

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan LANGER ROOFING ADMINISTRATIVE SERVICES LLC PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1962
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) LANGER ROOFING ADMINISTRATIVE SERVICES LLC
1225 GRAY FOX DRIVE BROOKFIELD, WI 53045
2b Employer Identification Number (EIN) 87-3897290
2c Sponsor's telephone number 414-476-5800
2d Business code (see instructions) 561110
3a Plan administrator's name and address [] Same as Plan Sponsor. ADMINISTRATIVE COMMITTEE LANGER ROOFING ADMINISTRATIVE SERVICES LLC 1225 GRAY FOX DRIVE BROOKFIELD, WI 53045
3b Administrator's EIN 39-1243289
3c Administrator's telephone number 414-476-5800
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 29
5b Total number of participants at the end of the plan year 29
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year 16
5d(2) Total number of active participants at the end of the plan year 15
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 07/07/2025, RANDALL SHERFINSKI. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 536718. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4189647	4793139
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	4189647	4793139
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	480000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	321708	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		801708
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	172259	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	25957	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		198216
i Net income (loss) (subtract line 8h from line 8c)	8i		603492
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

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

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>LANGER ROOFING ADMINISTRATIVE SERVICES LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LANGER ROOFING ADMINISTRATIVE SERVICES LLC</u>	D Employer Identification Number (EIN) <u>87-3897290</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>4189647</u>
	b Actuarial value	2b	<u>4189647</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>7</u>	<u>2140217</u>
	b For terminated vested participants	<u>6</u>	<u>160981</u>
	c For active participants	<u>16</u>	<u>2432296</u>
	d Total	<u>29</u>	<u>4733494</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>309366</u>
	b Expected plan-related expenses	6b	<u>12400</u>
	c Target normal cost	6c	<u>321766</u>

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

SIGN HERE		
	Signature of actuary	<u>06/13/2025</u>
	<u>ROBERT M. PONSONBY, MAAA, MSPA</u>	Date
	Type or print name of actuary	<u>23-04083</u>
	<u>ACCURATE BENEFITS INC.</u>	Most recent enrollment number
	Firm name	<u>866-479-3893</u>
	<u>507 BROAD STREET, PMB #146</u>	Telephone number (including area code)
	<u>LAKE GENEVA, WI 53147</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.76</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		188762
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> %		10137
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		198899
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.43 %
15	Adjusted funding target attainment percentage	15	88.43 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.37 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/30/2024	380000	0					
12/19/2024	100000	0					
			Totals ▶	18(b)	480000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 468786
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 321766
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	547749		53245	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 375011
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 375011
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 468786
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 93775
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg.		1 To 4 Avg.		5 To 9 Avg.		10 To 14 Avg.		15 To 19 Avg.		20 To 24 Avg.		25 To 29 Avg.		30 To 34 Avg.		35 To 39 Avg.		40 & Up Avg.	
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0
60 to 64	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Langer Roofing Administrative Services LLC Pension Plan
 Plan sponsor's name: Langer Roofing & Sheet Metal Inc.

Plan number: 001
 EIN: 39-0667560

Langer Roofing Administrative Services LLC Pension Plan 87-3897290 / 001

Schedule SB, Part V-

STATEMENT OF ACTUARIAL ASSUMPTIONS / METHODS

For the 01/01/2024 Valuation

ASSUMPTIONS

	Plan Benefit Equivalencies	Funding Target & ASC 960																
<u>Pre-Retirement</u>																		
Interest Rate:	6.00%	<table border="1"> <tr> <td>Sec 436 Minimum:</td> <td align="center">4.75%</td> <td align="center">4.87%</td> <td align="center">5.59%</td> </tr> <tr> <td>Sec 404 Maximum:</td> <td align="center">3.62%</td> <td align="center">4.46%</td> <td align="center">4.52%</td> </tr> <tr> <td>ASC 960:</td> <td align="center">6.00%</td> <td align="center">6.00%</td> <td align="center">6.00%</td> </tr> <tr> <td></td> <td align="center">0-5yrs</td> <td align="center">6-20yrs</td> <td align="center">21+yrs</td> </tr> </table>	Sec 436 Minimum:	4.75%	4.87%	5.59%	Sec 404 Maximum:	3.62%	4.46%	4.52%	ASC 960:	6.00%	6.00%	6.00%		0-5yrs	6-20yrs	21+yrs
Sec 436 Minimum:	4.75%	4.87%	5.59%															
Sec 404 Maximum:	3.62%	4.46%	4.52%															
ASC 960:	6.00%	6.00%	6.00%															
	0-5yrs	6-20yrs	21+yrs															
Rate Time Horizon:	up to retirement																	
Compensation Increases:	N/A	6.00% per year																
Mortality:	1994 Group Annuity Reserve Table (94 GAR)	Funding Target: IRS Prescribed 2024 combined																
Turnover:	N/A	ASC 960: No Pre-Retirement Mortality None																
Effective Interest Rate:	N/A	5.22%																
<u>Post-Retirement</u>																		
Interest Rate:	6.00%	<table border="1"> <tr> <td>Sec 436 Minimum:</td> <td align="center">4.75%</td> <td align="center">4.87%</td> <td align="center">5.59%</td> </tr> <tr> <td>Sec 404 Maximum:</td> <td align="center">3.62%</td> <td align="center">4.46%</td> <td align="center">4.52%</td> </tr> <tr> <td>ASC 960:</td> <td align="center">6.00%</td> <td align="center">6.00%</td> <td align="center">6.00%</td> </tr> <tr> <td></td> <td align="center">0-5yrs</td> <td align="center">6-20yrs</td> <td align="center">21+yrs</td> </tr> </table>	Sec 436 Minimum:	4.75%	4.87%	5.59%	Sec 404 Maximum:	3.62%	4.46%	4.52%	ASC 960:	6.00%	6.00%	6.00%		0-5yrs	6-20yrs	21+yrs
Sec 436 Minimum:	4.75%	4.87%	5.59%															
Sec 404 Maximum:	3.62%	4.46%	4.52%															
ASC 960:	6.00%	6.00%	6.00%															
	0-5yrs	6-20yrs	21+yrs															
Rate Time Horizon:	after retirement																	
Mortality:	1994 Group Annuity Reserve Table (94 GAR)	Funding Target: IRS Prescribed 2024 combined																
Normal Form of Benefit:	Life Annuity	ASC 960: RP-2014 with scale MP-2021 Life Annuity																
Normal Retirement Age:	65	65 or end of year age if later																

Assets are valued at market value.

Under the Pension Protection Act of 2006 (PPA), the three different funding rates are the 24 month average segment rates issued by the IRS, based on the applicable corporate bond yield curve for that month containing the valuation date. The Highway and Transportation Funding Act (HATFA) and the American Rescue Plan Act of 2021 (ARPA) modified these rates by applying a corridor around the rates for calculations of the minimum required contribution and the Effective Interest Rate. The Section 404 and 436 calculations use a 4-month lookback period.

ACTUARIAL METHOD

PPA FUNDING METHOD (Active Plans)

Under the PPA Funding method, the current year's Target Normal Cost is calculated as the present value of the benefit that would accrue in that year based on projected salary and expected accruals.

The plan's Funding Target is determined to be the total Present Value of Accrued Benefit based on current service and salary for all participants as of the valuation date. If the value of plan assets exceeds the Funding Target plus Target Normal Cost then no additional funding would be required. If the Funding Target exceeds the value of plan assets less funded balances, the difference will be amortized and funded over fifteen years.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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


A Name of plan LANGER ROOFING ADMINISTRATIVE SERVICES LLC PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LANGER ROOFING ADMINISTRATIVE SERVICES LLC		D Employer Identification Number (EIN) 87-3897290	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	4,189,647	
b Actuarial value	2b	4,189,647	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	7	2,140,217	2,140,217
b For terminated vested participants	6	160,981	160,981
c For active participants	16	2,432,296	2,436,198
d Total	29	4,733,494	4,737,396
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.22%	
6 Target normal cost			
a Present value of current plan year accruals	6a	309,366	
b Expected plan-related expenses	6b	12,400	
c Target normal cost	6c	321,766	

Statement by Enrolled Actuary

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

SIGN HERE		06/13/2025
	Signature of actuary	Date
ROBERT M. PONSONBY, MAAA, MSPA		2304083
Type or print name of actuary		Most recent enrollment number
ACCURATE BENEFITS INC.		866-479-3893
Firm name		Telephone number (including area code)
507 BROAD STREET, PMB #146		
LAKE GENEVA WI 53147		
Address of the firm		

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

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 321,766

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	547,749	53,245
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 375,011

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 375,011

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 468,786

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

a Total (excess, if any, of line 37 over line 36) **38a** 93,775

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

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

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

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

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

Langer Roofing Administrative Services LLC Pension Plan 87-3897290/001
Schedule SB, Line 22-
Description of Weighted Average Retirement Age
For the 01/01/2024 Valuation

For funding purposes, all active participants are expected to retire at the Normal Retirement Age of 65.

**Schedule SB, Part V-
SUMMARY OF PLAN PROVISIONS**

Langer Roofing Administrative Services LLC Pension Plan

GENERAL

IRS Plan Number: 001
Employer ID Number: 87-3897290
Plan Status: Active
Plan Year: January 1 to December 31

DATES

Valuation Date: 01/01/2024
Effective Date: 01/01/1962
Last Amendment Recognized: 12/28/2021 (change Plan Sponsor and name of plan)

ELIGIBILITY

Eligible Employees: All active salaried employees and all other active employees who are not covered by a collective bargaining agreement in which retirement benefits were a subject of good faith bargaining.

Minimum Age: None

Length of Service: 12 months of 1000 or more hours of service

Entry Date 1: If the employee has 1000 or more hours of service during the first 12 months of employment: first day of the Plan Year coinciding with or next following date of employment.

Entry Date 2: If the employee has less than 1000 hours of service during the first 12 months of employment: first day of the Plan Year following any Plan Year of 1000 or more hours of service.

NORMAL RETIREMENT BENEFITS

Normal Retirement Age: 65

Compensation Period: Plan Year

Compensation Included: Generally all amounts included in gross income. See Plan Document for limitations and exceptions.

Average Compensation: Highest 5 consecutive Plan Years of participation

Normal Retirement Benefit 1: For participants hired prior to January 1, 1994: 3% of Average Compensation for each projected consecutive Plan Year of participation from date of hire to Normal Retirement Age.

Normal Retirement Benefit 2: For participants hired on or after January 1, 1994: 2% of Average Compensation for the first 10 consecutive Plan Year of participation and 1% of Average Compensation for the next 10 consecutive Plan Years of participation. Plan Years of participation are measured from date of hire to Normal Retirement Age.

Minimum Normal Retirement Benefit: \$20 per month

Maximum Normal Retirement Benefit: Lesser of: \$5,000 per month (or accrued benefit as of February 29, 2020, if greater) or 30% of Average Compensation (subject to IRS maximum benefit)

Accrued Benefit: Normal Retirement Benefit multiplied by the following fraction:
Numerator: Total consecutive Plan Years of actual participation; and
Denominator: Numerator plus all consecutive Plan Years of future participation assuming the participant terminated service at Normal Retirement Age.

Normal Form: Life Annuity

**Schedule SB, Part V-
SUMMARY OF PLAN PROVISIONS**

Langer Roofing Administrative Services LLC Pension Plan

PAYMENT OF BENEFITS

Benefit Options:	Annuity, Lump Sum (limits imposed after February 29, 2020), or combination of Annuity and Lump Sum.
Death Benefit:	Present Value of Accrued Benefit
Disability Benefit:	Present Value of Accrued Benefit
Early Retirement Age:	62
Early Retirement Benefit:	Actuarial equivalent of Normal Retirement Benefit
Late Retirement Benefit:	Greater of continued accruals or actuarial equivalent
Termination Benefit for Reason Other Than Death, Disability, Normal, Early, or Late Retirement:	Present Value of Vested Accrued Benefit

VESTING

Year:	0	1	2	3	4	5	6
% Vested:	0	0	20	40	60	80	100
Years Counted:	All Years of Service						

CHANGES IN PRINCIPAL ELIGIBILITY / BENEFIT PROVISIONS SINCE THE LAST VALUATION

None

Langer Roofing Administrative Services LLC Pension Plan 87-3897290 / 001

Schedule SB, Line 32 -

SCHEDULE OF AMORTIZATION BASES

As of 01/01/2024

<u>Charges</u>	<u>Date</u> <u>Established</u>	<u>Interest</u> <u>Rate</u>	<u>Initial</u> <u>Amount</u>	<u>Initial</u> <u>Years</u>	<u>Current</u> <u>Balance</u>	<u>Remaining</u> <u>Years</u>	<u>Annual</u> <u>Payment</u>
Funding Target Shortfall	01/01/2023	4.75 / 4.87	796,513	15	764,280	14	72,945
Funding Target Shortfall	01/01/2024	4.75 / 4.87	-243,496	15	-216,531	15	-19,700
					<u>547,749</u>		<u>53,245</u>