

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</u></p> <p><u>385 PARSIPPANY ROAD</u> <u>PARSIPPANY, NJ 07054-5111</u></p>	<p>1c Effective date of plan <u>11/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>22-6172741</u></p> <p>2c Plan Sponsor's telephone number <u>973-515-8500</u></p> <p>2d Business code (see instructions) <u>813930</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/13/2025	ROBERT CRITCHLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/13/2025	CRAIG GIBELLO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	530
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)	184
	6a(2)	167
	6b	206
	6c	74
	6d	447
	6e	63
	6f	510
	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	15

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

- a Pension Schedules**
- (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 1
 - (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

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan COMPOSITION ROOFERS LOCAL #4 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN	D Employer Identification Number (EIN) 22-6172741

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030259	0	11/01/2023	10/31/2024

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 0	(b) Total amount of fees paid 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	2956697

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

(6) Total additions **7c(6)** 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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
(2) Claim reserves			9d(2)
(3) Other reserves.....			9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier			10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			10b
Specify nature of costs.			

Part IV Provision of Information

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

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

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

► **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>COMPOSITION ROOFERS LOCAL #4 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>TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>22-6172741</u>

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

1a Enter the valuation date: Month 11 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	<u>51816883</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>61318257</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>62389386</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>62389386</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>90899909</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>970272</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	<u>4839000</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>FRANK IANNUCCI</u> Type or print name of actuary <u>SUMMIT ACTUARIAL SERVICES, LLC</u> Firm name <u>720 EAST MAIN STREET, SUITE 2S</u> <u>MOORESTOWN, NJ 08057</u> Address of the firm	<u>05/23/2025</u> Date <u>23-05241</u> Most recent enrollment number <u>856-234-8801</u> Telephone number (including area code)

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.15 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	6P 6P
(2) Females	6c(2)	6FP 6FP
d Valuation liability interest rate.....	6d	6.50 % 6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	0.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.6 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	230000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1581904	157972

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	701181

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended.....
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

		Outstanding balance	
9c(1)		17896091	2228712
9c(2)			
9c(3)			

d Interest as applicable on lines 9a, 9b, and 9c

9d	190443
9e	3120336

e Total charges. Add lines 9a through 9d.....

Credits to funding standard account:

f Prior year credit balance, if any

9f	2841666
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g Employer contributions. Total from column (b) of line 3

9g	2052333
-----------	---------

h Amortization credits as of valuation date.....

		Outstanding balance	
9h		13983296	1810158

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

9i	369069
-----------	--------

j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	17349486
9j(2)	20259419
9j(3)	

k (1) Waived funding deficiency.....

9k(1)	
--------------	--

(2) Other credits.....

9k(2)	
--------------	--

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	7073226
-----------	---------

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	3952890
-----------	---------

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
-----------	--

o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

9o(1)	
--------------	--

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	
-----------------	--

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	
-----------------	--

(3) Total as of valuation date

9o(3)	
--------------	--

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan COMPOSITION ROOFERS LOCAL #4 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN	D Employer Identification Number (EIN) 22-6172741	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

EAGLE CAPITAL MANAGEMENT

190 RIVER ROAD, 3RD FLOOR
SUMMIT, NJ 07901

22-3361201

(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?
21 51	NONE	104258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHNSTON ASSET MANAGEMENT

190 RIVER ROAD, 3RD FLOOR
SUMMIT, NJ 07901

13-3257590

(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?
21 51	NONE	59548	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

I E SHAFFER & CO

830 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

22-1750854

(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?
17 51	NONE	41435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MSPC

340 NORTH AVENUE
CRANFORD, NJ 07016

22-2951202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39128	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL

8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51	NONE	16763	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	14625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MEPT - NEW TOWER

7315 WISCONSIN AVENUE, SUITE 350W
BETHESDA, MD 20814

30-0872552

(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?
21 51	NONE	22364	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUMMIT ACTUARIAL SERVICES

77-0645890

(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 51	NONE	22000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

275 7TH AVENUE
NEW YORK, NY 10001

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	18348	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARINER INSTITUTIONAL LLC

5600 TENNYSON PKWY, SUITE 120
PLANO, TX 75024

(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?
21 51	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MUTUAL OF AMERICA, INVESTMENT MGR

12 E 49TH STREET
NEW YORK, NY 10017

13-3701801

(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?
21 51	NONE	12646	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHEN, LEDER, MONTALBANO & CONNAUGH

669 RIVER DRIVE, SUITE 125
ELMWOOD PARK, NJ 07407

22-3185470

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10982	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>22-6172741</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NEWTOWER MULTI EMPLOYER CLASS E 201</u>		
b Name of sponsor of entity listed in (a):	<u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN	<u>30-0872552-001</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2461369</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PGIM REAL ESTATE PRISA SA</u>		
b Name of sponsor of entity listed in (a):	<u>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>		
c EIN-PN	<u>22-1211670-038</u>	d Entity code	<u>P</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2956697</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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 **11/01/2023** and ending **10/31/2024**

A Name of plan COMPOSITION ROOFERS LOCAL #4 PENSION PLAN		B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN		D Employer Identification Number (EIN) 22-6172741	

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	230368	157506
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	266160	341168
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	365918	356171
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1854519	6560490
(2) U.S. Government securities	1c(2)	2753259	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1075995	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17848132	22120317
(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)	2754347	2461369
(10) Value of interest in pooled separate accounts	1c(10)	3360663	2956697
(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)	21318213	26142925
(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	51827574	61096643
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	10691	38030
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10691	38030
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	51816883	61058613

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)	2052333	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		2052333
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	274364	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	387499	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		661863
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	208738	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	577432	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		786170
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	23963679	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20942073	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3021606
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3648415	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3648415

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-362973
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-438675
(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)		4831592
c Other income.....	2c		63385
d Total income. Add all income amounts in column (b) and enter total.....	2d		14263716

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4458053	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4458053
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)	105682	
(2) Contract administrator fees.....	2i(2)	41435	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	39128	
(5) Investment advisory and investment management fees.....	2i(5)	248206	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	18348	
(7) Actuarial fees.....	2i(7)	22000	
(8) Legal fees.....	2i(8)	13021	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	76113	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		563933
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5021986

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9241730
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: **MSPC CERTIFIED PUBLIC ACCOUNTANTS &**

(2) EIN: **22-2951202**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 543976.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>22-6172741</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **CHRIS ANDERSEN ROOFING CO.**

b EIN **22-2669745**

c Dollar amount contributed by employer

438721

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **PRAVCO, INC.**

b EIN **22-3630826**

c Dollar amount contributed by employer

370878

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **ADVANCED ROOFING & SHEET METAL CO.**

b EIN **22-2807600**

c Dollar amount contributed by employer

204540

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **DUMAR INC.**

b EIN **22-2251325**

c Dollar amount contributed by employer

122282

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **AETNA ROOFING CORP.**

b EIN **22-1860177**

c Dollar amount contributed by employer

122130

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **PLESCIA ROOFING INC.**

b EIN **22-2257651**

c Dollar amount contributed by employer

120437

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **COMP ROOFERS LOCAL #4 UNION**

b EIN **22-0835850** **c** Dollar amount contributed by employer **84998**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **N.J. DISTRICT COUNCIL OF ROOFERS PR**

b EIN **22-2810307** **c** Dollar amount contributed by employer **77654**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **EDA CONTRACTORS INC.**

b EIN **23-3004559** **c** Dollar amount contributed by employer **68402**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer **J.P. PATTI COMPANY, INC.**

b EIN **22-1623253** **c** Dollar amount contributed by employer **65151**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 11.85

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	74
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	80
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	83

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	0.93
b The corresponding number for the second preceding plan year	15b	0.89

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," 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.....

Part VII IRS Compliance Questions

21a 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

21b 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

22 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 _____.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Composition Roofers Local Union #4 Pension Fund
Parsippany, New Jersey

Opinion

We have audited the financial statements of Composition Roofers Local Union #4 Pension 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 October 31, 2024 and 2023, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Composition Roofers Local Union #4 Pension Fund as of October 31, 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 (GAAS). 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 Composition Roofers Local Union #4 Pension 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Composition Roofers Local Union #4 Pension 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 statements 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 GAAS 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 GAAS, 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 Composition Roofers Local Union #4 Pension 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 Composition Roofers Local Union #4 Pension 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 audits.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental schedule of Employers' Contributions is presented for purposes of additional analysis and is 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 in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole.

In forming our opinion on the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) we evaluated whether this supplemental schedule, 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 this accompanying supplemental schedule is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

MSPC

MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
August 11, 2025

Attachment to 2023 IRS Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
Composition Roofers Local 4 Pension Plan - EIN: 22-6172741 PN: 001

SERVICE		
Vested Service	One year for each Plan Year earning at least 1,000 Hours of Service	
Credited Service	Hours of <u>Service</u>	Credited <u>Service</u>
	<100	0.0
	100-199	0.1
	200-299	0.2
	300-399	0.3
	400-499	0.4
	500-599	0.5
	600-699	0.6
	700-799	0.7
	800-899	0.8
	900-999	0.9
	1,000+	1.0

RETIREMENT BENEFIT ELIGIBILITY	
Normal Retirement	Age 65 with either: (a) five years of Vested Service or, (b) five years of continuous plan participation through age 65
Early Retirement	Age 55 with 10 years of Credited Service
Unreduced Early Retirement	At least age 55 and age last birthday plus full years of Credited Service equals at least 88, only applicable to pre-1/1/2017 benefits
Disability Pension	Must be totally disabled per Social Security rules and have at least 10 years of Credited Service with recent work activity
Vested	Five years of Vested Service

DEATH BENEFIT ELIGIBILITY	
Spouse Survivor Benefit	Five years of Vested Service, payable at the earliest possible date the Participant would have been paid had he survived to that date.
Unmarried Survivor Benefit	At least 0.5 years of Credited Service and earned at least 0.5 years of Credited Service within the three calendar years prior to death; see BENEFITS below

Attachment to 2023 IRS Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
Composition Roofers Local 4 Pension Plan - EIN: 22-6172741 PN: 001

BENEFITS																					
Normal Retirement	<p style="text-align: right;">Monthly Accrual: \$X per 100 Hours</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Period</u></th> <th style="text-align: center;"><u>of Work</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1/1/2022 and later</td> <td style="text-align: center;">\$7.00</td> </tr> <tr> <td style="text-align: center;">1/1/2000 – 12/31/2021</td> <td style="text-align: center;">6.00</td> </tr> <tr> <td style="text-align: center;">6/1/1994 – 12/31/1999</td> <td style="text-align: center;">7.75</td> </tr> <tr> <td style="text-align: center;">1/1/1992 – 5/31/1994</td> <td style="text-align: center;">7.00</td> </tr> <tr> <td style="text-align: center;">6/1/1989 – 12/31/1991</td> <td style="text-align: center;">7.70</td> </tr> <tr> <td style="text-align: center;">1/1/1987 – 5/31/1989</td> <td style="text-align: center;">4.95</td> </tr> <tr> <td style="text-align: center;">1/1/1980 – 12/31/1986</td> <td style="text-align: center;">5.50</td> </tr> <tr> <td style="text-align: center;">1/1/1976 – 12/31/1979</td> <td style="text-align: center;">3.63</td> </tr> <tr> <td style="text-align: center;">1/1/1971 – 12/31/1975</td> <td style="text-align: center;">\$2.20</td> </tr> </tbody> </table> <p>1/1/1964 – 12/31/1970, \$11.00 per year of Credited Service. Prior to 01/01/1964, \$6.60 per year of Credited Service.</p>	<u>Period</u>	<u>of Work</u>	1/1/2022 and later	\$7.00	1/1/2000 – 12/31/2021	6.00	6/1/1994 – 12/31/1999	7.75	1/1/1992 – 5/31/1994	7.00	6/1/1989 – 12/31/1991	7.70	1/1/1987 – 5/31/1989	4.95	1/1/1980 – 12/31/1986	5.50	1/1/1976 – 12/31/1979	3.63	1/1/1971 – 12/31/1975	\$2.20
<u>Period</u>	<u>of Work</u>																				
1/1/2022 and later	\$7.00																				
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1/1/1976 – 12/31/1979	3.63																				
1/1/1971 – 12/31/1975	\$2.20																				
Early Pension	<p>Same as Normal, reduced as follows for each month prior to age 65:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Period</u></th> <th style="text-align: center;"><u>Monthly Reduction</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">First 48</td> <td style="text-align: center;">0.0075</td> </tr> <tr> <td style="text-align: center;">49-96</td> <td style="text-align: center;">0.0050</td> </tr> <tr> <td style="text-align: center;">97-120</td> <td style="text-align: center;">0.0025</td> </tr> </tbody> </table>	<u>Period</u>	<u>Monthly Reduction</u>	First 48	0.0075	49-96	0.0050	97-120	0.0025												
<u>Period</u>	<u>Monthly Reduction</u>																				
First 48	0.0075																				
49-96	0.0050																				
97-120	0.0025																				
Unreduced Early Pension	Same as Normal, only applicable to benefits accrued prior to 1/1/2017																				
Disability	Same as Normal																				
Pre-Retirement Surviving Spouse Pension	Spouse receives one-half of the Participant's Accrued Benefit based upon the Participant's earliest retirement date, with a minimum payable of 35% after Early Retirement reductions.																				
Pre-Retirement Lump Sum	\$1,000 times years of Credited Service																				
Post-Retirement Surviving Spouse Pension	By option elected																				

Attachment to 2023 IRS Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
Composition Roofers Local 4 Pension Plan - EIN: 22-6172741 PN: 001

BENEFIT OPTIONS	
Normal Form	For unmarried Participants – Life annuity For married Participants – 50% joint and survivor
Certain and Continuous	An actuarially reduced benefit with 60 certain
Joint & Survivor	An actuarially reduced benefit 75% or 100% of the reduced amount payable to the Participant's surviving spouse

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

EIN #22-6172741

PLAN NO. 001 - PLAN YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
Short Term Investments:				
	Dreyfus Government Cash Management	704,894	\$ 704,894	\$ 704,894
	Dreyfus Treasury & Agency Cash Mgmt	1,254,814	1,254,814	1,254,814
	JPMorgan 100% Us Treasury Money	4,600,782	<u>4,600,782</u>	<u>4,600,782</u>
	Total Short Term Investments		<u>6,560,490</u>	<u>6,560,490</u>
Mutual Funds:				
	Pimco Total Return II Inst	1,345,936	10,335,949	11,090,509
	Vanguard Growth Index Admiral	49,231	6,966,646	9,707,441
	Vanguard Value Index Admiral	79,562	<u>4,199,398</u>	<u>5,344,975</u>
	Total Mutual Funds		<u>21,501,993</u>	<u>26,142,925</u>
Common Stock:				
	Adobe Inc	620	18,340	296,410
	Advanced Energy Industries	980	73,757	106,359
	AerCap Holdings	4,832	267,234	452,034
	Albemarle Corporation	985	75,036	93,309
	Alcoa Corporation	6,211	229,104	248,999
	Alphabet Inc Class A	2,550	45,216	436,330
	Alphabet Inc Cap Stk Cl C	2,681	47,500	462,982
	Alphabet Inc Class A	1,133	15,315	193,868
	Amazon. Com Inc	5,112	171,287	952,877
	Amazon. Com Inc	1,330	237,582	247,912
	Aon Plc Shs Cl A	1,612	361,277	591,394
	Apple Inc	2,094	43,316	473,056
	Asml Holding Nv F	123	29,531	82,724
	AstraZeneca Plc Spon Adr	1,120	57,125	79,688
	Atlassian Corporation Cl A	327	68,717	61,653
	Automatic Data Processing Inc.	920	35,543	266,100
	Bayer A G Spons Adr	45,917	472,659	309,021
	Becton Dickinson & Co	800	47,732	186,872
	Capital One Financial Corp	2,082	175,658	338,929
	Charter Communications Inc Cl A	568	169,985	186,082
	Comcast Corporation Class A	7,394	258,592	322,896
	Comcast Corporation Class A	4,850	74,447	211,800
	ConocoPhillips	5,674	577,691	621,530
	Corteva Inc	3,830	218,220	233,324
	Curtiss Wright Group	1,240	249,183	427,750
	Dentsply Sirona Inc	6,310	297,051	146,203
	Discover Financial Services	675	83,100	100,190
	Edwards Lifesciences Corp	2,580	24,151	172,886
	Elanco Animal Health Inc	5,470	99,155	69,141
	Elevance Health Inc	625	237,721	253,600
	FMC Corporation	2,330	149,506	151,427

See Independent Auditors' Report.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

EIN #22-6172741

PLAN NO. 001 - PLAN YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	General Electric Co	1,530	179,681	461,540
	Hilton Worldwide Holdings Inc	1,091	79,518	256,221
	Howmet Aerospace Inc	4,830	162,659	481,648
	Humana Inc	1,304	432,796	336,210
	Icici Bank Ltd Adr	1,660	24,794	50,481
	Illumina Inc	1,065	196,439	153,509
	Iqvia Holdings Inc	1,320	115,198	271,682
	Johnson & Johnson	1,060	76,559	169,452
	Leidos Holdings Inc	1,560	166,616	285,730
	Liberty Broadband-A	1,888	146,094	151,474
	Liberty Broadband-C	1,177	118,232	95,125
	London Stk Exchange Group	7,597	246,511	256,748
	Marsh & Mc Lennan Co	1,910	51,640	416,838
	Mastercard Inc-Class A	820	77,994	409,664
	Medtronic Plc	1,650	126,968	147,263
	Mercadolibre Inc	30	37,250	61,115
	Meta Platforms Inc Cl A	1,259	203,070	714,583
	Microsoft Corp	1,290	33,498	524,192
	Microsoft Corp	1,010	28,708	410,414
	Netflix Inc.	275	84,760	207,908
	Nvidia Corporation	3,330	13,241	442,091
	Occidental Petroleum Corp	3,623	222,925	181,549
	PayPal Holdings Inc	2,410	189,882	191,113
	Prosus Nv	55,291	370,720	465,163
	Prysmian Spa Adr	3,380	73,280	118,929
	Safran Sa Adr	4,483	137,258	252,837
	Safran Sa Adr	1,120	33,491	63,167
	Sap Se	1,946	269,970	454,663
	Schlumberger Ltd	2,320	133,623	92,962
	Shell Plc Spon Ads Adr	7,711	413,933	520,878
	Standard Chartered - Unsp Adr	2,790	53,065	64,594
	Stanley Black & Decker Inc	1,650	147,806	153,351
	Suzuki Motor Corp Unsponsord Adr	1,954	87,540	79,149
	Taiwan Semiconductor Mfg Co Ltd Adr	2,224	209,812	423,761
	Taiwan Semiconductor Mfg Co Ltd Adr	540	65,556	102,892
	Technipfmc Plc	2,380	36,290	63,522
	The Charles Schwab Corporation	4,045	276,068	286,507
	T-Mobile Us Inc	495	101,403	110,464
	UnitedHealth Group Inc	920	209,321	519,340
	UnitedHealth Group Inc	558	227,075	314,991
	Universal Display Corp	1,590	243,608	286,709
	Vertex Pharmaceuticals Inc	940	164,274	447,421
	Vertiv Holdings Co	4,410	83,290	481,969
	Visa Inc Class A	4,706	215,254	277,097
	Wells Fargo & Co	4,706	186,306	305,514
	Woodward Inc	1,774	209,556	291,096

See Independent Auditors' Report.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND
EIN #22-6172741
PLAN NO. 001 - PLAN YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Workday Inc Class A	2,093	<u>479,640</u>	<u>489,445</u>
	Total Common Stock		<u>12,353,903</u>	<u>22,120,317</u>
	Common Collective Trust:			
	Newtower Multi Employer Property Trust Class E	196	<u>2,824,343</u>	<u>2,461,369</u>
	Pooled Separate Account:			
	PGIM Real Estate Prisa SA	39	<u>3,355,962</u>	<u>2,956,697</u>
	Totals		<u>\$ 46,596,691</u>	<u>\$ 60,241,798</u>

* A party-interest as defined by ERISA.

See Independent Auditors' Report.

Attachment to 2023 IRS Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
Composition Roofers Local 4 Pension Plan - EIN: 22-6172741 PN: 001

<u>Charge Base</u>	<u>Date Established</u>	<u>Current Balance</u>	<u>Payments Remaining</u>	<u>Amortization Charges</u>
Experience Loss	11/1/2011	455,428	3	\$161,463
Experience Loss	11/1/2015	899,877	7	154,062
Experience Loss	11/1/2016	1,414,235	8	218,094
Experience Loss	11/1/2018	1,801,592	10	235,314
Assumption Change	11/1/2019	2,964,131	11	361,972
Experience Loss	11/1/2020	624,294	12	71,848
Assumption Change	11/1/2021	3,692,713	13	403,191
Experience Loss	11/1/2022	4,461,917	14	464,796
Experience Loss	11/1/2023	<u>1,581,904</u>	15	<u>157,972</u>
TOTAL CHARGES		\$17,896,091		\$2,228,712

<u>Credit Base</u>	<u>Date Established</u>	<u>Current Balance</u>	<u>Payments Remaining</u>	<u>Amortization Credits</u>
Experience Gain	11/1/2010	310,893	3	160,339
Experience Gain	11/1/2012	60,507	5	16,584
Experience Gain	11/1/2013	642,797	6	145,239
Experience Gain	11/1/2014	3,524	7	684
Experience Gain	11/1/2017	1,578,914	10	222,735
Experience Gain	11/1/2019	1,648,562	12	201,318
Experience Gain	11/1/2021	<u>9,738,099</u>	14	<u>1,063,259</u>
TOTAL CREDITS		\$13,983,296		\$1,810,158

Attachment to 2023 IRS Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods
Composition Roofers Local 4 Pension Plan - EIN: 22-6172741 PN: 001

1. MORTALITY. The mortality table we have employed in this valuation is the Blue Collar RP-2014 Mortality Table with mortality improvement scale MP-2020.
2. INVESTMENT YIELD FOR VALUATION PURPOSES. 6.50%
3. TURNOVER and DISABILITY. We assumed termination and disability rates will vary by age. The table below provides sample rates:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
20	12.8%	0.07%
30	6.8%	0.11%
40	3.9%	0.16%
50	2.3%	0.57%
60	0.0%	1.62%

4. FUTURE WORK. We have assumed 203,000 total hours worked per year.
5. AGE AT PENSION. The retirement assumption for actives and terminated vested Participants is shown below.

<u>Age</u>	<u>Probability of Retirement</u>	<u>Age</u>	<u>Probability of Retirement</u>	<u>Age</u>	<u>Probability of Retirement</u>
55	20%	58	30%	62	30%
56	10%	59	20%	63	25%
57	10%	60	10%	64	20%
		61	20%	65+	100%

6. ADMINISTRATION EXPENSES. We have assumed \$230,000 will be the annual cost of administration.
7. NUMBER OF ACTIVE PARTICIPANTS. We have assumed that the number of active participants will remain constant from here forward with replacements being made immediately upon pension or death.
8. ASSET METHOD. Smoothed market value under Revenue Procedure 2000-40, Section 3.16
9. DEFINITION OF AN ACTIVE PARTICIPANT. Any Participant who worked at least 100 hours in the prior Plan Year.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Schedule of Employers' Contributions as of and for the year ended October 31, 2024

<u>Employer</u>	<u>Employers' Contributions Received</u>	<u>Employers' Contributions Receivable 10/31/23</u>	<u>Employers' Contributions Receivable 10/31/24</u>	<u>Total</u>	<u>Last Payroll Period Covered</u>
A.W. Farrell and Son, Inc.	\$ 2,726	\$ --	\$ --	\$ 2,726	September 30, 2024
Advanced Roofing & Sheet Metal Co.	204,540	(19,113)	34,721	220,148	October 31, 2024
Aetna Roofing Corp.	122,130	(11,225)	16,566	127,471	October 31, 2024
All-Ply Roofing Co.	32,772	(6,515)	1,517	27,774	October 31, 2024
Belcher Roofing Corporation	9,114	--	--	9,114	March 31, 2024
Chris Andersen Roofing Co.	438,721	(54,178)	120,912	505,455	October 31, 2024
Comp Roofers Local #4 Union	84,998	(6,356)	6,636	85,278	October 31, 2024
Dumar Inc.	122,282	(10,601)	11,441	123,122	October 31, 2024
Eagle One Roofing Co.	21,190	(3,995)	4,426	21,621	October 31, 2024
EDA Contractors Inc.	68,402	(4,654)	28,938	92,686	October 31, 2024
Hygrade Insulators Inc.	39,045	(4,849)	4,941	39,137	October 31, 2024
J.P. Patti Company, Inc.	65,151	(10,680)	12,075	66,546	October 31, 2024
Joseph S. Smith	95	--	4,313	4,408	October 31, 2024
Lutz Roofing South	7,394	--	--	7,394	September 30, 2024
Metropolitan Construction Sys	1,623	--	--	1,623	June 30, 2024
Monaghan Restoration Services	22,538	(4,733)	--	17,805	February 29, 2024
N.J. District Council of Roofers	77,654	(6,356)	9,433	80,731	October 31, 2024
Patwood Roofing Co.	53,173	(2,452)	1,422	52,143	October 31, 2024
Plescias Roofing Inc.	120,437	(22,848)	17,787	115,376	October 31, 2024
Pravco, Inc.	370,878	(82,299)	56,418	344,997	October 31, 2024
Roof Maintenance	58,610	(6,277)	8,271	60,604	October 31, 2024
United States Roofing Corp	33,515	(7,099)	--	26,416	September 30, 2024
Vac It All Services Inc.	510	--	--	510	September 30, 2024
Waterproofing Systems Inc.	19,827	(1,930)	1,351	19,248	October 31, 2024
Totals	\$ 1,977,325	\$ (266,160)	\$ 341,168	\$ 2,052,333	

See Independent Auditors' Report.

COMPOSITION ROOFERS LOCAL UNION #4
PENSION FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
OCTOBER 31, 2024 AND 2023

MSPC
Certified Public
Accountants and Advisors, P.C.



An independent firm associated with
Moore Global Network Limited

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Index to Financial Statements

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Composition Roofers Local Union #4 Pension Fund
Parsippany, New Jersey

Opinion

We have audited the financial statements of Composition Roofers Local Union #4 Pension 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 October 31, 2024 and 2023, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Composition Roofers Local Union #4 Pension Fund as of October 31, 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 (GAAS). 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 Composition Roofers Local Union #4 Pension 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Composition Roofers Local Union #4 Pension 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 statements 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 GAAS 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 GAAS, 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 Composition Roofers Local Union #4 Pension 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 Composition Roofers Local Union #4 Pension 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 audits.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental schedule of Employers' Contributions is presented for purposes of additional analysis and is 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 in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole.

In forming our opinion on the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) we evaluated whether this supplemental schedule, 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 this accompanying supplemental schedule is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

MSPC

MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
August 11, 2025

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Statements of Net Assets Available for Benefits

	October 31,	
	<u>2024</u>	<u>2023</u>
Assets:		
Investments at Fair Value:		
Money Market Funds	\$ 6,560,490	\$ 1,854,519
Mutual Funds	26,142,925	21,318,213
Common Stock	22,120,317	17,848,132
U.S. Government and Agency	--	2,753,259
Corporate Bonds	--	1,075,995
Common Collective Trust	2,461,369	2,754,347
Pooled Separate Account	<u>2,956,697</u>	<u>3,360,663</u>
Total Investments at Fair Value	<u>60,241,798</u>	<u>50,965,128</u>
Receivables:		
Employers' Contributions	341,168	266,160
Interest and Dividends	<u>13,041</u>	<u>37,309</u>
Total Receivables	<u>354,209</u>	<u>303,469</u>
Cash:		
Checking	<u>157,506</u>	<u>230,368</u>
Prepaid Expenses	<u>343,130</u>	<u>328,609</u>
Total Assets	61,096,643	51,827,574
Liabilities:		
Accrued Expenses	<u>38,030</u>	<u>10,691</u>
Net Assets Available for Benefits	<u>\$ 61,058,613</u>	<u>\$ 51,816,883</u>

See Notes to Financial Statements.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Statements of Changes in Net Assets Available for Benefits

	<u>Years ended</u>	
	<u>October 31,</u>	
	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 10,699,965	\$ 1,857,166
Interest and Dividends	<u>1,448,033</u>	<u>1,222,550</u>
Totals	12,147,998	3,079,716
Less: Investment Advisory Fees	<u>266,554</u>	<u>288,399</u>
Net Investment Income	11,881,444	2,791,317
Employers' Contributions	2,052,333	2,286,448
Miscellaneous Income	<u>12,156</u>	<u>1,885</u>
Total Additions	<u>13,945,933</u>	<u>5,079,650</u>
Deductions from Net Assets Attributed to:		
Benefits Paid	<u>4,458,053</u>	<u>4,480,741</u>
Administrative Expenses:		
Salaries	105,682	103,522
Benefit Administration	41,435	54,067
Accounting	37,000	37,000
Contributions - Welfare Fund	29,124	28,104
Actuarial	22,000	28,125
PBGC Insurance Premiums	18,550	17,952
Legal	13,021	8,822
Contributions - Annuity Fund	10,300	9,580
Payroll Taxes	9,984	9,456
Insurance	4,319	4,383
Office	3,836	896
Payroll Audits	2,128	1,440
Net Overhead Allocation	<u>(51,229)</u>	<u>(53,882)</u>
Total Administrative Expenses	<u>246,150</u>	<u>249,465</u>
Total Deductions	<u>4,704,203</u>	<u>4,730,206</u>
Net Increase in Net Assets Available for Benefits	9,241,730	349,444
Net Assets Available for Benefits - Beginning of Years	<u>51,816,883</u>	<u>51,467,439</u>
Net Assets Available for Benefits - End of Years	<u>\$ 61,058,613</u>	<u>\$ 51,816,883</u>

See Notes to Financial Statements.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(1) Description of the Plan

The following description of Composition Roofers Local Union #4 (the "Union") Pension Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer collectively bargained defined benefit pension plan. The Plan operates as a trust to provide normal, early, and disability retirement benefits to retirees who, during active employment, were covered employees of participating employers under collectively bargained agreements with the Union. The administration of the trust is the responsibility of a Board of Trustees, comprised of union and employer trustees. The investments of the Plan are managed by investment advisors. Amalgamated Bank serves as the custodian of the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The jurisdiction of the Plan includes Essex, Union, Morris, and Sussex Counties as well as portions of Hudson and Warren Counties.

Funding Policy - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the Collective Bargaining Agreement ("CBA") and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the IRC. Hourly contribution rates are \$11.85 and \$11.35 for the years ended October 31, 2024 and 2023, respectively. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of November 1, 2023.

Benefits - Participants' coverage in the Plan is predicated on reported hours which are submitted by contributing employers as part of their contributions. Participants earn a full year's pension credit for each calendar year in which contributions are made on their behalf to the Plan for at least 1,000 hours. If contributions are made on their behalf for less than 1,000 hours in a calendar year, they shall receive a tenth of a year of credited service for each 100 hours.

A participant may retire on a normal pension, provided he has attained his 65th birthday and has earned at least 5 years of service. Early retirement and disability pensions are also provided by the Plan. A participant may be granted early retirement provided they have attained age 55 and has at least 10 years of credited service. A totally permanently disabled participant may retire on a disability pension provided they have at least 10 years of credited service, and must be receiving federal social security disability benefits.

(2) Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Adoption of New Accounting Standard - Effective November 1, 2022, the Plan adopted ASC 842, Leases. The new standard establishes a right of use (ROU) model that requires a lessee to record an ROU asset and a lease liability on the statements of net assets available for benefits for all leases with terms longer than 12 months. Leases are classified as either finance or operating, with classification affecting the pattern of expense recognition in the statements of changes in net assets available for benefits. Leases with a term of less than 12 months will not record a right of use asset and lease liability and the payments will be recognized into profit or loss on a straight-line basis over the lease term. The adoption of ASC 842 did not result in a cumulative effect adjustment upon adoption.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Adoption of New Accounting Standard (Continued) - Effective November 1, 2023, the Plan adopted ASC 326 which changed how entities will measure credit losses for certain financial assets that aren't measured at fair value through changes in net assets available to benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan that are subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians.

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/depreciation includes the Plan's gains and losses on investments bought and sold as well as held at the end of the year. Certain investment transaction related expenses are included in net appreciation of fair value of investments.

Employers' Contributions - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on an agreed upon hourly rate and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection, including future economic conditions. As of October 31, 2024 and 2023, the Plan did not record a credit loss allowance for employers' contributions receivable.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which settlement proceeds are received.

Payment of Benefits - Benefit payments are recorded upon distribution.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - The Plan has evaluated subsequent events through August 11, 2025, the date the financial statements were available to be issued.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(3) Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated Plan Benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment are included, to the extent that they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of the accumulated plan benefits were made as of November 1, 2023. Had the valuation been performed as of October 31, 2023, there would be no material differences.

Significant assumptions underlying the actuarial computations are:

Net Investment Return - 2023 - 6.50%, compounded annually
Mortality Rates - Blue Collar RP-2014 Mortality Table
Retirement Age - 65 or present age, whichever is higher
Funding Method - Unit Credit Actuarial Cost Method

The actuarial present value of Accumulated Plan Benefits as of November 1, 2023, the latest valuation date is as follows:

Vested Benefits:	
Participants Currently Receiving Benefits	\$ 43,963,852
Other Participants	<u>17,123,677</u>
Totals	61,087,529
Non-vested Benefits	<u>1,301,857</u>
<u>Total Actuarial Present Value of Accumulated Plan Benefits</u>	<u>\$ 62,389,386</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Years	\$ <u>62,757,296</u>
Increase During the Year Attributable to:	
Benefits Accumulated, Net Experience Gain or Loss, Changes in Actuarial Assumptions	179,231
Benefits Paid	(4,480,741)
Increase for Interest Due to the Decrease in the Discount Period	<u>3,933,600</u>
Net Increase	<u>(367,910)</u>
<u>Actuarial Present Value of Accumulated Plan Benefits - End of Years</u>	<u>\$ 62,389,386</u>

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(4) Fair Value Measurements

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the 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 under FASB ASC 820 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 Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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 at fair value. There have been no changes in the methodologies used at October 31, 2024 and 2023.

Money Market Funds: The carrying amount approximates fair value because of the short-term maturity of these instruments.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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.

Common Stock: Valued at the closing price reported in the active market on which the individual securities are traded.

U.S. Government and Agency: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common Collective Trust and Pooled Separate Accounts: Valued at the NAV of units held by the Plan. The NAV, as provided by the investment advisor trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption, the investment adviser reserves the right to temporarily delay withdrawal in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2024 and 2023:

	<u>Assets at Fair Value as of October 31, 2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Money Market Funds	\$ 6,560,490	\$ --	\$ --	\$ 6,560,490
Mutual Funds	26,142,925	--	--	26,142,925
Common Stock	<u>22,120,317</u>	<u>--</u>	<u>--</u>	<u>22,120,317</u>
<u>Total Assets in Fair Value Hierarchy</u>	<u>\$ 54,823,732</u>	<u>\$ --</u>	<u>\$ --</u>	54,823,732
Investments Measured at Net Asset Value				<u>5,418,066</u>
<u>Total Investments at Fair Value</u>				<u>\$ 60,241,798</u>
	<u>Assets at Fair Value as of October 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 1,854,519	\$ --	\$ --	\$ 1,854,519
Mutual Funds	21,318,213	--	--	21,318,213
Common Stock	17,848,132	--	--	17,848,132
U.S. Government and Agency	1,391,962	1,361,297	--	2,753,259
Corporate Bonds	<u>--</u>	<u>1,075,995</u>	<u>--</u>	<u>1,075,995</u>
<u>Total Assets in Fair Value Hierarchy</u>	<u>\$ 42,412,826</u>	<u>\$ 2,437,292</u>	<u>\$ --</u>	44,850,118
Investments Measured at Net Asset Value				<u>6,115,010</u>
<u>Total Investments at Fair Value</u>				<u>\$ 50,965,128</u>

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

Fair Value of Investments in Entities that Use Net Asset Value - The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of October 31, 2024 and 2023, respectively.

	October 31, 2024			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Trust (a)	\$ 2,461,369	N/A	Quarterly	30 days
Pooled Separate Account (b)	<u>2,956,697</u>	<u>N/A</u>	<u>Quarterly</u>	<u>30 days</u>
<u>Total</u>	<u>\$ 5,418,066</u>			
	October 31, 2023			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Trust (a)	\$ 2,754,347	N/A	Quarterly	30 days
Pooled Separate Account (b)	<u>3,360,663</u>	<u>N/A</u>	<u>Quarterly</u>	<u>30 days</u>
<u>Total</u>	<u>\$ 6,115,010</u>			

(a) Newtower Multi Employer Trust Fund Class E 201 (common collective trust) - MEPT is an open-end commingled real estate equity fund that invests in a diversified portfolio of institutional quality real estate assets and 100 percent union-built new construction properties. The equity fund invests in office buildings, bulk distribution and research and development facilities, retail centers, apartments and hotels in order to maintain a diversified, institutional-grade "core" portfolio that produces strong and stable current income. MEPT's primary investment strategy is to create top-quality, core, income-producing assets through development, rehabilitation, or acquisition and repositioning of undervalued assets. MEPT typically holds assets for 7-10 years and regularly performs a "hold/sell" analysis for each property in the portfolio to identify those that no longer match MEPT's investment criteria.

(b) PGIM Real Estate PRISA SA (pooled separate account) - PRISA is a broadly diversified equity real estate portfolio that invests primarily in existing, income properties with strong cash flow that is expected to increase over time and thereby provide the potential for capital appreciation. The account makes investments in office, retail, industrial, apartment, hotel (limited to 10% of the equity fund's gross market value (GMV)), and storage properties. PRISA may also hold a modest amount of unimproved land or other property types. Investments may be made through direct property ownership, or indirectly through such vehicles as joint ventures, general or limited partnerships, limited liability companies, mortgage loans and other loan types, including mezzanine debt and debt secured by an interest in the borrowing entity or interests in companies or entities that directly or indirectly hold real estate or real estate interests. The account has a preference for wholly owned properties but will enter into joint ventures where PRISA typically retains unilateral control over the management, sale, and financing of the venture's assets or has a viable mechanism for exiting the venture, within a reasonable period of time.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(5) Related Party Transactions

An overhead allocation fee, based upon total allocable expenses, is paid by Composition Roofers #4 Welfare Fund, Annuity Fund, and Local Union (the "Funds") to the Plan. The allocation fee represents the Fund's proportionate share of administrative expenses. The total amount of administrative expenses allocated by the Plan to the Funds was approximately \$91,438 and \$88,732 for the years ended October 31, 2024 and 2023, respectively.

The Plan incurs an allocation fee from Composition Roofers Damp & Waterproof Workers Local #4 (the "Union"). The fee represents the Plan's proportionate share of allocable costs. During the years ended October 31, 2024 and 2023, the Union allocated fees of approximately \$40,209 and \$34,850, respectively, to the Plan.

(6) Tax Status

The Plan obtained its latest determination letter on March 13, 2002, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(7) Plan Termination

The Trustees expect and intend to continue the Plan indefinitely but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, Plan assets will be allocated to provide benefits to those eligible under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law. The priority of benefits depends on a participant's status as retired or active, vested or unvested, and age at the time of Plan termination. Certain benefits are insured by the Pension Benefit Guaranty Corporation (PBGC). Whether all participants receive their benefits on Plan termination would depend on the sufficiency of the Plan's net assets to provide those benefits and may also depend on the level and type of benefits guaranteed by the PBGC.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Notes to Financial Statements

(8) Significant Participating Employers

During the year ended October 31, 2024 and 2023, the Plan had the following employers which individually represented 10% or more of total dues and initiations:

	<u>2024</u>	<u>2023</u>
Employer A	25%	22%
Employer B	10%	10%
Employer C	<u>17%</u>	<u>18%</u>
Total	<u>52%</u>	<u>50%</u>

In the event these participating employers were to suspend contributions, the Plan would retain the risk of meeting current plan obligations until the appropriate adjustments were made.

(9) Risks and Uncertainties

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

Actuarial Assumptions - The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the estimates and assumptions in the near term would be material to the financial statements.

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SUPPLEMENTARY INFORMATION

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

Schedule of Employers' Contributions as of and for the year ended October 31, 2024

<u>Employer</u>	<u>Employers' Contributions Received</u>	<u>Employers' Contributions Receivable 10/31/23</u>	<u>Employers' Contributions Receivable 10/31/24</u>	<u>Total</u>	<u>Last Payroll Period Covered</u>
A.W. Farrell and Son, Inc.	\$ 2,726	\$ --	\$ --	\$ 2,726	September 30, 2024
Advanced Roofing & Sheet Metal Co.	204,540	(19,113)	34,721	220,148	October 31, 2024
Aetna Roofing Corp.	122,130	(11,225)	16,566	127,471	October 31, 2024
All-Ply Roofing Co.	32,772	(6,515)	1,517	27,774	October 31, 2024
Belcher Roofing Corporation	9,114	--	--	9,114	March 31, 2024
Chris Andersen Roofing Co.	438,721	(54,178)	120,912	505,455	October 31, 2024
Comp Roofers Local #4 Union	84,998	(6,356)	6,636	85,278	October 31, 2024
Dumar Inc.	122,282	(10,601)	11,441	123,122	October 31, 2024
Eagle One Roofing Co.	21,190	(3,995)	4,426	21,621	October 31, 2024
EDA Contractors Inc.	68,402	(4,654)	28,938	92,686	October 31, 2024
Hygrade Insulators Inc.	39,045	(4,849)	4,941	39,137	October 31, 2024
J.P. Patti Company, Inc.	65,151	(10,680)	12,075	66,546	October 31, 2024
Joseph S. Smith	95	--	4,313	4,408	October 31, 2024
Lutz Roofing South	7,394	--	--	7,394	September 30, 2024
Metropolitan Construction Sys	1,623	--	--	1,623	June 30, 2024
Monaghan Restoration Services	22,538	(4,733)	--	17,805	February 29, 2024
N.J. District Council of Roofers	77,654	(6,356)	9,433	80,731	October 31, 2024
Patwood Roofing Co.	53,173	(2,452)	1,422	52,143	October 31, 2024
Plescias Roofing Inc.	120,437	(22,848)	17,787	115,376	October 31, 2024
Pravco, Inc.	370,878	(82,299)	56,418	344,997	October 31, 2024
Roof Maintenance	58,610	(6,277)	8,271	60,604	October 31, 2024
United States Roofing Corp	33,515	(7,099)	--	26,416	September 30, 2024
Vac It All Services Inc.	510	--	--	510	September 30, 2024
Waterproofing Systems Inc.	19,827	(1,930)	1,351	19,248	October 31, 2024
Totals	\$ 1,977,325	\$ (266,160)	\$ 341,168	\$ 2,052,333	

See Independent Auditors' Report.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

EIN #22-6172741

PLAN NO. 001 - PLAN YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
Short Term Investments:				
	Dreyfus Government Cash Management	704,894	\$ 704,894	\$ 704,894
	Dreyfus Treasury & Agency Cash Mgmt	1,254,814	1,254,814	1,254,814
	JPMorgan 100% Us Treasury Money	4,600,782	<u>4,600,782</u>	<u>4,600,782</u>
	Total Short Term Investments		<u>6,560,490</u>	<u>6,560,490</u>
Mutual Funds:				
	Pimco Total Return II Inst	1,345,936	10,335,949	11,090,509
	Vanguard Growth Index Admiral	49,231	6,966,646	9,707,441
	Vanguard Value Index Admiral	79,562	<u>4,199,398</u>	<u>5,344,975</u>
	Total Mutual Funds		<u>21,501,993</u>	<u>26,142,925</u>
Common Stock:				
	Adobe Inc	620	18,340	296,410
	Advanced Energy Industries	980	73,757	106,359
	AerCap Holdings	4,832	267,234	452,034
	Albemarle Corporation	985	75,036	93,309
	Alcoa Corporation	6,211	229,104	248,999
	Alphabet Inc Class A	2,550	45,216	436,330
	Alphabet Inc Cap Stk Cl C	2,681	47,500	462,982
	Alphabet Inc Class A	1,133	15,315	193,868
	Amazon. Com Inc	5,112	171,287	952,877
	Amazon. Com Inc	1,330	237,582	247,912
	Aon Plc Shs Cl A	1,612	361,277	591,394
	Apple Inc	2,094	43,316	473,056
	Asml Holding Nv F	123	29,531	82,724
	AstraZeneca Plc Spon Adr	1,120	57,125	79,688
	Atlassian Corporation Cl A	327	68,717	61,653
	Automatic Data Processing Inc.	920	35,543	266,100
	Bayer A G Spons Adr	45,917	472,659	309,021
	Becton Dickinson & Co	800	47,732	186,872
	Capital One Financial Corp	2,082	175,658	338,929
	Charter Communications Inc Cl A	568	169,985	186,082
	Comcast Corporation Class A	7,394	258,592	322,896
	Comcast Corporation Class A	4,850	74,447	211,800
	ConocoPhillips	5,674	577,691	621,530
	Corteva Inc	3,830	218,220	233,324
	Curtiss Wright Group	1,240	249,183	427,750
	Dentsply Sirona Inc	6,310	297,051	146,203
	Discover Financial Services	675	83,100	100,190
	Edwards Lifesciences Corp	2,580	24,151	172,886
	Elanco Animal Health Inc	5,470	99,155	69,141
	Elevance Health Inc	625	237,721	253,600
	FMC Corporation	2,330	149,506	151,427

See Independent Auditors' Report.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND

EIN #22-6172741

PLAN NO. 001 - PLAN YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	General Electric Co	1,530	179,681	461,540
	Hilton Worldwide Holdings Inc	1,091	79,518	256,221
	Howmet Aerospace Inc	4,830	162,659	481,648
	Humana Inc	1,304	432,796	336,210
	Icici Bank Ltd Adr	1,660	24,794	50,481
	Illumina Inc	1,065	196,439	153,509
	Iqvia Holdings Inc	1,320	115,198	271,682
	Johnson & Johnson	1,060	76,559	169,452
	Leidos Holdings Inc	1,560	166,616	285,730
	Liberty Broadband-A	1,888	146,094	151,474
	Liberty Broadband-C	1,177	118,232	95,125
	London Stk Exchange Group	7,597	246,511	256,748
	Marsh & Mc Lennan Co	1,910	51,640	416,838
	Mastercard Inc-Class A	820	77,994	409,664
	Medtronic Plc	1,650	126,968	147,263
	Mercadolibre Inc	30	37,250	61,115
	Meta Platforms Inc Cl A	1,259	203,070	714,583
	Microsoft Corp	1,290	33,498	524,192
	Microsoft Corp	1,010	28,708	410,414
	Netflix Inc.	275	84,760	207,908
	Nvidia Corporation	3,330	13,241	442,091
	Occidental Petroleum Corp	3,623	222,925	181,549
	PayPal Holdings Inc	2,410	189,882	191,113
	Prosus Nv	55,291	370,720	465,163
	Prysmian Spa Adr	3,380	73,280	118,929
	Safran Sa Adr	4,483	137,258	252,837
	Safran Sa Adr	1,120	33,491	63,167
	Sap Se	1,946	269,970	454,663
	Schlumberger Ltd	2,320	133,623	92,962
	Shell Plc Spon Ads Adr	7,711	413,933	520,878
	Standard Chartered - Unsp Adr	2,790	53,065	64,594
	Stanley Black & Decker Inc	1,650	147,806	153,351
	Suzuki Motor Corp Unsponsord Adr	1,954	87,540	79,149
	Taiwan Semiconductor Mfg Co Ltd Adr	2,224	209,812	423,761
	Taiwan Semiconductor Mfg Co Ltd Adr	540	65,556	102,892
	Technipfmc Plc	2,380	36,290	63,522
	The Charles Schwab Corporation	4,045	276,068	286,507
	T-Mobile Us Inc	495	101,403	110,464
	UnitedHealth Group Inc	920	209,321	519,340
	UnitedHealth Group Inc	558	227,075	314,991
	Universal Display Corp	1,590	243,608	286,709
	Vertex Pharmaceuticals Inc	940	164,274	447,421
	Vertiv Holdings Co	4,410	83,290	481,969
	Visa Inc Class A	4,706	215,254	277,097
	Wells Fargo & Co	4,706	186,306	305,514
	Woodward Inc	1,774	209,556	291,096

See Independent Auditors' Report.

COMPOSITION ROOFERS LOCAL UNION #4 PENSION FUND
EIN #22-6172741
PLAN NO. 001 - PLAN YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Workday Inc Class A	2,093	<u>479,640</u>	<u>489,445</u>
	Total Common Stock		<u>12,353,903</u>	<u>22,120,317</u>
	Common Collective Trust:			
	Newtower Multi Employer Property Trust Class E	196	<u>2,824,343</u>	<u>2,461,369</u>
	Pooled Separate Account:			
	PGIM Real Estate Prisa SA	39	<u>3,355,962</u>	<u>2,956,697</u>
	Totals		<u>\$ 46,596,691</u>	<u>\$ 60,241,798</u>

* A party-interest as defined by ERISA.

See Independent Auditors' 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. 1510-0110
1510-0089

2023

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**


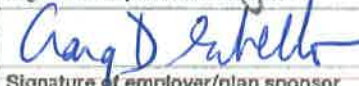
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final 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

<p>1a Name of plan COMPOSITION ROOFERS LOCAL #4 PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLA 385 PARSIPPANY ROAD PARSIPPANY NJ 07054-5111</p>	<p>1c Effective date of plan 11/01/1957</p> <p>2b Employer Identification Number (EIN) 22-6172741</p> <p>2c Plan Sponsor's telephone number 973-515-8500</p> <p>2d Business code (see instructions) 813930</p>

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

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

SIGN HERE		5/30/25	ROBERT CRITCHLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		5-30-25	CRAIG GIBELLO
	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

For Paperwork Reduction Act Notice, see the instructions for Form 5500.

Form 5500 (2023)
v. 230728

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

► **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 COMPOSITION ROOFERS LOCAL #4 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 TRUSTEES - COMPOSITION ROOFERS LOCAL #4 PENSION PLAN	D Employer Identification Number (EIN) 22-6172741	

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

1a Enter the valuation date: Month 11 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	51,816,883
(2) Actuarial value of assets for funding standard account.....	1b(2)	61,318,257
c (1) Accrued liability for plan using immediate gain methods	1c(1)	62,389,386
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	62,389,386
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	90,899,909
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	970,272
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	4,839,000

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		5/23/2025
	Signature of actuary	Date
	FRANK IANNUCCI	2305241
	Type or print name of actuary	Most recent enrollment number
	SUMMIT ACTUARIAL SERVICES, LLC	856-234-8801
	Firm name	Telephone number (including area code)
	720 East Main Street Suite 2S	
	MOORESTOWN NJ 08057	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	51,816,883
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	271	60,316,673
(2) For terminated vested participants	80	10,069,193
(3) For active participants:		
(a) Non-vested benefits		2,224,653
(b) Vested benefits		18,289,390
(c) Total active	184	20,514,043
(4) Total	535	90,899,909
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.00 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2024	2,052,333	0			
Totals ▶			3(b)	2,052,333	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		<input type="checkbox"/>
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

- k** Has a change been made in funding method for this plan year? Yes No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m** []

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.15 %				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Pre-retirement</th> <th style="width: 50%;">Post-retirement</th> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A </td> <td style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A </td> </tr> </table>		Pre-retirement	Post-retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Pre-retirement	Post-retirement					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
b Rates specified in insurance or annuity contracts						
c Mortality table code for valuation purposes:						
(1) Males.....	6c(1)	6P				
(2) Females	6c(2)	6FP				
d Valuation liability interest rate.....	6d	6.50 %				
e Salary scale	6e	% <input type="checkbox"/> N/A				
f Withdrawal liability interest rate:						
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A				
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %				
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	0.2 %				
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.6 %				
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A				
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%				
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	230,000				
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>				

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,581,904	157,972

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	[]
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	701,181
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	17,896,091
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	190,443
e Total charges. Add lines 9a through 9d	9e	3,120,336
Credits to funding standard account:		
f Prior year credit balance, if any	9f	2,841,666
g Employer contributions. Total from column (b) of line 3	9g	2,052,333
h Amortization credits as of valuation date	Outstanding balance	
9h	13,983,296	1,810,158
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	369,069
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	17,349,486
(2) "RPA '94" override (90% current liability FFL)	9j(2)	20,259,419
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	7,073,226
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3,952,890
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No