATION INCOME I		12,772.259	49,045.47 3.84	55,431.60 6,386.13-	2,439.50 203.29	4.97
LOWES COS INC SENIOR GLOBAL NOTE 3.1% 05/03/2027-2027	BBB+	75,000.000	71,018.25 94.69	72,912.21 1,893.96-	2,325.00 374.58	3.27
MORGAN STANLEY FIXED TO FLOAT DTD 07/20/2021 2.239% 07/21/2032-2031	A-	105,000.000	85,926.75 81.84	105,146.60 19,219.85-	2,350.95 1,044.87	2.74
ORACLE CORP SR GLBL NT DTD 03/24/2021 1.65% 03/25/2026-2026	BBB	100,000.000	93,730.00 93.73	100,283.23 6,553.23-	1,650.00 440.00	1.76
PAYPAL HOLDINGS INC SR GLBL NT DTD 09/26/2019 2.85% 10/01/2029-2029	A-	75,000.000	67,656.00 90.21	75,276.92 7,620.92-	2,137.50 534.38	3.16
CHARLES SCHWAB CORPORATION SR NT FIXED TO FLOAT DTD 11/17/2023 6.196% 11/17/2029-2028	A-	100,000.000	104,059.00 104.06	103,892.41 166.59	6,196.00 757.29	5.95
STARBUCKS CORP SR GLBL NT DTD 03/12/2020 2.25% 03/12/2030-2029	BBB+	50,000.000	43,115.50 86.23	42,623.24 492.26	1,125.00 340.63	2.61
T MOBILE USA INC SR SEC GLBL NT DTD 04/15/2021 3.875% 04/15/2030-2030	BBB	25,000.000	23,385.50 93.54	25,954.08 2,568.58-	968.75 204.51	4.14
TRUIST FINANCIAL CORP FR FIXED TO FLOAT DTD 10/26/2022 5.9% 10/28/2026-2025	A-	100,000.000	100,246.00 100.25	101,166.53 920.53-	5,900.00 1,032.50	5.89
US TREASURY NTS DTD 10/31/2018 3.125% 11/15/2028		65,000.000	61,752.60 95.00	72,060.39 10,307.79-	2,031.25 259.43	3.29
US TREASURY NOTE 2.625% 01/31/2026		190,000.000	183,513.40 96.59	183,981.19 467.79-	4,987.50 2,082.69	2.72
US TREASURY NOTE 2.25% 02/15/2027		35,000.000	33,001.15 94.29	34,323.47 1,322.32-	787.50 296.39	2.39
US TREASURY NTS DTD 03/19/2020 .625% 03/31/2027		120,000.000	107,958.00 89.97	120,293.39 12,335.39-	750.00 188.52	0.69
US TREASURY NTS DTD 05/21/2020 .25% 05/31/2025		150,000.000	143,448.00 95.63	149,412.11 5,964.11-	375.00 31.76	0.26

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
FIXED INCOME						
US TREASURY DTD 04/22/2021 1.25% 04/30/2028		125,000.000	111,103.75 88.88	124,604.49 13,500.74-	1,562.50 263.25	1.41
US TREASURY NTS DTD 07/22/2021 1% 07/31/2028		225,000.000	196,620.75 87.39	224,217.77 27,597.02-	2,250.00 939.56	1.14
US TREASURY NTS DTD 02/02/2022 1.875% 02/15/2032		100,000.000	84,082.00 84.08	91,548.51 7,466.51-	1,875.00 705.70	2.23
US TREASURY NTS DTD 02/02/2022 1.5% 02/15/2025		100,000.000	97,664.00 97.66	99,213.07 1,549.07-	1,500.00 564.56	1.54
US TREASURY NTS DTD 03/24/2022 2.375% 03/31/2029		100,000.000	91,535.00 91.54	97,344.88 5,809.88-	2,375.00 596.99	2.59
US TREASURY NTS DTD 05/04/2022 2.875% 05/15/2032		90,000.000	81,217.80 90.24	89,356.63 8,138.83-	2,587.50 330.47	3.19
US TREASURY NTS DTD 11/02/2022 4.125% 11/15/2032		165,000.000	162,493.65 98.48	159,392.08 3,101.57	6,806.25 869.28	4.19
US TREASURY NTS DTD 11/02/2022 4.5% 11/15/2025		100,000.000	99,391.00 99.39	100,377.24 986.24-	4,500.00 574.73	4.53
US TREASURY NTS DTD 02/16/2023 4.625% 02/28/2025		125,000.000	124,488.75 99.59	124,718.86 230.11-	5,781.25 1,932.32	4.64
US TREASURY NTS DTD 05/03/2023 3.375% 05/15/2033		100,000.000	92,859.00 92.86	96,440.12 3,581.12-	3,375.00 431.05	3.63
US TREASURY NTS DTD 11/22/2023 4.375% 11/30/2028		90,000.000	90,031.50 100.04	90,476.34 444.84-	3,937.50 333.50	4.37
US TREASURY NTS DTD 01/18/2024 4% 01/31/2029		50,000.000	49,260.00 98.52	49,886.72 626.72-	2,000.00 835.16	4.06
US TREASURY NTS DTD 01/18/2024 4% 01/31/2031		50,000.000	49,037.00 98.07	49,748.05 711.05-	2,000.00 835.16	4.08
US TREASURY NTS DTD 01/31/2024 4% 02/15/2034		175,000.000	170,241.75 97.28	169,743.16 498.59	7,000.00 2,634.62	4.11
US TREASURY NTS DTD 04/18/2024 4.875% 04/30/2026		100,000.000	100,148.00 100.15	99,917.97 230.03	4,875.00 821.33	4.87
VERIZON COMMUNICATIONS INC SR GLBL NT DTD 03/22/2021 1.45% 03/20/2026-2026	BBB+	100,000.000	93,613.00 93.61	100,138.40 6,525.40-	1,450.00 406.81	1.55
WELLS FARGO & CO SENIOR GLOBAL NOTE DTD 04/15/2016 3% 04/22/2026	BBB+	50,000.000	47,931.00 95.86	49,027.28 1,096.28-	1,500.00 287.50	3.13
WILLIAMS COS INC SR GLBL NT DTD 03/02/2021 2.6% 03/15/2031-2030	BBB+	100,000.000	84,608.00 84.61	100,023.40 15,415.40-	2,600.00 765.56	3.07
TOTAL FIXED INCOME			4,447,049.55	4,659,929.55 212,880.00-	144,495.72 31,074.87	3.25

JUNE 01, 2024 TO JUNE 30, 2024

 ACCOUNT NAME: ROOFERS INV MGMT
 ACCOUNT NUMBER: 10840011476

PORTFOLIO DETAIL (CONTINUED)

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ PRICE	TAX COST/ UNREALIZED GAIN/LOSS	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
TOTAL ASSETS			7,070,353.57	6,220,684.58 849,668.99	199,941.83 33,454.11	2.83
TOTAL ACCRUED INC			33,454.11	33,454.11		
GRAND TOTAL ASSETS			7,103,807.68	6,254,138.69 849,668.99	199,941.83 33,454.11	2.83