

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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 ☐ special extension (enter description) _____ ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan ROOFERS LOCAL 241 INSURANCE FUND	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 05/01/1967
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) ROOFERS LOCAL 241 INSURANCE FUND 890 THIRD STREET ALBANY, NY 12206-1626	2b Employer Identification Number (EIN) 51-0244401 2c Plan Sponsor's telephone number 518-489-3919 2d Business code (see instructions) 238100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2025	MICHAEL ROSSI
	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 ☒ 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	5 423
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) 397 6a(2) 361 6b 26 6c 6d 387 6e 6f 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 9

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 4F 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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
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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 241 INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 241 INSURANCE FUND	D Employer Identification Number (EIN) 51-0244401

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.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(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
06-6033492		0285797	147	04/01/2023	03/31/2024

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
0	0

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) ☐ 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)	0
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)	0
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)		
(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 ☐ paid in cash, or ☐ 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	29608
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
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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 241 INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 241 INSURANCE FUND	D Employer Identification Number (EIN) 51-0244401

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(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
13-1423090	69744	G-1991/C-3098	205	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
0	0

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) ☐ 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)	0
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)	0
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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

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)		
(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 ☐ paid in cash, or ☐ 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	46749
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
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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 241 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 241 INSURANCE FUND	D Employer Identification Number (EIN) 51-0244401	

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.
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1 Coverage Information:

(a) Name of insurance carrier CDPHP					
(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
14-1641028	95491	EA56L16/EH2L16	8	01/01/2024	12/31/2024

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
0	0

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	

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(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) ☐ 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)	0
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)	0
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)	32751	
(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)	32751
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 ☐ paid in cash, or ☐ 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
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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 241 INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 241 INSURANCE FUND	D Employer Identification Number (EIN) 51-0244401

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
MVP HEALTHCARE

(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
14-1640868	95521	490629	225	01/01/2024	12/31/2024

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
0	0

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) ☐ 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)	0
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)	0
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)		
(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 ☐ paid in cash, or ☐ 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	1633850
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
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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 241 INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 241 INSURANCE FUND	D Employer Identification Number (EIN) 51-0244401

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.
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1 Coverage Information:

(a) Name of insurance carrier
ANTHEM BLUE CROSS BLUE SHIELD

(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
23-7391136	55093	721347	71	01/01/2024	12/31/2024

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
0	0

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) ☐ 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)	0
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)	0
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)		
(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 ☐ paid in cash, or ☐ 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	5435
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 241 INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 241 INSURANCE FUND	D Employer Identification Number (EIN) 51-0244401

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

x

 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

(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)

KATHLEEN LEE

890 THIRD STREET
ALBANY, NY 12206

51-0244401

(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	EMPLOYEE	68408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT SITORS JR

890 THIRD STREET
ALBANY, NY 12206

51-0244401

(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	EMPLOYEE	53500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'SULLIVAN ASSOCIATES

1236 BRACE ROAD
CHERRY HILL, NJ 08034

20-8199367

(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	CONSULTANT	14200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

D'ARCANGELO & CO., LLP

120 LOMOND COURT
UTICA, NY 13502

13-2550103

(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	AUDITOR	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIPSITZ GREEN SCIME CAMBRIA LLP

42 DELAWARE AVENUE SUITE 120
BUFFALO, NY 14202

16-0905097

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	8793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY WEALTH MANAGEMENT

1212 TROY SCHENECTADY ROAD
LATHAM, NY 12110

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	NONE	8220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 241 INSURANCE FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 241 INSURANCE FUND	D Employer Identification Number (EIN) 51-0244401	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1145030	727921
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	270764	352118
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	170096	153914
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28353	31658
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	529799	671018
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	112636	194147
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	617526	1071443
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2874204	3202219
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1186	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1186	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2873018	3202219

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)	3677116	
(B) Participants	2a(1)(B)	44446	
(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)		3721562
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	26779	
(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)		26782
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	624	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	34568	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		35192
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	283080	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	283378	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-298
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	53803	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3837041

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1303374	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1784574	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3087948
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	14000	
(5) Investment advisory and investment management fees	2i(5)	8220	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	14200	
(8) Legal fees	2i(8)	8793	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	374679	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		419892
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3507840

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		329201
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: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 _____.

ROOFERS' LOCAL 241 INSURANCE FUND

June 30, 2024

SUPPLEMENTAL INFORMATION

D'Arcangelo & Co., LLP

Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950

315-735-5216 Fax: 315-735-5210

Independent Auditor's Report on Supplemental Information

Trustees

Roofers' Local 241 Insurance Fund

Our audit of Roofers' Local 241 Insurance Fund as of and for the year ended June 30, 2023, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

D'Arcangelo & Co., LLP

April 10, 2025

Utica, New York

D'Arcangelo & Co., LLP

Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

Independent Auditor's Report

To the Board of Trustees of
Roofers' Local 241 Insurance Fund

Opinion

We have audited the accompanying financial statements of Roofers' Local 241 Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Roofers' Local 241 Insurance Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with 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 241 Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 241 Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 241 Insurance 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 241 Insurance Fund 's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of premiums and benefits and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

D'Arcangelo + Co., LLP

April 10, 2025

Utica, New York

ROOFERS LOCAL 241 INSURANCE FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
2023 TAX YEAR

EIN: 51-0244401
PN: 501

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Morgan Stanley Acct. #078-020878-048	See Attachment	1,829,319	1,968,266
	TOTAL		1,829,319	1,968,266

Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

Cash, Deposits, Money Market Funds, and Certificates of Deposit

BANK DEPOSITS

Security Description	Account Number	Market Value
MORGAN STANLEY BANK N.A.	078-017787-048	\$2,325.99
MORGAN STANLEY BANK N.A.	078-020559-048	17,231.53
MORGAN STANLEY PRIVATE BANK NA	078-020880-048	9,006.93
MORGAN STANLEY PRIVATE BANK NA	078-020881-048	2.05
MORGAN STANLEY PRIVATE BANK NA	078-020882-048	3,091.64
Total Bank Deposits		\$31,658.14

Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
1.60%	\$0.00	\$0.00	\$31,658.14	\$0.00	\$0.00	\$0.00

Corporate Fixed Income

CORPORATE BONDS

Security Description	Account Number	Unit Price	Face Value	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
ALLEGION US HOLDING CO INC Coupon Rate 3.550%; Matures 10/01/2027; CUSIP 01748NAE4 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 07/01/27; Yield to Maturity 5.321%; Moody BAA2	078-020880-048	\$94.769	12,000.00	\$13,054.44	\$11,212.58	\$11,372.22	\$(1,682.22)	\$264.96	\$105.32
ALTRIA GROUP INC Coupon Rate 3.400%; Matures 05/06/2030; CUSIP 02209SBJ1 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 02/06/30; Yield to Maturity 5.320%; Moody A3	078-020880-048	90.450	13,000.00	11,554.66	11,546.99	11,758.50	203.84	277.81	66.30
AMERICAN TOWER CORP Coupon Rate 5.450%; Matures 02/15/2034; CUSIP 03027XCH1 Interest Paid Semi-Annually; Callable \$100.00 on 11/15/33; Yield to Maturity 5.528%; First Coupon 08/15/24; Moody BAA3	078-020880-048	99.420	12,000.00	12,005.64	12,201.84	11,930.34	(75.30)	(66.22)	205.28
AT&T INC Coupon Rate 2.750%; Matures 06/01/2031; CUSIP 00206RJY9 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/01/31; Yield to Maturity 5.222%; Moody BAA2	078-020880-048	85.794	14,000.00	11,515.28	11,588.00	12,011.16	495.88	454.17	31.01

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Morgan Stanley

Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
BAT CAPITAL CORP Coupon Rate 6.421%; Matures 08/02/2033; CUSIP 054989AB4 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 05/02/33; Yield to Call 5.730%; Moody BAA2	078-020880-048	11,000.00	104.731	11,461.01	11,782.77	11,520.36	59.35	27.96	290.37
BATH & BODY WORKS INC Coupon Rate 7.500%; Matures 06/15/2029; CUSIP 501797AR5 Interest Paid Semi-Annually Jun/Dec; Callable \$103.75 on 07/28/24; Yield to Maturity 6.711%; Moody BA2	078-020880-048	13,000.00	103.279	12,187.50	13,223.93	13,426.27	1,238.77	242.97	40.63
BERRY GLOBAL INC Coupon Rate 1.570%; Matures 01/15/2026; CUSIP 08576PAH4 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 12/15/25; Yield to Maturity 5.745%; Moody BA1u	078-020880-048	11,000.00	93.923	10,329.44	10,406.68	10,331.53	2.09	4.00	79.15
BERRY GLOBAL INC Coupon Rate 1.650%; Matures 01/15/2027; CUSIP 08576PAF8 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 12/15/26; Yield to Maturity 5.449%; Moody BA1u	078-020880-048	2,000.00	91.095	1,770.74	1,742.97	1,821.89	51.15	94.04	15.12
BLOCK FINANCIAL LLC Coupon Rate 2.500%; Matures 07/15/2028; CUSIP 093662AJ3 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 05/15/28; Yield to Maturity 5.375%; Moody BAA3	078-020880-048	13,000.00	89.678	13,045.50	11,233.80	11,658.08	(1,387.42)	573.24	148.96
BOYD GAMING CORP Coupon Rate 4.750%; Matures 12/01/2027; CUSIP 103304BU4 Interest Paid Semi-Annually Jun/Dec; Callable \$101.18 on 07/08/24; Yield to Maturity 6.018%; Moody B1	078-020880-048	4,000.00	96.128	3,985.00	3,821.31	3,845.10	(139.90)	39.10	15.31
BROADCOM CORP / BROADCOM CAYMAN FINANCE LTD Coupon Rate 3.875%; Matures 01/15/2027; CUSIP 11134LAH2 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 10/15/26; Yield to Maturity 5.261%; Moody BAA2	078-020880-048	12,000.00	96.740	13,085.28	11,658.06	11,608.80	(1,476.48)	163.86	213.12
CARLISLE COS INC Coupon Rate 3.750%; Matures 12/01/2027; CUSIP 142339AH3 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 09/01/27; Yield to Maturity 5.267%; Moody BAA2	078-020880-048	3,000.00	95.307	2,804.85	2,856.41	2,859.20	54.35	11.85	9.06
CARLISLE COS INC Coupon Rate 2.750%; Matures 03/01/2030; CUSIP 142339AJ9 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/01/29; Yield to Maturity 5.188%; Moody BAA2	078-020880-048	5,000.00	88.153	4,193.35	4,313.53	4,407.63	214.28	139.55	45.45
CARLISLE COS INC Coupon Rate 2.200%; Matures 03/01/2032; CUSIP 142339AL4 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/01/31; Yield to Maturity 5.331%; Moody BAA2	078-020880-048	4,000.00	80.499	3,215.16	3,241.32	3,219.94	4.78	7.71	29.09
CDW LLC / CDW FINANCE CORP Coupon Rate 4.125%; Matures 05/01/2025; CUSIP 12513GBE8 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 07/28/24; Yield to Maturity 6.096%; Moody BA1	078-020880-048	12,000.00	98.410	12,408.00	11,719.80	11,809.20	(598.80)	170.52	81.12

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Plan Account Number: 078-020878-048
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Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
CONAGRA BRANDS INC Coupon Rate 4.600%; Matures 11/01/2025; CUSIP 205887CB6 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 09/01/25; Yield to Maturity 5.513%; Moody BAA3	078-020880-048	12,000.00	98.833	13,704.84	11,829.29	11,859.90	(1,844.94)	121.08	90.47
CROWN CASTLE INC Coupon Rate 5.600%; Matures 06/01/2029; CUSIP 22822VBD2 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 05/01/29; Yield to Call 5.379%; Moody BAA3	078-020880-048	10,000.00	100.922	10,107.50	10,149.50	10,092.15	(15.35)	(12.24)	45.11
DICK'S SPORTING GOODS INC Coupon Rate 3.150%; Matures 01/15/2032; CUSIP 253393AF9 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 10/15/31; Yield to Maturity 5.582%; Moody BAA3	078-020880-048	13,000.00	85.194	10,091.18	10,206.42	11,075.16	983.98	1,056.43	187.69
DISCOVERY COMMUNICATIONS LLC Coupon Rate 3.950%; Matures 03/20/2028; CUSIP 25470DAR0 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/20/27; Yield to Maturity 5.837%; Moody BAA3	078-020880-048	12,000.00	93.760	12,746.26	11,286.81	11,251.20	(1,495.06)	96.06	131.67
DOLLAR TREE INC Coupon Rate 4.000%; Matures 05/15/2025; CUSIP 256746AG3 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 03/15/25; Yield to Maturity 5.710%; Moody BAA2	078-020880-048	3,000.00	98.555	3,324.93	2,923.65	2,956.65	(368.28)	48.00	15.00
DOLLAR TREE INC Coupon Rate 4.200%; Matures 05/15/2028; CUSIP 256746AH1 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 02/15/28; Yield to Maturity 5.369%; Moody BAA2	078-020880-048	9,000.00	95.956	10,171.98	8,600.31	8,636.00	(1,535.98)	82.94	47.25
ENCOMPASS HEALTH CORP Coupon Rate 4.500%; Matures 02/01/2028; CUSIP 29261AAA8 Interest Paid Semi-Annually Feb/Aug; Callable \$101.12 on 07/28/24; Yield to Maturity 5.984%; Moody B1	078-020880-048	14,000.00	95.268	13,475.00	13,347.04	13,337.45	(137.55)	251.16	260.75
EXPEDIA GROUP INC Coupon Rate 4.625%; Matures 08/01/2027; CUSIP 30212PBK0 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 05/01/27; Yield to Maturity 5.299%; Moody BAA2	078-020880-048	4,000.00	98.100	3,760.08	3,958.55	3,924.00	163.92	42.02	76.57
EXPEDIA INC Coupon Rate 3.800%; Matures 02/15/2028; CUSIP 30212PAPO Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 11/15/27; Yield to Maturity 5.258%; Moody BAA2	078-020880-048	8,000.00	95.240	7,383.52	7,595.28	7,619.20	235.68	137.92	114.00
FISERV INC Coupon Rate 5.625%; Matures 08/21/2033; CUSIP 337738BH0 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 05/21/33; Yield to Call 5.471%; Moody BAA2	078-020880-048	11,000.00	101.066	11,188.03	11,275.06	11,117.26	(70.77)	63.92	221.72
FLEX LTD Coupon Rate 6.000%; Matures 01/15/2028; CUSIP 33938XAE5 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 12/15/27; Yield to Call 5.585%; Moody BAA3	078-020880-048	4,000.00	101.285	4,058.44	4,217.31	4,051.40	(7.04)	(55.91)	110.00
FORTUNE BRANDS INNOVATIONS INC Coupon Rate 5.875%; Matures 06/01/2033; CUSIP 34964CAH9 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/01/33; Yield to Call 5.649%; Moody BAA2	078-020880-048	2,000.00	101.523	2,048.22	2,056.05	2,030.46	(17.76)	(16.12)	9.47

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Plan Account Number: 078-020878-048
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Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
FORTUNE BRANDS INNOVATIONS INC Coupon Rate 4.000%; Matures 03/25/2032; CUSIP 34964CAF3 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/25/31; Yield to Maturity 5.445%; Moody BAA2	078-020880-048	11,000.00	90.973	10,131.33	10,267.00	10,006.98	(124.35)	(143.91)	116.11
GENUINE PARTS CO Coupon Rate 6.875%; Matures 11/01/2033; CUSIP 372460AD7 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 08/01/33; Yield to Maturity 5.493%; Moody BAA1	078-020880-048	9,000.00	109.979	9,954.09	10,048.62	9,898.11	(55.98)	(49.10)	101.41
GLOBAL PAYMENTS INC Coupon Rate 4.800%; Matures 04/01/2026; CUSIP 891906AC3 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 01/01/26; Yield to Maturity 5.532%; Moody BAA3	078-020880-048	12,000.00	98.786	13,878.60	11,882.18	11,854.26	(2,024.34)	114.48	142.40
HCA INC Coupon Rate 5.375%; Matures 09/01/2026; CUSIP 404121AH8 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 03/01/26; Yield to Maturity 5.479%; Moody BAA3	078-020880-048	11,000.00	99.783	12,622.50	11,108.82	10,976.08	(1,646.42)	62.70	195.44
HP INC Coupon Rate 3.000%; Matures 06/17/2027; CUSIP 40434LAB1 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 04/17/27; Yield to Maturity 5.173%; Moody BAA2	078-020880-048	13,000.00	94.097	14,134.51	12,013.73	12,232.61	(1,901.90)	232.96	14.08
KRAFT HEINZ FOODS CO Coupon Rate 3.875%; Matures 05/15/2027; CUSIP 50071LBC9 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 02/15/27; Yield to Maturity 5.130%; Moody BAA2	078-020880-048	12,000.00	96.680	12,960.00	11,578.97	11,601.60	(1,358.40)	80.76	58.13
LKQ CORP Coupon Rate 6.250%; Matures 06/15/2033; CUSIP 501889AF6 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/15/33; Yield to Call 5.817%; Moody BAA3	078-020880-048	10,000.00	102.917	10,232.44	10,295.64	10,291.70	59.26	22.10	26.04
LKQ CORP Coupon Rate 5.750%; Matures 06/15/2028; CUSIP 501889AD1 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 05/15/28; Yield to Call 5.470%; Moody BAA3	078-020880-048	2,000.00	100.958	2,039.04	2,067.15	2,019.15	(19.89)	(43.21)	4.79
LOWE'S COS INC Coupon Rate 4.150%; Matures 07/01/2033; CUSIP 548661EQ6 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 04/01/33; Yield to Call 5.191%; Moody BAA1	078-020880-048	12,000.00	99.707	12,043.32	12,343.74	11,964.84	(78.48)	(71.62)	307.28
MARRIOTT INTERNATIONAL INC/MD Coupon Rate 4.625%; Matures 06/15/2030; CUSIP 571903BE2 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/15/30; Yield to Maturity 5.231%; Moody BAA2	078-020880-048	11,000.00	96.930	10,530.74	10,763.92	10,662.30	131.56	(80.42)	21.20
MICROCHIP TECHNOLOGY INC Coupon Rate 4.250%; Matures 09/01/2025; CUSIP 595017BA1 Interest Paid Semi-Annually Mar/Sep; Callable \$101.06 on 07/28/24; Yield to Maturity 5.607%; Moody BAA1	078-020880-048	12,000.00	98.478	12,627.50	11,804.80	11,817.36	(810.14)	181.14	168.58
MOLSON COORS BEVERAGE CO Coupon Rate 3.000%; Matures 07/15/2026; CUSIP 60871RAG5 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 04/15/26; Yield to Maturity 5.217%; Moody BAA2	078-020880-048	12,000.00	95.757	12,883.68	11,381.94	11,490.84	(1,392.84)	273.90	165.00

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Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
MOTOROLA SOLUTIONS INC Coupon Rate 4.600%; Matures 02/23/2028; CUSIP 620076BL2 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 11/23/27; Yield to Maturity 5.114%; Moody BAA2	078-020880-048	12,000.00	98.303	13,970.64	11,844.03	11,796.36	(2,174.28)	147.06	194.73
OLIN CORP Coupon Rate 5.625%; Matures 08/01/2029; CUSIP 680665ALO Interest Paid Semi-Annually Feb/Aug; Callable \$102.81 on 08/01/24; Yield to Maturity 6.065%; Moody BA1	078-020880-048	8,000.00	98.092	7,587.50	7,701.09	7,847.36	259.86	332.52	186.25
ORACLE CORP Coupon Rate 2.950%; Matures 04/01/2030; CUSIP 68389XBV6 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 01/01/30; Yield to Maturity 5.182%; Moody BAA2	078-020880-048	13,000.00	89.016	11,432.20	11,545.12	11,572.02	139.82	121.71	94.81
PHILIP MORRIS INTERNATIONAL INC Coupon Rate 5.375%; Matures 02/15/2033; CUSIP 718172DB2 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 11/15/32; Yield to Maturity 5.440%; Moody A2	078-020880-048	12,000.00	99.550	12,048.88	12,297.32	11,945.94	(102.94)	(109.50)	241.88
QORVO INC Coupon Rate 4.375%; Matures 10/15/2029; CUSIP 74736KAH4 Interest Paid Semi-Annually Apr/Oct; Callable \$102.18 on 10/15/24; Yield to Maturity 5.620%; Moody BA1	078-020880-048	13,000.00	94.363	14,088.75	11,933.35	12,267.19	(1,821.56)	452.33	118.49
QUANTA SERVICES INC Coupon Rate 2.900%; Matures 10/01/2030; CUSIP 74762EAF9 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 07/01/30; Yield to Maturity 5.142%; Moody BAA3	078-020880-048	14,000.00	88.136	12,423.04	12,518.90	12,338.97	(84.07)	(79.56)	100.37
QVC INC Coupon Rate 4.750%; Matures 02/15/2027; CUSIP 747262AY9 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 11/15/26; Yield to Maturity 11.940%; Moody B2	078-020880-048	19,000.00	84.183	18,652.50	12,580.52	15,994.77	(2,657.73)	3,752.69	338.44
SBA COMMUNICATIONS CORP Coupon Rate 3.875%; Matures 02/15/2027; CUSIP 78410GAD6 Interest Paid Semi-Annually Feb/Aug; Callable \$100.96 on 07/08/24; Yield to Maturity 5.825%; Moody BA3	078-020880-048	14,000.00	95.310	14,542.50	13,136.08	13,343.40	(1,199.10)	410.76	203.44
SERVICE CORP INTERNATIONAL/JUS Coupon Rate 4.625%; Matures 12/15/2027; CUSIP 817565CD4 Interest Paid Semi-Annually Jun/Dec; Callable \$101.54 on 07/28/24; Yield to Maturity 5.599%; Moody BA3	078-020880-048	14,000.00	96.974	14,840.00	13,305.07	13,576.36	(1,263.64)	298.27	26.98
STEEL DYNAMICS INC Coupon Rate 5.000%; Matures 12/15/2026; CUSIP 858119BF6 Interest Paid Semi-Annually Jun/Dec; Callable \$100.83 on 07/28/24; Yield to Maturity 5.329%; Moody BAA2	078-020880-048	12,000.00	99.248	12,000.00	11,853.40	11,909.76	(90.24)	81.36	25.00
TELEDYNE TECHNOLOGIES INC Coupon Rate 2.750%; Matures 04/01/2031; CUSIP 879360AE5 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 01/01/31; Yield to Maturity 5.318%; Moody BAA3	078-020880-048	15,000.00	85.585	12,908.25	13,005.65	12,837.75	(70.50)	(65.92)	101.98
TENET HEALTHCARE CORP Coupon Rate 6.125%; Matures 10/01/2028; CUSIP 88033GDK3 Interest Paid Semi-Annually Apr/Oct; Callable \$103.06 on 07/13/24; Yield to Maturity 6.353%; Moody B3	078-020880-048	16,000.00	99.150	15,947.00	16,157.97	15,864.00	(83.00)	(51.69)	242.28

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Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
TRANSIDIGM INC Coupon Rate 5.500%; Matures 11/15/2027; CUSIP 893647BL0 Interest Paid Semi-Annually May/Nov; Callable \$101.37 on 07/28/24; Yield to Maturity 6.059%; Moody B3	078-020880-048	7,000.00	98.311	6,571.25	6,713.49	6,881.74	310.49	216.38	48.13
TRIMBLE INC Coupon Rate 4.900%; Matures 06/15/2028; CUSIP 896239AC4 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/15/28; Yield to Maturity 5.277%; Moody BAA3	078-020880-048	12,000.00	98.666	13,585.86	11,754.38	11,839.92	(1,745.94)	110.04	24.50
UNITED RENTALS NORTH AMERICA INC Coupon Rate 5.500%; Matures 05/15/2027; CUSIP 911365BFO Interest Paid Semi-Annually Feb/Aug; Callable \$100.91 on 07/28/24; Yield to Maturity 5.795%; Moody BAA2	078-020880-048	8,000.00	99.222	8,490.00	8,060.16	7,937.72	(552.28)	42.56	165.00
UNITED RENTALS NORTH AMERICA INC Coupon Rate 4.000%; Matures 07/15/2030; CUSIP 911365BN3 Interest Paid Semi-Annually Jan/Jul; Callable \$102.00 on 07/15/25; Yield to Maturity 5.885%; Moody BAA2	078-020880-048	2,000.00	90.531	1,677.50	1,701.06	1,810.61	133.11	146.22	36.67
VERIZON COMMUNICATIONS INC Coupon Rate 2.550%; Matures 03/21/2031; CUSIP 92343VGJ7 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/21/30; Yield to Maturity 5.201%; Moody BAA1	078-020880-048	14,000.00	85.113	11,971.96	12,093.93	11,915.82	(56.14)	(79.93)	98.18
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP Coupon Rate 4.700%; Matures 09/15/2028; CUSIP 960386AM2 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 06/15/28; Yield to Maturity 5.203%; Moody BAA3	078-020880-048	5,000.00	98.115	4,862.45	4,911.41	4,905.73	43.28	62.86	68.54
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP Coupon Rate 3.450%; Matures 11/15/2026; CUSIP 960386AL4 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 08/15/26; Yield to Maturity 5.416%; Moody BAA3	078-020880-048	6,000.00	95.670	6,442.56	5,647.79	5,740.17	(702.39)	118.26	25.88
WILLIS NORTH AMERICA INC Coupon Rate 4.500%; Matures 09/15/2028; CUSIP 970648AG6 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 06/15/28; Yield to Maturity 5.269%; Moody BAA3	078-020880-048	12,000.00	97.123	13,839.00	11,613.06	11,654.76	(2,184.24)	199.20	157.50
ZIMMER BIOMET HOLDINGS INC Coupon Rate 3.050%; Matures 01/15/2026; CUSIP 98956PAS1 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 12/15/25; Yield to Maturity 5.413%; Moody BAA2	078-020880-048	12,000.00	96.548	11,534.60	11,505.89	11,585.76	51.16	247.62	167.75
Total Corporate Bonds				\$612,130.02	\$577,431.44	\$581,912.99	\$(30,217.03)	\$11,153.80	\$6,672.25

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Holdings

FIXED-RATE CAPITAL SECURITIES

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
CRESCENT CAP BDC INC NT CAL 26 5% (FCRX) Coupon Rate 5.000%; Matures 05/25/2026 Interest Paid Quarterly Jun; Callable \$100.00 on 07/29/24; Asset Class: FI & Pref	078-020559-048	650.00	\$24.050	\$15,254.61	\$15,216.50	\$15,632.50	\$377.89	\$416.00	
EAGLE POINT INCOME CO INC NT 7.75% (EICB) Coupon Rate 7.750%; Matures 07/31/2028 Interest Paid Monthly; Callable \$25.00 on 07/31/25; Pays Div; Asset Class: FI & Pref	078-020559-048	500.00	24.818	12,400.00	12,400.00	12,409.00	9.00	9.00	
GLADSTONE INVT CORP CAL NT 28 8.000% (GAINL) Coupon Rate 8.000%; Matures 08/01/2028 Interest Paid Quarterly Aug; Callable \$25.00 on 08/01/25; Asset Class: FI & Pref	078-020559-048	250.00	25.710	6,180.00	6,290.00	6,427.50	247.50	137.50	
OXFORD LANE CAP CORP 6.25% NT 27 (OXLCP) Coupon Rate 6.250%; Matures 02/28/2027 Interest Paid Monthly; Callable \$25.00 on 07/29/24; Pays Div; Asset Class: FI & Pref	078-020559-048	650.00	23.490	14,818.73	14,820.00	15,268.50	449.77	448.50	
RUNWAY GROWTH FIN CO (RWAYL) Coupon Rate 7.500%; Matures 07/28/2027 Interest Paid Quarterly Jun; Callable \$25.00 on 07/29/24; Asset Class: FI & Pref	078-020559-048	600.00	25.050	14,948.00	14,472.00	15,030.00	82.00	558.00	
SARATOGA INVT CORP CAL NT 27 (SAT) Coupon Rate 6.000%; Matures 04/30/2027 Interest Paid Quarterly Aug; Callable \$100.00 on 07/29/24; Asset Class: FI & Pref	078-020559-048	625.00	23.810	14,768.83	14,634.38	14,881.25	112.42	246.87	
SARATOGA INVT CRP CAL NT 28 8.5% (SAZ) Coupon Rate 8.500%; Matures 04/15/2028 Interest Paid Quarterly Aug; Callable \$25.00 on 04/15/25; Asset Class: FI & Pref	078-020559-048	375.00	25.215	9,281.25	9,391.88	9,455.63	174.38	63.75	
Total Fixed-Rate Capital Securities				\$87,651.42	\$87,224.76	\$89,104.38	\$1,452.96	\$1,879.62	

Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
34.31%	\$699,781.44	\$664,656.20	\$671,017.37	\$(28,764.07)	\$13,033.42	\$6,672.25
Total Fixed Income						



Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

Stocks

COMMON STOCKS

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
ABBVIE INC COM (ABBV) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	5.209	\$171.520	\$770.85	\$783.69	\$893.45	\$122.60	\$109.76
ADOBE INC (ADBE) Asset Class: Equities	078-020882-048	1.352	555.540	638.30	668.76	751.09	112.79	82.33
AIMINITY INVESTMENT CORP UNIT (AIMBU) Asset Class: Equities	078-020559-048	1,450,000	11.340	15,074.64	15,225.00	16,443.00	1,368.36	1,218.00
ALLSTATE CORP (ALL) Next Dividend Payable 07/01/24; Asset Class: Equities	078-020882-048	4.091	159.660	665.26	665.26	653.17	(12.09)	(12.09)
ALPHABET INC CL A (GOOGL) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	24.133	182.150	3,557.86	3,216.97	4,395.83	837.97	1,178.86
AMAZON COM INC (AMZN) Asset Class: Equities	078-020882-048	21.816	193.250	3,501.76	3,024.15	4,215.94	714.18	1,191.79
AMERICAN EXPRESS CO (AXP) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	5.743	231.550	1,070.72	1,123.04	1,329.79	259.07	206.75
AMERICAN TOWER CORP (AMT) Next Dividend Payable 07/12/24; Asset Class: Alt	078-020882-048	4.911	194.380	961.17	961.17	954.60	(6.56)	(6.57)
AMGEN INC (AMGN) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	2.233	312.450	671.16	671.16	697.70	26.54	26.54
APPLE INC (AAPL) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	29.074	210.620	4,947.65	5,595.67	6,123.57	1,175.92	527.90
ARES ACQUISITION CORP II CL A (AACT) Asset Class: Equities	078-020559-048	2,375.000	10.670	25,282.11	25,282.11	25,341.25	59.14	59.14
BOSTON SCIENTIFIC CORP (BSX) Asset Class: Equities	078-020882-048	7.078	77.010	276.18	384.55	545.08	268.90	160.53
BROADCOM INC (AVGO) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	0.976	1,605.530	643.19	920.57	1,567.00	923.81	646.43
CHARLES SCHWAB NEW (SCHW) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	21.490	73.690	1,378.57	1,379.77	1,583.60	205.03	203.83
COCA COLA CO (KO) Next Dividend Payable 07/01/24; Asset Class: Equities	078-020882-048	16.039	63.650	975.41	967.94	1,020.88	45.47	52.94
CONOCOPHILLIPS (COP) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	7.544	114.380	623.20	806.09	862.88	239.68	56.79
COSTCO WHOLESALE CORP NEW (COST) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	1.328	849.990	784.39	766.24	1,128.79	344.40	362.55

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
DATADOG INC CL A (DDOG) Asset Class: Equities	078-020882-048	3.035	129.690	351.53	351.53	393.61	42.08	42.08
EATON CORP PLC SHS (ETN) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	3.850	313.550	982.95	1,000.18	1,207.17	224.23	206.99
ELI LILLY & CO (LLV) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	2.625	905.380	899.50	1,363.95	2,376.62	1,477.12	1,012.67
ESH ACQUISITION CORP (ESHA) Asset Class: Equities	078-020559-048	750.000	10.420	7,553.78	7,553.78	7,815.00	261.22	261.22
EXXON MOBIL CORP (XOM) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	9.463	115.120	647.58	1,023.05	1,089.38	441.80	66.33
FREEMPORT-MCMORAN CL-B (FCX) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	7.292	48.600	349.59	349.59	354.39	4.80	4.80
GLOBAL LIGHTS ACQUISITION CORP (GLAC) Asset Class: Equities	078-020559-048	2,500.000	10.305	25,650.00	25,650.00	25,762.50	112.50	112.50
GOLDMAN SACHS GRP INC (GS) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	2.376	452.320	802.30	819.04	1,074.71	272.41	255.67
HAYMAKER ACQUISITION CORP 4 (HYAC) Asset Class: Equities	078-020559-048	1,000.000	10.510	10,519.40	10,519.40	10,510.00	(9.40)	(9.40)
HOMIE DEPOT INC (HD) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	1.568	344.240	506.10	492.80	539.77	33.67	46.97
IRON HORSE ACQUISITION CORP (IROH) Asset Class: Equities	078-020559-048	2,500.000	10.060	25,149.50	25,149.50	25,150.00	0.50	0.50
JPMORGAN CHASE & CO (JPM) Next Dividend Payable 07/2024; Asset Class: Equities	078-020882-048	10.250	202.260	1,466.73	1,588.98	2,073.17	606.44	484.19
KKR & CO INC CL A (KKR) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	6.781	105.240	692.29	692.29	713.63	21.34	21.34
LAM RESEARCH CORPORATION (LRCX) Next Dividend Payable 07/10/24; Asset Class: Equities	078-020882-048	0.523	1,064.850	270.50	359.89	556.92	286.42	197.03
LULULEMON ATHLETICA INC (LULU) Asset Class: Equities	078-020882-048	2.000	298.700	827.80	757.00	597.40	(230.40)	(159.60)
MARTIN MARIETTA MATERIALS (MLM) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	1.000	541.800	335.34	461.69	541.80	206.46	80.11
MC DONALDS CORP (MCD) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	2.335	254.840	564.02	696.79	595.05	31.03	(101.74)
MCKESSON CORP (MCK) Next Dividend Payable 07/01/24; Asset Class: Equities	078-020882-048	0.625	584.040	331.99	331.99	365.03	33.04	33.04

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
MERCK & CO INC NEW COM (MRK) Next Dividend Payable 07/08/24; Asset Class: Equities	078-020882-048	9.472	123.800	777.74	1,113.39	1,172.63	394.90	59.24
META PLATFORMS INC CL A (META) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	5.030	504.220	1,349.81	1,664.44	2,536.23	1,186.41	871.79
MICRON TECH INC (MU) Next Dividend Payable 07/2024; Asset Class: Equities	078-020882-048	7.115	131.530	600.38	605.48	935.84	335.46	330.36
MICROSOFT CORP (MSFT) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	13.652	446.950	4,824.39	4,851.78	6,101.76	1,277.37	1,249.98
MORGAN STANLEY (MS) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	8.000	97.190	693.48	719.36	777.52	84.04	58.16
NETFLIX INC (NFLX) Asset Class: Equities	078-020882-048	1.825	674.880	612.77	913.73	1,231.66	618.89	317.93
NVIDIA CORPORATION (NVDA) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	48.940	123.540	1,812.56	2,622.25	6,046.05	4,233.48	3,423.80
PALO ALTO NETWORKS INC (PANW) Asset Class: Equities	078-020882-048	2.289	339.010	549.74	639.21	775.99	226.25	136.78
PEPSICO INC NC (PEP) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	3.773	164.930	657.79	657.79	622.28	(35.51)	(35.51)
RTX CORPORATION (RTX) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	10.631	100.390	1,067.35	1,067.35	1,067.25	(0.10)	(0.10)
SERVICENOW INC (NOW) Asset Class: Equities	078-020882-048	1.000	786.670	446.90	561.97	786.67	339.77	224.70
SILVERBOX CORP III CL A (SBXC) Asset Class: Equities	078-020559-048	1,200.000	10.600	12,144.00	12,144.00	12,720.00	576.00	576.00
T-MOBILE US INC COM (TMUS) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	4.224	176.180	510.01	592.65	744.18	234.17	151.53
TARGET CORPORATION (TGT) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	2.967	148.040	501.69	501.69	439.23	(62.46)	(62.46)
THE CIGNA GROUP (CI) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	3.617	330.570	1,127.21	1,127.21	1,195.67	68.46	68.46
UBER TECHNOLOGIES INC (UBER) Asset Class: Equities	078-020882-048	8.345	72.680	564.16	564.16	606.51	42.35	42.35
UNITED RENTALS INC (URI) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	0.967	646.730	432.36	482.33	625.39	193.03	143.06
UNITEDHEALTH GP INC (UNH) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	2.297	509.260	1,054.38	1,113.85	1,169.77	115.39	55.92

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

COMMON STOCKS (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
VERTEX PHARMACEUTICALS (VRTX) Asset Class: Equities	078-020882-048	2.778	468.720	976.86	1,036.81	1,302.10	325.24	265.29
VISA INC CL A (V) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	2.975	262.470	589.82	716.75	780.85	191.03	64.10
WALMART INC (WMT) Next Dividend Payable 08/2024; Asset Class: Equities	078-020882-048	18.876	67.710	991.79	1,028.50	1,278.09	286.30	249.59
WELLS FARGO & CO NEW (WFC) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	16.970	59.390	886.34	826.75	1,007.85	121.51	181.10
Total Common Stocks				\$172,894.85	\$177,155.04	\$194,147.29	\$21,252.45	\$16,992.25

Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
9.83%	\$172,894.85	\$177,155.04	\$194,147.29	\$21,252.45	\$16,992.25

Exchange-Traded & Closed-End Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
ALLIANCEBERNSTEIN NATL MUNI (AFB) Next Dividend Payable 07/2024; Asset Class: FI & Pref	078-020559-048	1,450.000	\$11.110	\$15,084.64	\$15,558.50	\$16,109.50	\$1,024.86	\$551.00
ANGEL OAK FINL STRATEGIES INCM (FINS) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	1,323.000	12.370	16,442.62	15,650.77	16,365.51	(77.11)	714.74
BLACKROCK MUNIHLNG CA QUAL FD (MUC) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	1,565.000	11.100	16,400.49	16,514.12	17,371.50	971.01	857.38
BLACKROCK MUNIYLD NY QUAL FD (MYN) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	1,525.000	10.470	15,112.75	15,448.25	15,966.75	854.00	518.50
FIRST TR ABRDN GBL OPP INCM FD (FAM) Next Dividend Payable 07/15/24; Asset Class: FI & Pref	078-020559-048	1,550.000	6.340	9,053.97	9,641.47	9,827.00	773.03	185.53
FIRST TR INTERM DUR PRF&INC FD (FPF) Next Dividend Payable 07/15/24; Asset Class: FI & Pref	078-020559-048	500.000	18.370	8,890.00	7,755.00	9,185.00	295.00	1,430.00
GOLDMAN SACHS EQL WGT US ETF (GSEW) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	200.000	71.155	13,140.61	13,140.61	14,231.00	1,090.40	1,090.39
ISHARES 20+ YR TREASU BOND ETF (TLT) Next Dividend Payable 07/08/24; Asset Class: FI & Pref	078-017787-048	993.000	91.780	90,476.17	90,476.17	91,137.54	661.37	661.37

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Morgan Stanley

Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

Exchange-Traded & Closed-End Funds (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
MFS INTERMEDIATE INCOME TR SBI (MIN) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	6,000.000	2.660	16,328.84	16,248.83	15,960.00	(368.84)	(288.83)
NUV NEW YORK AMT-FREE MUNIC (NRK) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	2,300.000	11.090	23,241.85	23,317.00	25,507.00	2,265.15	2,190.00
NUVEEN AMT-FREE QLTY MUN INC (NEA) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	1,375.000	11.460	14,383.30	14,395.06	15,757.50	1,374.20	1,362.44
NUVEEN CA QUALITY MUN INC FD (NAC) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	1,400.000	11.530	15,148.00	15,288.00	16,142.00	994.00	854.00
NUVEEN QUALITY MUNI INC FUND (NAD) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	3,325.000	11.740	36,117.32	36,191.57	39,035.50	2,918.18	2,843.93
NUVEEN VRIABL RAT PFD & INM FD (NPF) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	325.000	18.380	5,850.00	5,031.00	5,973.50	123.50	942.50
PIONEER DIVERSIFIED HIGH INC (HNW) Next Dividend Payable 07/01/24; Asset Class: FI & Pref	078-020559-048	900.000	11.679	9,282.52	9,090.00	10,511.10	1,228.58	1,421.10
SPDR BLOOMBERG 1-3 MONTH T-B (BIL) Next Dividend Payable 07/05/24; Asset Class: FI & Pref	078-020882-048	23.231	91.780	2,131.94	2,131.93	2,132.14	0.20	0.21
VANGUARD FTSE DEVELOPED MKTS E (VEA) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	1,046.000	49.420	44,655.37	49,354.21	51,693.32	7,037.95	2,339.11
VANGUARD FTSE EMERGING MARKETS (VWO) Next Dividend Payable 09/2024; Asset Class: Equities	078-020882-048	1,059.000	43.760	43,519.23	43,872.11	46,341.84	2,822.61	2,469.73
VANGUARD MID-CAP ETF INDEX (VO) Next Dividend Payable 07/01/24; Asset Class: Equities	078-020882-048	117.000	242.100	20,659.98	26,466.39	28,325.70	7,665.72	1,859.31
VANGUARD SMALL CAP ETF (VB) Next Dividend Payable 07/02/24; Asset Class: Equities	078-020882-048	155.000	218.040	26,716.35	31,653.24	33,796.20	7,079.85	2,142.96
VANGUARD TOTAL BOND MARKET (BND) Next Dividend Payable 07/03/24; Asset Class: FI & Pref	078-020559-048	600.000	72.050	42,810.00	42,810.00	43,230.00	420.00	420.00
VANGUARD VALUE ETF INDEX (VTI) Next Dividend Payable 07/01/24; Asset Class: Equities	078-020882-048	123.000	160.410	18,065.09	18,060.47	19,730.43	1,665.34	1,669.96
WESTERN ASST INFLTN LKD INM FD (WIA) Next Dividend Payable 07/02/24; Asset Class: FI & Pref	078-020559-048	3,850.000	8.010	32,192.57	31,427.50	30,838.50	(1,354.07)	(589.00)
Total Exchange-Traded & Closed-End Funds				\$535,703.61	\$549,522.20	\$575,168.53	\$39,464.93	\$25,646.33

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Holdings

Mutual Funds

Open-End Non-Sweep Money Market Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
FEDERATED HERMES GOVT OBL PRM (GOFXX)	078-017787-048	126,903.440	\$1.0000	N/A	\$126,903.44	\$126,903.44	N/A	\$0.00
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>								

Open-End Mutual Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
ALLSPRING CORE BOND I (MBFIX)	078-017787-048	13,824.885	\$10.910	\$150,000.00	\$149,999.87	\$150,829.49	\$829.49	\$829.62
Purchases		13,824.885		150,000.00	149,999.87	150,829.49	829.49	829.62
Short Term Reinvestments		13.237		143.49	143.62	144.42	0.93	0.80
Total		13,838.122		150,143.49	150,143.49	150,973.91	830.42	830.42
Total Purchases vs Market Value				150,000.00		150,973.91		
Net Value Increase/(Decrease)						973.91		
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
DOUBLELINE TOTAL RETURN I (DBLTX)	078-017787-048	23,151.611	8.650	219,859.02	202,736.36	200,261.44	(19,597.58)	(2,474.92)
Purchases		23,151.611		219,859.02	202,736.36	200,261.44	(19,597.58)	(2,474.92)
Long Term Reinvestments		1,226.915		11,795.09	10,743.97	10,612.81	(1,182.28)	(131.16)
Short Term Reinvestments		869.717		7,482.99	7,616.03	7,523.05	40.06	(92.98)
Total		25,248.243		239,137.10	221,096.36	218,397.30	(20,739.80)	(2,699.06)
Total Purchases vs Market Value				219,859.02		218,397.30		
Net Value Increase/(Decrease)						(1,461.72)		
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
Total Mutual Funds		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
		25.13%		\$389,280.59	\$498,143.29	\$496,274.65	\$(19,909.38)	\$(1,868.64)

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

ROOFERS' LOCAL 241
INSURANCE FUND

For the Year Ended
June 30, 2024

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULES

ROOFERS' LOCAL 241 INSURANCE FUND

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D'Arcangelo & Co., LLP
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Independent Auditor's Report

To the Board of Trustees of
Roofers' Local 241 Insurance Fund

Opinion

We have audited the accompanying financial statements of Roofers' Local 241 Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Roofers' Local 241 Insurance Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with 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 241 Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 241 Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 241 Insurance 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 241 Insurance Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of premiums and benefits and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

D'Arcangelo & Co., LLP

April 10, 2025

Utica, New York

ROOFERS' LOCAL 241 INSURANCE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2024 and 2023

	2024	2023
Assets		
Investments at Fair Value		
Money Market Account	\$ 31,658	\$ 28,353
U.S. Treasury and Corporate Debt Securities	671,018	529,799
Corporate Equity Securities	194,147	112,636
Mutual Funds and Exchange Traded Funds	<u>1,071,443</u>	<u>617,526</u>
Total Investments at Fair Value	<u>1,968,266</u>	<u>1,288,314</u>
Receivables		
Employers' Contributions	352,118	270,764
Due from Affiliated Funds	123,303	129,227
Accounts Receivable, Other	14,330	14,330
Accrued Income	<u>6,672</u>	<u>5,145</u>
Total Receivables	<u>496,423</u>	<u>419,466</u>
Other Assets		
Cash	727,921	1,145,030
Prepaid Expenses	<u>9,609</u>	<u>21,394</u>
Total Other Assets	<u>737,530</u>	<u>1,166,424</u>
Total Assets	<u>\$ 3,202,219</u>	<u>\$ 2,874,204</u>
Liabilities		
Accounts Payable	<u>\$ 0</u>	<u>\$ 1,186</u>
Unrestricted Net Assets		
General Fund	728,869	663,926
Personal Account Fund	<u>2,473,350</u>	<u>2,209,092</u>
Net Assets Available for Benefits	<u><u>\$ 3,202,219</u></u>	<u><u>\$ 2,873,018</u></u>

The Accompanying Notes are an Integral Part of These Financial Statements.

ROOFERS' LOCAL 241 INSURANCE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended June 30, 2024

	June 30, 2024		
	General Fund	Personal Account Fund	Total All Funds
Additions			
Interest	\$ 61,974	\$ 0	\$ 61,974
Net Appreciation in Fair Value of Investments	53,505	0	53,505
Total Investment Income	115,479	0	115,479
Investment Expenses	(8,220)	0	(8,220)
Net Investment Income	107,259	0	107,259
Contributions			
Employers' Contributions	382,874	3,294,242	3,677,116
Employee Contributions	0	44,446	44,446
Total Contributions	382,874	3,338,688	3,721,562
Total Additions	490,133	3,338,688	3,828,821
Deductions			
Payments for Premiums and Benefits	0	3,087,948	3,087,948
Administrative Expenses	260,213	151,459	411,672
Total Deductions	260,213	3,239,407	3,499,620
Net Increase	229,920	99,281	329,201
Net Assets Available for Benefits, Beginning of Year	663,926	2,209,092	2,873,018
Transfers to (from) General Fund for Administrative Fees, Inactive Accounts, and Subsidies	(164,977)	164,977	0
Net Assets Available for Benefits, End of Year	<u>\$ 728,869</u>	<u>\$ 2,473,350</u>	<u>\$ 3,202,219</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

ROOFERS' LOCAL 241 INSURANCE FUND
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Year Ended June 30, 2023

	June 30, 2023		
	General Fund	Personal Account Fund	Total All Funds
Additions			
Interest	\$ 50,121	\$ 0	\$ 50,121
Net Appreciation in Fair Value of Investments	5,033	0	5,033
Total Investment Income	55,154	0	55,154
Investment Expenses	(6,632)	0	(6,632)
Net Investment Income	48,522	0	48,522
Contributions			
Employers' Contributions	317,245	3,041,296	3,358,541
Employee Contributions	0	41,381	41,381
Total Contributions	317,245	3,082,677	3,399,922
Total Additions	365,767	3,082,677	3,448,444
Deductions			
Payments for Premiums and Benefits	0	2,790,075	2,790,075
Administrative Expenses	221,847	123,371	345,218
Total Deductions	221,847	2,913,446	3,135,293
Net Increase	143,920	169,231	313,151
Net Assets Available for Benefits, Beginning of Year	615,344	1,944,523	2,559,867
Transfers to (from) General Fund for Administrative Fees, Inactive Accounts, and Subsidies	(95,338)	95,338	0
Net Assets Available for Benefits, End of Year	<u>\$ 663,926</u>	<u>\$ 2,209,092</u>	<u>\$ 2,873,018</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

ROOFERS' LOCAL 241 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

The Roofers' Local 241 Insurance Fund (Fund) was formed under the terms of an agreement and declaration of trust in 1967 and the system of benefits and rules and regulations is known as the Plan. The Plan was amended on July 1, 1983 to be an individual account plan. The purpose of the Plan is to provide certain health care benefits, death and dismemberment benefits and certain other benefits to members of Roofers' Local 241 and employees of the Fund. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by a Board of Trustees representing both the Roofers' Local 241 and the participating employers. Contributing employers are primarily located in the Albany and Upstate New York area. Approximately 68 percent of employer contributions are derived from the Fund's two largest employers.

Under the individual account concept, employer contributions are credited to the individual employee account on whose behalf the contributions are made, and payments to provide benefits are charged to the individual employee account on whose behalf the payments are made. The individual participants' accounts are maintained in the personal account fund as restricted net assets. The unrestricted net assets are maintained in the general fund.

Basis of Accounting

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

Contributions Receivable

Contributions receivable from participating employers are valued at cost and are accrued based upon reports received subsequent to the year end, which include contributions due in the current year. Contributions receivable are considered fully collectible at year end, and no allowance for uncollectible accounts has been recorded.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

ROOFERS' LOCAL 241 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the statements of changes in net assets available for benefits includes the Fund's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 DESCRIPTION OF PLAN

The most recent Summary Plan Description booklet dated July 1, 2019, has been distributed to all participants. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions, eligibility, participation and benefit provisions. Additional copies are available to the participants at the fund office.

The individual participant accounts are split between a health account and another benefit account. The health account is used for health insurance premiums and other health expenses not covered by insurance. The other benefit account is used for disability and compensation benefits, scholarship and educational benefits, dependent care, and holiday and vacation benefits.

Funding Policy

The Plan is funded by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. Contributions are based on a set hourly rate for hours worked by union members and Fund employees. The hourly rate for hours worked from July 1, 2022 through June 30, 2023 was allocated as \$10.42 to the personal account and \$1.05 to the General Fund. The hourly rate for hours worked from July 1, 2023 through June 30, 2024 was allocated as \$11.17 to the personal account and \$1.05 to the General Fund.

Priorities on Termination of Plan

The Fund's Board of Trustees, as the Plan Sponsor, has the right under the plan to modify the benefits provided. The Plan may be terminated only by joint agreement between the participating employers and the union, subject to the provisions set forth in ERISA. In the event of the termination of this Plan, the Trustees shall distribute to each participant the value of his account at the time of termination in such manner as shall best execute the Plan's intent.

ROOFERS' LOCAL 241 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include the following:

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

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

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

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

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

Invested Cash and Money Market Accounts: Valued at cost which approximates fair value.

Corporate Equity Securities: Valued at the closing price reported in the active market in which the individual security is traded.

U.S. Treasury and Corporate Debt Securities: Securities traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the plan year are valued at the average of the last reported bid and asked prices.

Mutual Funds and Exchange Traded Funds: Valued at the daily closing price as reported by the mutual fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

ROOFERS' LOCAL 241 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

All assets have been valued using a market approach.

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

The following table sets forth by level, within the fair value hierarchy, the Fund's assets measured at fair value on a recurring basis as of June 30, 2024 and 2023:

		2024		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
Investments	Total	(Level 1)	(Level 2)	(Level 3)
Money Market Account	\$ 31,658	\$ 31,658	\$ 0	\$ 0
U.S. Treasury & Corp. Debt Securities	671,018	0	671,018	0
Corporate Equity Securities	194,147	194,147	0	0
Mutual Funds and Exchange Traded Funds	1,071,443	1,071,443	0	0
Total	\$ 1,968,266	\$ 1,297,248	\$ 671,018	\$ 0

		2023		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
Investments	Total	(Level 1)	(Level 2)	(Level 3)
Money Market Account	\$ 28,353	\$ 28,353	\$ 0	\$ 0
U.S. Treasury & Corp. Debt Securities	529,799	0	529,799	0
Corporate Equity Securities	112,636	112,636	0	0
Mutual Funds and Exchange Traded Funds	617,526	617,526	0	0
Total	\$ 1,288,314	\$ 758,515	\$ 529,799	\$ 0

NOTE 4 RELATED-PARTY TRANSACTIONS

The Fund shares office space and employees with three related parties, Roofers' Local 241 Pension Fund, Roofers' Local 241 Joint Apprenticeship Trust Fund, and Roofers' Local 241 Labor Management Fund. Expenses directly related to a particular fund are paid by that fund. Common expenses are allocated in accordance with an agreement among the Boards of Trustees. For the years reflected in the accompanying financial statements, the allocation of common expenses was as follows:

Pension Fund	46%
Insurance Fund	46%
Apprenticeship Fund	6%
Labor Management Fund	2%

ROOFERS' LOCAL 241 INSURANCE FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 4 RELATED-PARTY TRANSACTIONS (Continued)

In general, the Fund pays the common expenses as incurred. The Pension Fund, Apprenticeship Fund, and Labor Management Fund make periodic estimated reimbursements throughout the year with final reimbursements determined at year end. The due from affiliated funds in the accompanying financial statements represents the amounts due from the Pension, Apprenticeship, and Labor Management Funds for reimbursement of shared expenses for the years ended June 30, 2024 and 2023.

NOTE 5 COMMITMENTS

The Fund maintains its office in the Labor Temple Building located at 890 Third Street in Albany, New York. This office space is occupied on a month-to-month basis at a monthly rent of \$1,000. The Fund's share of the monthly rent expense is in accordance with the method of allocation described in Note 4.

The Fund follows the accounting standard for Leases (Topic 842) and has elected the practical expedient to not include short term leases of 12 months or less for reporting within operating right of use asset and lease liabilities.

NOTE 6 TAX STATUS

The Fund is exempt from federal income tax on income under section 501(c)(9) of the Internal Revenue Code. Accordingly, no provision for income taxes is recorded in the accompanying financial statements. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Trustees believe that the Plan, as amended, continues to qualify and operate as designed.

NOTE 7 PARTY IN INTEREST

A party-in-interest is defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan or an employer whose employees are covered by the Plan. The Plan pays expenses related to Plan operations and investment activity to various service providers. Therefore, payments to such service providers by the Plan qualify as party-in-interest transactions.

NOTE 8 CONCENTRATIONS OF CREDIT RISK

The Fund may invest in various types of investment securities. Investment securities are exposed to various market risks, such as interest rate, market, and credit risk. 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 statements of net assets available for plan benefits.

Financial instruments which potentially subject the Fund to concentrations of credit risk are temporary cash investments and contributions. The Fund places cash in financial institutions which provide Federal Deposit Insurance Corporation (FDIC) coverage. During the year the balance may exceed FDIC coverage which management considers an acceptable business risk.

NOTE 9 SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 10, 2025, the date on which the financial statements were available to be issued.

ROOFERS' LOCAL 241 INSURANCE FUND

SCHEDULES OF PREMIUMS AND BENEFITS AND ADMINISTRATIVE EXPENSES

For the Year Ended June 30, 2024

	June 30, 2024		
	General Fund	Personal Account Fund	Total All Funds
Payments for Premiums and Benefits			
Health Insurance Premiums	\$ 0	\$ 1,702,758	\$ 1,702,758
Union Labor Life Insurance Premiums	0	46,766	46,766
Dental and Vision Premiums	0	35,050	35,050
Health Care Assistance	0	109,918	109,918
Vacation Benefit	0	712,599	712,599
Scholarship Benefit	0	18,722	18,722
Supplemental Unemployment Benefit	0	31,875	31,875
Holiday Benefit	0	427,900	427,900
Dependent Care Benefit	0	2,360	2,360
Total Payments for Premiums and Benefits	<u>0</u>	<u>3,087,948</u>	<u>3,087,948</u>
Administrative Expenses			
Administrative Services	168,122	0	168,122
Actuary and Consultant	14,200	0	14,200
Audit and Accounting	14,000	0	14,000
Legal	8,793	0	8,793
Computer Consultant	21,854	0	21,854
Insurance Premiums for Fiduciary	718	0	718
Dues	1,854	0	1,854
Insurance, Other	725	0	725
Meetings	1,407	0	1,407
Office Supplies, Postage, and Telephone	10,706	0	10,706
Rent	4,872	0	4,872
Conference and Travel	3,488	0	3,488
Taxes on Salaries and Benefits	9,474	151,459	160,933
Total Administrative Expenses	<u>260,213</u>	<u>151,459</u>	<u>411,672</u>
Total Administrative Expenses and Premiums and Benefits	<u>\$ 260,213</u>	<u>\$ 3,239,407</u>	<u>\$ 3,499,620</u>

See Independent Auditor's Report

ROOFERS' LOCAL 241 INSURANCE FUND

SCHEDULES OF PREMIUMS AND BENEFITS AND ADMINISTRATIVE EXPENSES

For the Year Ended June 30, 2023

	June 30, 2023		
	General Fund	Personal Account Fund	Total All Funds
Payments for Premiums and Benefits			
Health Insurance Premiums	\$ 0	\$ 1,628,933	\$ 1,628,933
Union Labor Life Insurance Premiums	0	43,211	43,211
Dental and Vision Premiums	0	26,381	26,381
Health Care Assistance	0	110,101	110,101
Vacation Benefit	0	577,600	577,600
Scholarship Benefit	0	26,817	26,817
Supplemental Unemployment Benefit	0	40,550	40,550
Holiday Benefit	0	330,400	330,400
Dependent Care Benefit	<u>0</u>	<u>6,082</u>	<u>6,082</u>
Total Payments for Premiums and Benefits	<u>0</u>	<u>2,790,075</u>	<u>2,790,075</u>
Administrative Expenses			
Administrative Services	132,606	0	132,606
Actuary and Consultant	13,784	0	13,784
Audit and Accounting	14,479	0	14,479
Legal	6,361	0	6,361
Computer Consultant	18,609	0	18,609
Insurance Premiums for Fiduciary Liability	722	0	722
Dues	1,169	0	1,169
Insurance, Other	627	0	627
Office Supplies, Postage, and Telephone	7,870	0	7,870
Rent	5,520	0	5,520
Conference and Travel	10,376	0	10,376
Taxes on Salaries and Benefits	<u>9,724</u>	<u>123,371</u>	<u>133,095</u>
Total Administrative Expenses	<u>221,847</u>	<u>123,371</u>	<u>345,218</u>
Total Administrative Expenses and Premiums and Benefits	<u><u>\$ 221,847</u></u>	<u><u>\$ 2,913,446</u></u>	<u><u>\$ 3,135,293</u></u>

See Independent Auditor's Report

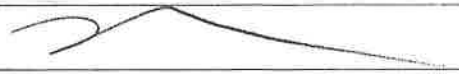
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2023 This Form is Open to Public Inspection
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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.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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
1a Name of plan ROOFERS LOCAL 241 INSURANCE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 05/01/1967
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) ROOFERS LOCAL 241 INSURANCE FUND 890 THIRD STREET ALBANY NY 12206-1626	2b Employer Identification Number (EIN) 51-0244401 2c Plan Sponsor's telephone number (518) 489-3919 2d Business code (see instructions) 238100

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

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

SIGN HERE		4/10/25	MICHAEL ROSSI
	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 ☒ 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	4 2 3
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	3 9 7
a(2) Total number of active participants at the end of the plan year	6a(2)	3 6 1
b Retired or separated participants receiving benefits	6b	2 6
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3 8 7
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	9

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 4F 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

ROOFERS LOCAL 241 INSURANCE FUND
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 51-0244401, PN: 501, 2023 Tax Year

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset On Transaction Date	Net Gain (Loss)

See Attachment A

Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Activity

ACTIVITY DETAILS - CONTRIBUTIONS, DISTRIBUTIONS AND OTHER DEPOSITS (CONTINUED)

Activity Date	Account Number	Activity Type	Description	Quantity/ Face Value	Amount
Other Deposits (Continued)					
Other Receipts (Continued)					
06/25/24	078-017787-048	Other Receipts	FEDERATED HERMES GOVT	5.37	\$160.12
Other Receipts Total					\$160.12
Total Other Deposits					\$160.12

TRANSACTIONS IN EXCESS OF 5% OVER PLAN BEGINNING MARKET VALUE

Plan Beginning Market Value With Loans: \$1,293,458.95

SINGLE TRANSACTIONS

Activity Date	Settlement Date	Account Number	Security Description	Activity Type	Quantity	Price	Amount	% Of Mkt Value
05/23/24	05/24/24	078-017787-048	ALLSPRING CORE BOND I	Bought	13,824.885	\$10.85	\$150,000.00	11.60%

SERIES OF TRANSACTIONS

Activity Date	Settlement Date	Account Number	Security Description	Activity Type	Quantity	Price	Amount	% Of Mkt Value
09/13/23	09/15/23	078-020559-048	VANGUARD TOTAL BOND MARKET	Sold	500.000	71.07	35,534.96	2.75%
05/28/24	05/29/24	078-020559-048	VANGUARD TOTAL BOND MARKET	Bought	600.000	71.35	42,810.00	3.31%
12/01/23	12/05/23	078-017787-048	ISHARES 20+ YR TREASU BOND ETF	Bought	444.000	91.25	\$78,344.96	6.06%
05/23/24	05/28/24	078-017787-048	ISHARES 20+ YR TREASU BOND ETF	Bought	549.000	90.99	40,517.22	3.13%
							49,958.95	3.86%
							\$90,476.17	6.99%

CONTINUED



Plan Account Number: 078-020878-048
For the Period: 07/01/2023 - 06/30/2024

Activity

TRANSACTIONS IN EXCESS OF 5% OVER PLAN BEGINNING MARKET VALUE (CONTINUED)
SERIES OF TRANSACTIONS (CONTINUED)

Activity Date	Settlement Date	Account Number	Security Description	Activity Type	Quantity	Price	Amount	% Of Mkt Value
05/23/24	05/24/24	078-017787-048	ALLSPRING CORE BOND I	Bought	13,824,885	10.85	150,000.00	11.60%
06/03/24	05/31/24	078-017787-048	ALLSPRING CORE BOND I	Dividend Reinvestment	13,237	10.84	143.49	0.01%
							\$150,143.49	11.61%