

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - an amended return/report
 - the final 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
 - special extension (enter description)
 - automatic extension
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>ROOFERS AND SLATERS LOCAL 248 HEALTH AND WELFARE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ROOFERS AND SLATERS LOCAL EMPLOYEE BENEFIT PLAN</u> <u>595 SOUTHAMPTON RD</u> <u>WESTFIELD, MA 01085-1329</u>	1c Effective date of plan <u>05/31/1951</u> 2b Employer Identification Number (EIN) <u>04-2172112</u> 2c Plan Sponsor's telephone number <u>413-594-5291</u> 2d Business code (see instructions) <u>813930</u>

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.	10/07/2025	MITCH TERHAAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	MITCH TERHAAR
	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 (2024)
v. 240311

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	27
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)	27
	6a(2)	31
	6b	
	6c	
	6d	31
	6e	
	6f	31
	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	6

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

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

A Name of plan ROOFERS AND SLATERS LOCAL 248 HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS AND SLATERS LOCAL EMPLOYEE BENEFIT PLAN		D Employer Identification Number (EIN) 04-2172112

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
HEALTH NEW ENGLAND INC.

(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
04-2864973	95673	117825	31	06/01/2023	05/31/2024

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) 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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	422813	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	40046	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		462859
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)	86800	
	(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)		86800
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan ROOFERS AND SLATERS LOCAL 248 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS AND SLATERS LOCAL EMPLOYEE BENEFIT PLAN</p>	<p>D Employer Identification Number (EIN) 04-2172112</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
GUARDIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00369751	21	06/01/2024	05/31/2025

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

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

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

WEBER AND GRINNELL EMPLOYEE B 8 NORTH KING STREET
NORTHAMPTON, MA 01060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
261			3

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

FOLEY CONNELLY BENEFITS GROUP 37 ELM STREET
SUITE 1205
WEST SPRINGFIELD, MA 01089

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1089			3

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

CFS HARTFORD LLC

197 SCOTT SWAMP ROAD
FARMINGTON, MA 06032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) 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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	5579	
	(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)		5579
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ROOFERS AND SLATERS LOCAL 248 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS AND SLATERS LOCAL EMPLOYEE BENEFIT PLAN</p>	<p>D Employer Identification Number (EIN) 04-2172112</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	230821	89	06/01/2024	05/31/2025

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

<p>(a) Total amount of commissions paid 1785</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALERA GROUP INC. 8 NORTH KING STREET NORTHAMPTON, MA 01060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
327			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DBL GENERAL AGENCY AN ALERA GROUP L 155 PINELAWN ROAD SUITE 1205 MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
570			3

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

FOLEY CONNELLY BENEFITS GROUP

37 ELM STREET
WEST SPRINGFIELD, MA 01089

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
888			3

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	11134	
	(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)		11134
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 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ROOFERS AND SLATERS LOCAL 248 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS AND SLATERS LOCAL EMPLOYEE BENEFIT PLAN	D Employer Identification Number (EIN) 04-2172112	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

SEGAL ROTIMAN

333 HARRISON AVENUE
SUITE7
BOSTON, MA 02111

(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?
22	COUNSEL	6188	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VINCENT ROSSI

595 SOUTHAMPTON ROAD
WESTFIELD, MA 01085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	ADM. EDUCATION	12025	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LAPIER DILLON AND ASSOCIATES PC

32-0048525

(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	AUDITORS	21456	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

KARA ADAMITES BROWN

595 SOUTHAMPTON ROAD
WESTFIELD, MA 01085

(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?
14	PLAN ADMINISTRATOR	57733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NANCY GOP

595 SOUTHAMPTON ROAD
WESTFIELD, MA 01085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	ADMINISTRATIVE ASSISTANT	17436	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ROOFERS AND SLATERS LOCAL 248 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS AND SLATERS LOCAL EMPLOYEE BENEFIT PLAN	D Employer Identification Number (EIN) 04-2172112

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	722801	642221
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1552912	1739068
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	10870	10720

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	2286583	2392009
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2286583	2392009

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)	556803	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	48756	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		605559
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	93170	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		93170
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	219927	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	183649	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		36278
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		87111
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		822118

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	476311	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		476311
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)	124119	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22431	
(5) Investment advisory and investment management fees	2i(5)	15429	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6188	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	72214	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		240381
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		716692

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		105426
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: **LAPIER DILLON AND ASSOCIATES PC**

(2) EIN: **32-0048525**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN**

**FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2024 AND 2023

**ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
FINANCIAL STATEMENTS**

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LaPier, Dillon & Associates, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Roofers and Slaters Local No. 248
Health and Welfare Plan
Westfield, Massachusetts

Opinion

We have audited the accompanying financial statements of Roofers and Slaters Local No. 248 Health and Welfare Plan, 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 – modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits – modified cash basis of Roofers and Slaters Local No. 248 Health and Welfare Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits – modified cash basis for the years then ended, in accordance with the modified cash basis of accounting.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Roofers and Slaters Local No. 248 Health and Welfare Plan 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.

Basis for Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers and Slaters Local No. 248 Health and Welfare Plan'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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Roofers and Slaters Local No. 248 Health and Welfare Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers and Slaters Local No. 248 Health and Welfare Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end - modified cash basis 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. 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 generally accepted auditing standards.

Roofers and Slaters Local No. 248
Health and Welfare Plan
Page Three

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

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

LaPier, Dillon & Associates P.C.

LaPier, Dillon & Associates P.C.
West Springfield, Massachusetts
August 8, 2025

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value	\$ 1,739,068	\$ 1,552,912
Cash and cash equivalents	642,221	722,801
Due from other funds	10,720	10,870
 Total assets	 \$ 2,392,009	 \$ 2,286,583
 Net assets available for benefits	 \$ 2,392,009	 \$ 2,286,583

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

ROOFERS AND SLATERS LOCAL No. 248 HEALTH AND WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
DECEMBER 31, 2024 AND 2023

	2024	2023
Additions to net assets attributed to investment activity		
Net appreciation on fair value of investments	\$ 87,111	\$ 28,757
Net realized gains	36,278	113,712
Reimbursements	48,756	45,188
Interest and dividend income	93,170	75,739
Investment activity, net	265,315	263,396
Contributions, net	556,803	529,157
Total additions, net investment activity	822,118	792,553
Deductions from net assets attributed to		
Payments for		
Cost of group insurance and claims	457,105	383,587
Premiums	19,206	11,163
	476,311	394,750
Administrative expenses		
Benefits	15,996	16,986
Education	400	-
Insurance	24,014	9,426
Investment fees	15,429	11,700
Legal and accounting	28,619	12,437
Office expense	11,297	17,483
Rent	20,907	16,525
Salaries and payroll taxes	123,719	118,546
	240,381	203,103
Total deductions	716,692	597,853
Change in net assets	105,426	194,700
Net assets available for benefits, beginning of year	2,286,583	2,091,883
Net assets available for benefits, end of year	\$ 2,392,009	\$ 2,286,583

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

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE HEALTH AND WELFARE PLAN

The following description of the Roofers and Slaters Local No. 248 Health and Welfare Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was formed under a collectively bargained agreement between the New England Mechanical Contractors Association, Inc. and the Roofers and Slaters Local No. 248 Health and Welfare Plan. The Plan provides health and welfare benefits for members who have worked a minimum of 800 hours of service each year. Current welfare benefits cover employees of contractors who are affiliated with the Roofers and Slaters Local No. 248 Union. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Education Fund is included in the Plan.

Benefits

The Plan provides health benefits (hospital, surgical, major medical, dental, vision and short-term disability benefits) to members and their families and retired members up to the age of 65 years. There are no post-retirement benefit obligations under the Plan.

The Plan established a Health Reimbursement Account (HRA) in 2014. The HRA component pays health insurance deductibles from the Plan's assets for members based on the type of health insurance the member carries. Participants should refer to the HRA agreement for a more complete description of the HRA's provisions.

Contributions

The Plan agreement provides that the affiliated contractors of the Roofers and Slaters Local No. 248 Union make monthly contributions to the Plan of a specified amount for each hour worked to provide benefits for employees. Participants who fail to work 800 hours annually may buy into the Plan if they worked more than 600 hours. The employer's contribution rate is determined annually by the contractors and Roofers and Slaters Local No. 248 Union members.

Priorities upon termination of the plan

In the event of a termination of the Plan, the participants have certain specific rights. Participants should refer to the plan agreement for a complete description of the plan provisions covering the priorities upon the termination of the plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Roofers and Slaters Local No. 248 Health and Welfare Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who are responsible for their integrity and objectivity. These accounting policies have been consistently applied in the preparation of the financial statements.

Business activity

The Plan is responsible for administering health and welfare benefits for employees of contractors who are affiliated with the Roofers and Slaters Local No. 248 Union. The Plan collects funds from the affiliated contractors to cover claims and premium cost.

The Plan's primary geographic area of coverage includes Western Massachusetts, from the Connecticut border to Berkshire County, and east to Worcester.

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of accounting

It is the Plan's policy to prepare its financial statements on the modified cash basis of accounting. The major differences between the accompanying financial statements and statements prepared in conformity with generally accepted accounting principles relate to:

- Revenues are recognized when received rather than when earned;
- Expenses are recognized when the cash is disbursed rather than when the obligation is incurred;
- Recording lease payments as expensed when payments are incurred rather than future lease commitments being reported as a liability for the amount owed under the lease agreement and a right-of-use asset for the benefit derived from the use of the leased asset over the term of the lease.

The cash basis of accounting has been modified to recognize investments at their current market values and amounts due from other funds.

Investments

The Plan's investments are stated at fair value, as determined by quoted market prices. 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.

In accordance with the policy of stating investments at market value, net unrealized appreciation or depreciation for the year is reflected in the statement of changes in net assets available for plan benefits. The net appreciation (depreciation) in the fair value of its investments consists of realized gains or losses and unrealized appreciation (depreciation) on those investments.

Fair value

Accounting Standards Codification 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 Accounting Standards Codification are described as follows:

- Level 1 valuations reflect quoted market or exchange prices for the actual or identical assets or liabilities in active markets.
- Level 2 valuations reflect inputs other than quoted prices in Level 1 which are observable. The inputs can include some or all of the following into a valuation model:
 - quoted prices on similar assets in active markets
 - quoted prices on actual assets that are not active
 - inputs other than quoted prices such as yield curves, volatilities, prepayments speeds
 - inputs derived from market data
- Level 3 valuations reflect valuations in which one or more of the significant valuation inputs are not observable in an active market, there is limited if any market activity, and/or are based on management inputs into valuation model.

The Plan maintains policies and procedures to value instruments using the best and most relevant data available. In addition, the Plan has an investment management team that reviews valuation, including independent price validation for certain instruments. Further, in most instances, management develops internal valuations of the assets and instruments held in the Plan.

**ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Insurance contracts

The Plan purchases insurance contracts, that are excluded from plan assets, for the purpose of paying for certain death, accidental death and dismemberment, major medical, disability, and dental claims incurred under the terms of the plan.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Tax status

The Roofers and Slaters Local No. 248 Health and Welfare Plan is a tax-exempt entity under Section 501(c)9 of the Internal Revenue Code. Accordingly, the Plan's net investment income is exempt from income taxes. The Plan has obtained a favorable determination letter from the Internal Revenue Service, and the Plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

Subsequent events

Management has evaluated subsequent events up to August 8, 2025, the date which the financial statements were available to be issued.

3. CONCENTRATION OF CREDIT RISK

The Plan maintains several bank accounts at one institution, which are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The Plan has not suffered any losses.

4. INVESTMENTS

The following section describes the valuation methodologies the Plan uses to measure the financial instruments at fair value. The asset 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. The following is a description of the valuation methodologies used for assets measured at fair value.

Fixed income

The fair value of fixed income is determined using recently executed transactions, market price quotations (where observable), bond spreads, credit default swap spreads, at the money volatility and/or volatility skew obtained from independent external parties such as vendors and brokers adjusted for any basis difference between cash and derivative instruments. The spread data used are for the same maturity as the bond. If the spread data do not reference the issue, then data that reference a comparable issue are used. When position-specific external price data are not observable, fair value is determined based on either bench marking to similar instruments or cash flow models with yield curves, bond or single-name credit default swap spreads and recovery rates as significant inputs. Fixed income is generally categorized in Level 2 of the fair value hierarchy.

Mutual funds

Exchange-traded direct equity investments that are actively traded are generally valued based on quoted prices from the exchange making them Level 1 on the fair value hierarchy.

**ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

4. INVESTMENTS (continued)

		<u>Level 1</u>	<u>Level 2</u>	<u>12/31/2024</u>
Investments	Fixed Income	\$ -	\$ 844,280	\$ 844,280
Investments	Fixed Income	131,287	-	131,287
Investments	Mutual Funds	763,501	-	763,501
Total		<u>\$ 894,788</u>	<u>\$ 844,280</u>	<u>\$ 1,739,068</u>

		<u>Level 1</u>	<u>Level 2</u>	<u>12/31/2023</u>
Investments	Fixed Income	\$ -	\$ 735,799	\$ 735,799
Investments	Fixed Income	119,914	-	119,914
Investments	Mutual Funds	697,199	-	697,199
Total		<u>\$ 817,113</u>	<u>\$ 735,799</u>	<u>\$ 1,552,912</u>

5. COMMITMENTS

The Plan has estimated the amount of benefits to be paid for participants who have accumulated sufficient eligibility credits during the current period to be eligible for benefits in the succeeding five months to be \$172,549 and \$154,131 as of December 31, 2024 and 2023, respectively. These amounts were paid subsequent to year end and therefore not recognized on these financial statements.

6. RELATED PARTY TRANSACTIONS

Morgan Stanley provides administrative services to the Plan pursuant to a Service Agreement between the Plan and Morgan Stanley, and Morgan Stanley receives revenue directly from mutual fund service providers for services Morgan Stanley provides to the funds. This revenue is used to cover and/or offset certain amounts owed to Morgan Stanley for its administrative services to the Plan. Payroll, payroll taxes, and employee benefits are reported and paid by the Health and Welfare Fund for the Health and Welfare Fund, the Annuity Plan, and the Pension Fund. A monthly allocation is made and funds are transferred to apportion these costs based on the time spent working on each Fund. As of December 31, 2024 and 2023, the Plan is owed \$10,720 and \$10,870, respectively, for these allocated expenses.

7. OPERATING LEASE

During 2019, Local No. 248 Health and Welfare Plan entered into a three-year lease agreement for space for its operations. The Plan paid monthly rents of \$1,180-\$1,239 with a lease agreement ended on December 31, 2021. In January 2022 the lease was renewed for three years with monthly rents of \$1,284 - \$1,400.

**ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

7. OPERATING LEASE (continued)

On November 26, 2024, Local No. 248 Health and Welfare Plan entered into a five-year lease agreement for space for its operations at a different location. The Plan shares the office space with Roofers and Slaters Local No. 248 Union (the “Union”), splitting the monthly rental payments based on their respective percentage of office space allocated for use. The total combined monthly rent ranges from \$2,250-\$2,532 with a lease agreement ending on December 31, 2029. The Plan and Union pay approximately 58% and 42% of the total rent each month, respectively.

The future minimum lease payments for the portion allocated to Local No. 248 Health and Welfare Plan are as follows:

<u>Year ending December 31</u>		
2025	\$	14,442
2026		16,224
2027		16,714
2028		17,218
2029		<u>16,252</u>
Total	\$	<u><u>80,850</u></u>

Total rent expense for the years ended December 31, 2024 and 2023 was \$20,907 and \$16,525, respectively.

8. CREDIT 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.

SUPPLEMENTAL INFORMATION

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
SCHEDULE I - ASSETS HELD AT YEAR END - MODIFIED CASH BASIS
FORM 5500 - SCHEDULE H, LINE 4i
DECEMBER 31, 2024

EIN: 04-2172112
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
*	Identity of Issue	Description of Investment	Cost	Current Value
*	Morgan Stanley	Abbvie Inc Com	\$ 9,872	\$ 9,379
*	Morgan Stanley	Adobe Inc	6,225	4,709
*	Morgan Stanley	Advanced Micro Devices	5,633	5,490
*	Morgan Stanley	Alphabet Inc CL A	18,629	24,798
*	Morgan Stanley	Amazon Com Inc	18,756	28,740
*	Morgan Stanley	Amgen Inc	4,292	4,125
*	Morgan Stanley	Apple Inc	26,102	34,808
*	Morgan Stanley	Becton Dickinson & Co	8,017	7,752
*	Morgan Stanley	Berkshire Hathaway CL-B New	9,481	12,072
*	Morgan Stanley	Blackrock Inc	11,586	16,635
*	Morgan Stanley	Blackstone Inc.	6,221	7,728
*	Morgan Stanley	Broadcom Inc.	8,881	9,310
*	Morgan Stanley	Cummins Inc.	5,456	6,850
*	Morgan Stanley	Eli Lilly & Co	10,251	12,097
*	Morgan Stanley	Exxon Mobil Corp	16,428	16,566
*	Morgan Stanley	Fiserv Inc.	7,311	7,347
*	Morgan Stanley	Genl Dynamics Corp.	10,518	9,221
*	Morgan Stanley	Home Depot Inc	9,508	11,284
*	Morgan Stanley	Johnson & Johnson	4,967	4,715
*	Morgan Stanley	JP Morgan & Chase Co	8,222	13,178
*	Morgan Stanley	Meta Platforms Inc CL A	6,808	11,281
*	Morgan Stanley	Microsoft Corp	36,456	41,197
*	Morgan Stanley	Monster Beverage Corp New Com	8,260	8,094
*	Morgan Stanley	MSCI Inc Com	9,582	10,396
*	Morgan Stanley	Netflix Inc.	6,328	9,451
*	Morgan Stanley	Nextera Energy Inc	3,737	4,686
*	Morgan Stanley	Nvidia Corporation	15,165	34,915
*	Morgan Stanley	Palo Alto Networks Inc	3,179	4,463
*	Morgan Stanley	Procter & Gamble	8,496	8,959
*	Morgan Stanley	Prologis Inc Com	6,800	6,540
*	Morgan Stanley	Salesforce Inc	5,129	7,804
*	Morgan Stanley	Tesla Inc	3,394	6,563

Continued

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
SCHEDULE I - ASSETS HELD AT YEAR END - MODIFIED CASH BASIS - CONTINUED
FORM 5500 - SCHEDULE H, LINE 4i
DECEMBER 31, 2024

EIN: 04-2172112
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
*	Morgan Stanley	Thermo Fisher Scientific	\$ 9,356	\$ 10,192
*	Morgan Stanley	Trane Technologies Plc.	8,527	7,628
*	Morgan Stanley	Transdigm Group inc	11,653	13,853
*	Morgan Stanley	US Bancorp Com	9,275	8,944
*	Morgan Stanley	Uber Technologies Inc.	6,832	5,137
*	Morgan Stanley	UnitedHealth GP Inc	9,591	8,791
*	Morgan Stanley	Visa Inc CL A	11,168	13,501
*	Morgan Stanley	Walt Disney Co Hldg Co	7,057	8,476
*	Morgan Stanley	JP Morgan Equity Premium Inco	61,174	63,858
*	Morgan Stanley	SPDR Bloomberg1-3 Month T-B	2,812	2,806
*	Morgan Stanley	American Balanced F2	156,018	194,886
*	Morgan Stanley	American Europacific GRW F2	54,021	61,392
*	Morgan Stanley	American New World F2	31,882	37,212
*	Morgan Stanley	Champlain Mid Cap Inst	35,440	37,268
*	Morgan Stanley	JP Morgan Hedged Equity 2 I	55,887	66,218
*	Morgan Stanley	JP Morgan Small Cap Blend I	32,164	40,212
*	Morgan Stanley	MFS INTL Diversification I	68,282	62,880
*	Morgan Stanley	Pimco Income I2	271,892	263,289
*	Morgan Stanley	Ares Capital Corp	16,384	16,835
*	Morgan Stanley	FS KKR Capital Corp	16,109	16,676
*	Morgan Stanley	Oracle Corp	16,018	16,496
*	Morgan Stanley	BP Capital Markets America Inc.	16,327	16,622
*	Morgan Stanley	Centene Corp.	16,204	16,493
*	Morgan Stanley	General Motors Financial Co. Inc.	16,307	16,425
*	Morgan Stanley	AT & T	16,525	16,634
*	Morgan Stanley	Verizon Communications Inc.	16,519	16,681
*	Morgan Stanley	Abbvie Inc.	16,641	16,746
*	Morgan Stanley	RTX Corp	16,394	16,559
*	Morgan Stanley	Goldman Sachs Group Inc	16,355	16,540
*	Morgan Stanley	JP Morgan Chase & Co.	16,350	16,548
*	Morgan Stanley	Intel Corp.	16,995	16,871
*	Morgan Stanley	Pfizer Inc.	16,744	17,056

Continued

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
SCHEDULE I - ASSETS HELD AT YEAR END - MODIFIED CASH BASIS - CONTINUED
FORM 5500 - SCHEDULE H, LINE 4i
DECEMBER 31, 2024

EIN: 04-2172112

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
_____	Identity of Issue	Description of Investment	Cost	Current Value
*	Morgan Stanley	Home Depot Inc.	\$ 15,934	\$ 16,215
*	Morgan Stanley	Steel Dynamics Inc.	16,547	16,688
*	Morgan Stanley	Boeing CO/THE	16,736	16,799
*	Morgan Stanley	Freeport -Mcmoran Inc	16,171	16,486
*	Morgan Stanley	Occidental Petroleum Corp	12,426	12,274
*	Morgan Stanley	Apple Inc.	16,626	16,835
*	Morgan Stanley	CitiGroup Inc	16,141	16,341
*	Morgan Stanley	Wells Fargo & Co.	16,310	16,461
*	Morgan Stanley	Bank of America Corp	16,217	16,740
*	Morgan Stanley	Occidental Petroleum Corp	4,037	3,918
*	Morgan Stanley	CVS Health Corp	16,882	16,313
*	Morgan Stanley	McDonald's Corp	16,845	16,877
*	Morgan Stanley	Athene Holding LDT	<u>16,040</u>	<u>16,243</u>
	Total investments		<u>\$ 1,589,505</u>	<u>\$ 1,739,068</u>

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
SCHEDULE I - ASSETS HELD AT YEAR END - MODIFIED CASH BASIS
FORM 5500 - SCHEDULE H, LINE 4i
DECEMBER 31, 2024

EIN: 04-2172112
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
*	Identity of Issue	Description of Investment	Cost	Current Value
*	Morgan Stanley	Abbvie Inc Com	\$ 9,872	\$ 9,379
*	Morgan Stanley	Adobe Inc	6,225	4,709
*	Morgan Stanley	Advanced Micro Devices	5,633	5,490
*	Morgan Stanley	Alphabet Inc CL A	18,629	24,798
*	Morgan Stanley	Amazon Com Inc	18,756	28,740
*	Morgan Stanley	Amgen Inc	4,292	4,125
*	Morgan Stanley	Apple Inc	26,102	34,808
*	Morgan Stanley	Becton Dickinson & Co	8,017	7,752
*	Morgan Stanley	Berkshire Hathaway CL-B New	9,481	12,072
*	Morgan Stanley	Blackrock Inc	11,586	16,635
*	Morgan Stanley	Blackstone Inc.	6,221	7,728
*	Morgan Stanley	Broadcom Inc.	8,881	9,310
*	Morgan Stanley	Cummins Inc.	5,456	6,850
*	Morgan Stanley	Eli Lilly & Co	10,251	12,097
*	Morgan Stanley	Exxon Mobil Corp	16,428	16,566
*	Morgan Stanley	Fiserv Inc.	7,311	7,347
*	Morgan Stanley	Genl Dynamics Corp.	10,518	9,221
*	Morgan Stanley	Home Depot Inc	9,508	11,284
*	Morgan Stanley	Johnson & Johnson	4,967	4,715
*	Morgan Stanley	JP Morgan & Chase Co	8,222	13,178
*	Morgan Stanley	Meta Platforms Inc CL A	6,808	11,281
*	Morgan Stanley	Microsoft Corp	36,456	41,197
*	Morgan Stanley	Monster Beverage Corp New Com	8,260	8,094
*	Morgan Stanley	MSCI Inc Com	9,582	10,396
*	Morgan Stanley	Netflix Inc.	6,328	9,451
*	Morgan Stanley	Nextera Energy Inc	3,737	4,686
*	Morgan Stanley	Nvidia Corporation	15,165	34,915
*	Morgan Stanley	Palo Alto Networks Inc	3,179	4,463
*	Morgan Stanley	Procter & Gamble	8,496	8,959
*	Morgan Stanley	Prologis Inc Com	6,800	6,540
*	Morgan Stanley	Salesforce Inc	5,129	7,804
*	Morgan Stanley	Tesla Inc	3,394	6,563

Continued

ROOFERS AND SLATERS LOCAL No. 248
HEALTH AND WELFARE PLAN
SCHEDULE I - ASSETS HELD AT YEAR END - MODIFIED CASH BASIS - CONTINUED
FORM 5500 - SCHEDULE H, LINE 4i
DECEMBER 31, 2024

EIN: 04-2172112

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
*	Morgan Stanley	Thermo Fisher Scientific	\$ 9,356	\$ 10,192
*	Morgan Stanley	Trane Technologies Plc.	8,527	7,628
*	Morgan Stanley	Transdigm Group inc	11,653	13,853
*	Morgan Stanley	US Bancorp Com	9,275	8,944
*	Morgan Stanley	Uber Technologies Inc.	6,832	5,137
*	Morgan Stanley	UnitedHealth GP Inc	9,591	8,791
*	Morgan Stanley	Visa Inc CL A	11,168	13,501
*	Morgan Stanley	Walt Disney Co Hldg Co	7,057	8,476
*	Morgan Stanley	JP Morgan Equity Premium Inco	61,174	63,858
*	Morgan Stanley	SPDR Bloomberg1-3 Month T-B	2,812	2,806
*	Morgan Stanley	American Balanced F2	156,018	194,886
*	Morgan Stanley	American Europacific GRW F2	54,021	61,392
*	Morgan Stanley	American New World F2	31,882	37,212
*	Morgan Stanley	Champlain Mid Cap Inst	35,440	37,268
*	Morgan Stanley	JP Morgan Hedged Equity 2 I	55,887	66,218
*	Morgan Stanley	JP Morgan Small Cap Blend I	32,164	40,212
*	Morgan Stanley	MFS INTL Diversification I	68,282	62,880
*	Morgan Stanley	Pimco Income I2	271,892	263,289
*	Morgan Stanley	Ares Capital Corp	16,384	16,835
*	Morgan Stanley	FS KKR Capital Corp	16,109	16,676
*	Morgan Stanley	Oracle Corp	16,018	16,496
*	Morgan Stanley	BP Capital Markets America Inc.	16,327	16,622
*	Morgan Stanley	Centene Corp.	16,204	16,493
*	Morgan Stanley	General Motors Financial Co. Inc.	16,307	16,425
*	Morgan Stanley	AT & T	16,525	16,634
*	Morgan Stanley	Verizon Communications Inc.	16,519	16,681
*	Morgan Stanley	Abbvie Inc.	16,641	16,746
*	Morgan Stanley	RTX Corp	16,394	16,559
*	Morgan Stanley	Goldman Sachs Group Inc	16,355	16,540
*	Morgan Stanley	JP Morgan Chase & Co.	16,350	16,548
*	Morgan Stanley	Intel Corp.	16,995	16,871
*	Morgan Stanley	Pfizer Inc.	16,744	17,056

Continued

