

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
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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 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
1a	Name of plan ROOFERS LOCAL NO. 9 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/15/1958
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) BOARD OF TRUSTEES- ROOFERS LOCAL NO. 9 PENSION FUND 66 CONNECTICUT BLVD EAST HARTFORD, CT 06108-3013
2b	Employer Identification Number (EIN) 06-6061612
2c	Plan Sponsor's telephone number 800-516-8979
2d	Business code (see instructions) 238100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	MARK CANINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	ALEX ROSS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 508
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) 188 6a(2) 182 6b 147 6c 107 6d 436 6e 55 6f 491 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 12

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (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 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan ROOFERS LOCAL NO. 9 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 BOARD OF TRUSTEES- ROOFERS LOCAL NO. 9 PENSION FUND	D Employer Identification Number (EIN) 06-6061612

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 68455472
(2) Actuarial value of assets for funding standard account	1b(2) 73144904
c (1) Accrued liability for plan using immediate gain methods	1c(1) 68672388
(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) 68672388
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) 92684116
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1747920
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3662087
(3) Expected plan disbursements for the plan year	1d(3) 3987087

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	10/02/2025
Signature of actuary STEVEN R. LOOMIS, ASA, FCA, MAAA	Date 23-05662
Type or print name of actuary THE SEGAL COMPANY	Most recent enrollment number 216-687-4400
Firm name 1111 SUPERIOR AVENUE, SUITE 2340 CLEVELAND, MA 44114-2568	Telephone number (including area code)
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	68455472
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	195	40408738
(2) For terminated vested participants	125	16595383
(3) For active participants:		
(a) Non-vested benefits		2823558
(b) Vested benefits		32856437
(c) Total active	188	35679995
(4) Total	508	92684116
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
07/15/2024	2165143	0			
Totals ►			3(b)	2165143	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	106.5 %
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?		☐ Yes ☐ 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)?		☐ Yes ☐ 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. ☐		
• 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** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ 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	3.29 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	8MP	8MP
(2) Females	6c(2)	8FP	8FP
d Valuation liability interest rate	6d	5.50 %	5.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		4.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		11.0 %
i Expense load included in normal cost reported in line 9b	6i		☐ 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)		325000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

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

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.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ 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?	☐ Yes ☒ 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?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(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?	☐ Yes ☐ 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?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

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	1415850

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)	9543094	1409352
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 155386**e** Total charges. Add lines 9a through 9d.....**9e** 2980588**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 7520793**g** Employer contributions. Total from column (b) of line 3.....**9g** 2165143**h** Amortization credits as of valuation date.....

Outstanding balance

9h 2494204 582972**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 500287**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)	9657005
9j(2)	11372665

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** 10769195**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 7788607**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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 LOCAL NO. 9 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES- ROOFERS LOCAL NO. 9 PENSION FUND	D Employer Identification Number (EIN) 06-6061612	

Part I	Service Provider Information (see instructions)
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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
AFL-CIO HOUSING INVESTMENT TRUST
52-6220193

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COHEN & STEERS CAPITAL MANAGEMENT
13-3353336

(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

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)

COLUMBIA MANAGEMENT INVESTMENT ADVI

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	126736	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WRIGHT INVESTORS

06-0700978

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	104705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-1928058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	56716	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

BRESCIA PRINTING SERVICES

06-1188287

(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?
13 50	NONE	53392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEBSTER BANK

06-0273620

(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?
18 19 50	NONE	39018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGILIS PARTNERS, LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	30667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REID & REIGE, P.C.

06-0867204

(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	25808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(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	14367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 LOCAL NO. 9 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES- ROOFERS LOCAL NO. 9 PENSION FUND	D Employer Identification Number (EIN) 06-6061612

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	445143	918564
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)	411440	215510
(2) U.S. Government securities	1c(2)	23049132	25662419
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9781367	9539828
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	25039734	27070906
(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)	9730614	10241326
(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	68457430	73648553
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1958	11400
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1958	11400
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	68455472	73637153

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)	2165143	
(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)		2165143
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20733	
(B) U.S. Government securities	2b(1)(B)	726362	
(C) Corporate debt instruments	2b(1)(C)	379872	
(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)		1126967
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	352192	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	306888	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		659080
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	63629626	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	62577008	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1052618
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3435215	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		203823
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8642846

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2940863	
(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)		2940863
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	59913	
(3) Recordkeeping fees	2i(3)	1167	
(4) IQPA audit fees	2i(4)	13200	
(5) Investment advisory and investment management fees	2i(5)	270459	
(6) Bank or trust company trustee/custodial fees	2i(6)	30667	
(7) Actuarial fees	2i(7)	56716	
(8) Legal fees	2i(8)	25808	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	62372	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		520302
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3461165

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5181681
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: **NOVAK FRANCELLE, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561719.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 LOCAL NO. 9 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES- ROOFERS LOCAL NO. 9 PENSION FUND		D Employer Identification Number (EIN) 06-6061612
Part I	Distributions	
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): 06-6061612		
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.)	
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	
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.	
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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 **SILKTOWN ROOFING**

b EIN **06-1350674**

c Dollar amount contributed by employer **776963**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **COMMERCIAL ROOFING**

b EIN **06-1339013**

c Dollar amount contributed by employer **137842**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **ERNEST PETERSON, INC**

b EIN **06-0643171**

c Dollar amount contributed by employer **167716**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **THE IMPERIAL CO., INC**

b EIN **06-1617358**

c Dollar amount contributed by employer **283897**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **GREENWOOD INDUSTRIES, INC.**

b EIN **04-3165907**

c Dollar amount contributed by employer **640527**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **BHI SPECIALTY SERVICES**

b EIN **30-0811764**

c Dollar amount contributed by employer **31148**

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 **12** Day **31** Year **2024**

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) **7.10**

(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 **YOUNG DEVELOPERS, LLC**

b EIN **26-4594323**

c Dollar amount contributed by employer **25352**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **DAY & ZIMMERMANN (ATLANTIC)**

b EIN **23-3024522**

c Dollar amount contributed by employer **8076**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **ROOFERS LOCAL NO. 9 UNION**

b EIN **06-6061613**

c Dollar amount contributed by employer **26526**

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 **12** Day **31** Year **2024**

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) **7.10**

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

a Name of contributing employer **TITAN ROOFING, INC.**

b EIN **04-2630303**

c Dollar amount contributed by employer **10198**

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 **12** Day **31** Year **2024**

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) **7.10**

(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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 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

0.97

b The corresponding number for the second preceding plan year.....

15b

1.00

- 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

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 _____.

**ROOFERS LOCAL NO. 9
PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**ROOFERS LOCAL NO. 9
PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Roofers Local No. 9 Pension Fund

Opinion

We have audited the financial statements of the Roofers Local No. 9 Pension Fund (the 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with the modified cash basis of accounting described in Note 2.

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 the Roofers Local No. 9 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules 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 this matter.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible 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.

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 the 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 the 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.

Report on Supplemental Information

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 End of Year and Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their 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.

Norak Francella LLC

Killingworth, Connecticut
September 30, 2025

**ROOFERS LOCAL NO. 9
PENSION FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS**

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
United States Government and Agency securities	\$ 25,662,419	\$ 23,049,132
Corporate bonds	9,539,828	9,781,367
Common stock	27,070,906	25,039,734
Registered investment companies	10,241,326	9,730,614
Cash equivalents	215,510	411,440
Total investments	<u>72,729,989</u>	<u>68,012,287</u>
OTHER ASSETS		
Cash	<u>918,564</u>	<u>445,143</u>
Total assets	<u>73,648,553</u>	<u>68,457,430</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Research and education	<u>11,400</u>	<u>1,958</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 73,637,153</u></u>	<u><u>\$ 68,455,472</u></u>

See accompanying notes to financial statements.

**ROOFERS LOCAL No. 9
PENSION FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Interest	\$ 1,126,967	\$ 1,189,994
Dividends	659,080	650,239
Net appreciation in fair value of investments	<u>4,691,656</u>	<u>5,303,956</u>
	6,477,703	7,144,189
Less investment fees	<u>(301,126)</u>	<u>(297,462)</u>
Net investment income	<u>6,176,577</u>	<u>6,846,727</u>
Employer contributions	<u>2,165,143</u>	<u>1,908,254</u>
Total additions	<u>8,341,720</u>	<u>8,754,981</u>
DEDUCTIONS		
Benefits paid directly to participants	<u>2,940,863</u>	<u>2,834,383</u>
Administrative expenses		
Actuarial and consulting	56,716	84,636
Administrative fees - fund office	53,392	51,802
Legal	25,808	25,415
Office expense	22,996	13,436
PBGC premiums	18,796	17,710
Insurance	17,736	17,164
Audit	13,200	12,700
Administrative fees - benefit payments	6,521	95,067
Office rent	2,844	2,755
Accounting - employer audits	1,167	1,633
Total administrative expenses	<u>219,176</u>	<u>322,318</u>
Total deductions	<u>3,160,039</u>	<u>3,156,701</u>
NET INCREASE	5,181,681	5,598,280
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>68,455,472</u>	<u>62,857,192</u>
End of year	<u><u>\$ 73,637,153</u></u>	<u><u>\$ 68,455,472</u></u>

See accompanying notes to financial statements.

**ROOFERS LOCAL NO. 9
PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

General - The Roofers Local No. 9 Pension Fund (the Plan) was established in 1958 under a trust agreement, with amendments since that time, and is maintained pursuant to collective bargaining agreements which provide for the rate of employer contributions, the type of work and areas of work for which contributions are payable and certain other terms governing contributions. The Plan's purpose is to provide for retirement, disability, and death benefits to eligible participants in accordance with the provisions of the Plan. The Plan is administered by a Board of Trustees consisting of representatives of both the contributing employers and Roofers Local No. 9 (the union).

The Plan is a non-contributory, defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Trustees have engaged an actuary to determine the benefit level that can be provided by the hourly contribution rate specified in the collective bargaining agreements. This rate, as actuarially computed, provides for funding of the current service cost and amortization of the unfunded accrued liability.

Pension Benefits - The following brief description of the Plan's benefit structure is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Subject to certain conditions outlined in the Plan, a vested participant whose normal retirement date initially occurs on or after January 1, 2021, and who works at least 63 hours in the 2021 plan year with no previous break in service, as determined by the Plan, will receive a monthly amount in the form of a Life-No Death Benefit Pension equal to \$103 for each pension credit in force for that participant. Those participants who retired before January 1, 2023 shall have their pension benefit rate calculated under the terms of the Plan as then in effect. With one exception, the Plan defines normal retirement age as 62. Subject to Plan terms, the Plan also permits early retirement at age 52 if the participant has accrued at least 15 years of vesting service. A participant may retire on a service pension, without reduction for early retirement, if such an individual has accrued 35 pension credits for work in the Local 9 jurisdiction.

One full pension credit is earned when a participant works at least 1,438 hours in covered employment during a plan year. Partial credit is received in the event that a participant works at least 63 hours in covered employment in a plan year. A participant is vested in their benefits if the participant has not incurred a break in service and any one of the following applies: 1) the participant has accumulated 5 years of vesting service and works for at least one hour of service on or after January 1, 1998; 2) the participant has accumulated ten years of vesting service; or 3) the participant has reached normal retirement age.

NOTE 1. DESCRIPTION OF PLAN (continued)

Death and Disability Benefits - In the event a married vested participant dies prior to receiving any pension benefits and the participant meets certain other requirements outlined in the Plan, the participant's surviving spouse would be eligible to receive a monthly pension for the remainder of their lifetime equal to 50% of the monthly pension that would have been paid to the participant. A 75% option is also available if the participant and spouse waive the 50% option. In addition, beneficiaries of participants who die before they retire may be entitled to a lump sum death benefit in accordance with the provisions of the Plan.

Participants who have attained at least age 50 and have at least fifteen pension credits who become totally and permanently disabled as evidenced by a Social Security disability award may receive on a monthly basis two times the amount of the participant's normal retirement pension (adjusted for the payment type), subject to reduction for the monthly value of any payments which the participant is entitled to under a workers' compensation act or similar law. Payments continue in this manner until the disabled participant attains the participant's normal retirement date, at which time the individual's pension benefit is recalculated as if the participant had initially retired at normal retirement age (subject to applicable Plan rules and actuarial adjustment).

Contributions - Contributions to the Plan are made by contributing employers at rates established by collective bargaining agreements. The contribution rate for each hour worked by covered employees was \$6.80 effective January 1, 2023; \$6.90 effective June 1, 2023; \$7.05 effective January 1, 2024, and \$7.10 effective June 1, 2024. Contributing employers primarily conduct business in the State of Connecticut. Contributions from 3 employers comprised 81% of total 2024 contributions received.

Pursuant to the collective bargaining agreement, if a participant works more than 2,000 hours in covered employment during a plan year, contributions which would have otherwise been made with respect to that participant to this Plan for hours in excess of 2,000 are made instead to the Roofers Local No. 9 Supplemental Retirement Plan. Such contributions totaled \$7,821 and \$11,412 for the years ended December 31, 2024, and 2023, respectively.

Plan Amendments - During the plan year on April 26, 2024, the Board of Trustees adopted the Fifty Ninth (59th) Amendment to the Plan document. This amendment reflects the new \$103.00 per pension credit monthly benefit rate (on a Life-No-Death Benefit Pension basis) for those participants who initially retire on or after January 1, 2023.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The accompanying financial statements have been prepared on the modified cash basis. Under this basis, except for investments and the related investment income (loss) which are recognized at fair value, income is generally recognized when received rather than when earned, and expenses are generally recognized when paid rather than when incurred. Consequently, contributions receivable accrued interest income, accounts payable and accrued expenses have not been recorded in the accompanying financial statements.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Valuation of Investments and Income Recognition - The Trustees have appointed investment managers and an investment custodian. Subject to an investment policy adopted by the Trustees, the investment managers have discretionary authority concerning purchases and sales of investments which consist of U.S. Government and Agency securities, common stock, corporate bonds, registered investment companies and cash equivalents.

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

See Note 9 for discussion of fair value measurements.

Use of Estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 3. PLAN TERMINATION

Although they have not expressed intent to do so, the Trustees have the right to terminate the Plan subject to the provisions of ERISA.

In the event of plan termination, each participant's rights will be non-forfeitable to the extent funded, after providing for any administrative expenses. Assets remaining in the Plan will be allocated among the pensioners, beneficiaries, spouses, and participants in the following order:

1. Pension benefits payable to all participants receiving benefits or eligible to receive benefits prior to the three-year period ending on the termination date.
2. To all other benefits of the individuals under the Plan guaranteed under Title IV of ERISA.
3. To all other vested benefits under the Plan.
4. To all other benefits under the Plan.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to 1) retired or terminated participants or their beneficiaries and; 2) present participants or their beneficiaries.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to 1) retired or terminated participants or their beneficiaries and; 2) present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The following information is taken directly from the actuary's valuation report.

	<u>January 1, 2024</u>
Actuarial present value of accumulated vested benefits:	
Retired employees and beneficiaries	\$ 32,893,031
Active and former employees with vested rights	<u>34,050,395</u>
Total present value of accumulated vested benefits	66,943,426
Actuarial present value of nonvested accumulated plan benefits	<u>1,728,962</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 68,672,388</u>

Changes in present value of accumulated plan benefits during the prior year as reported by the actuary were as follows:

	<u>January 1, 2024</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 67,152,578</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, changes in data	738,747
Interest	3,615,446
Benefits paid	<u>(2,834,383)</u>
	<u>1,519,810</u>
Actuarial present value of accumulated plan benefits plan benefits at end of year	<u>\$ 68,672,388</u>

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

Significant assumptions underlying the actuarial computations, along with assumptions changed from the prior valuation, are as follows:

Funding Method:	Unite Credit Cost Method.
Mortality Rates:	Healthy: The Pri-2012 Healthy Retiree Amount-Weighted Mortality Table projected generationally with the MP-2021 projection scale. Disabled: The Pri-2012 Blue Collar Disabled Retiree Amount-Weighted Mortality Table projected generationally with the MP-2021 projection scale. Pre-retirement: The Pri-2012 Employee Amount-Weighted Mortality Table projected generationally with the MP-2021 projection scale.
Net Investment Return:	5.50%.
Retirement Age:	Age 62.
Expenses:	\$325,000 (previously, \$310,000), payable at the beginning of the year, for the year beginning January 1, 2024.
Actuarial Value of Assets:	The market value of assets less unrecognized returns in each of the last five years.
Current Liability Assumptions:	
Interest:	3.29% within the permissible range prescribed under IRC Section 431 (c)(6)(e) (previously, 2.55%).
Mortality:	Mortality prescribed under IRS Regulations 1.431 (c)(6)-1 and 1.430(h)(3)-1: RP-2006 Employee and Annuitant Mortality Tables, projected forward generationally using scale MP-2021.

Justification for Change in Actuarial Assumptions - For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future exceptions, the following actuarial assumptions were changed as of January 1, 2024:

- The administration expense assumption was increased from \$310,000 to \$325,000.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The Plan was amended to increase the benefit rate from \$102 to \$103 for each pension credit effective for those participants who satisfy a work test and retire on or after January 1, 2023.

Pension Protection Act - As required by the Pension Protection Act of 2006, the actuary completed the Plan's actuarial status certification under Internal Revenue Code Section 432 as of January 1, 2024. These projections were prepared based on the Actuarial Valuation as of January 1, 2024 and in accordance with generally accepted actuarial principles and practices and a current understanding of the law. As of January 1, 2024, the Plan is neither in critical status (Red Zone) nor endangered status (Yellow Zone) under the Pension Protection Act of 2006; the Plan is in the Green Zone.

Funding Policy - Contributions to the Plan are made by contributing employers at the rates established by the collective bargaining agreement. The Plan's actuary has represented that contributions for 2024 and 2023 have met the minimum funding requirements of ERISA.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2024, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as December 31, 2024, and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

NOTE 5. PENSION BENEFIT GUARANTY CORPORATION

The Plan is a defined benefit plan and certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

If plan benefits have been increased within the five-year period before plan termination, the entire amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a statutory ceiling on the amount of monthly benefit that PBGC guarantees, which is adjusted periodically.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by PBGC.

NOTE 6. TAX STATUS

The Plan is qualified under Section 401(a) of the Internal Revenue Code and the related trust is exempt from federal income tax under Section 501(a).

The Plan obtained its latest determination letter dated June 1, 2015 in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter, however, the Plan's legal counsel believes that the Plan is currently designed, and the plan administrator believes that the Plan is currently being operated, in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt as of the financial statement date.

The modified cash basis of accounting requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it 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.

NOTE 7. RELATED OPERATING LEASE

The Plan leases its administrative office on a month-to-month basis from a related party. The monthly rent was \$800 effective September 1, 2021. Rent was allocated in accordance with the administrative expense allocation policy described in Note 10. Rent expense paid by the Plan was \$2,844 and \$2,755 for the years ended December 31, 2024 and 2023, respectively.

Subsequent to year end, the Plan entered into a new lease for its administrative office on a month-to-month basis from a related party. The monthly rent was \$842 effective January 1, 2025.

NOTE 8. CONTRACT ADMINISTRATION

The Plan has a contract with Brescia's Printing Services, a third-party administrator, to administer the Roofers 9 Benefit Funds. The contract provided for a monthly fee of \$14,723 for all Roofers 9 Benefit Funds effective January 1, 2023. The fees are allocated in accordance with the administrative expense allocation policy described in Note 10. The administrative fees paid by the Fund were \$53,392 and \$51,802 for the years ended December 31, 2024 and 2023, respectively.

Subsequent to year end, the Plan entered into a new contract with Brescia's Printing Services. The contract provided for a monthly fee of \$15,695 for all Roofers 9 Benefit Funds effective January 1, 2025.

NOTE 9. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well, as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023:

U.S. Government and Agency securities and corporate notes and bonds: Valued using pricing models maximizing the use of observable inputs for similar securities with similar credit ratings.

Common Stock: Equity securities, except those traded on the NASDAQ Stock Market, Inc. (NASDAQ), are valued at the last quoted sales price as of the time of the regular close of the New York Stock Exchange (NYSE) on the valuation date. Securities traded on the NASDAQ are valued in accordance with the Nasdaq Official Closing Price.

Cash Equivalents: Cash equivalents are invested in a money market fund. The custodian obtains the price from pricing vendors from active markets and, therefore, is classified in level 1.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The following table presents assets measured at fair value on a recurring basis at December 31, 2024:

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
U.S. Government and Agency securities	\$ 25,662,419	\$ -	\$ 25,662,419	\$ -
Corporate bonds	9,539,828	-	9,539,828	-
Common stock	27,070,906	27,070,906	-	-
Registered investment companies	7,230,721	7,230,721	-	-
Cash equivalents	215,510	215,510	-	-
	69,719,384	<u>\$ 34,517,137</u>	<u>\$ 35,202,247</u>	<u>\$ -</u>
Investments measured at NAV(a)	<u>3,010,605</u>			
Total investments	<u>\$ 72,729,989</u>			

The following table presents assets measured at fair value on a recurring basis at December 31, 2023:

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
U.S. Government and Agency securities	\$ 23,049,132	\$ -	\$ 23,049,132	\$ -
Corporate bonds	9,781,367	-	9,781,367	-
Common stock	25,039,734	25,039,734	-	-
Registered investment company	6,789,365	6,789,365	-	-
Cash equivalents	411,440	411,440	-	-
	65,071,038	<u>\$ 32,240,539</u>	<u>\$ 32,830,499</u>	<u>\$ -</u>
Investments measured at NAV (a)	<u>2,941,249</u>			
Total investments	<u>\$ 68,012,287</u>			

(a) In accordance with Subtopic 820-10 the fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The following table summarizes an investment measured at fair value based on net asset value (NAV) per share at December 31, 2024 and 2023, respectively:

	<u>2024</u> <u>Fair Value</u>	<u>2023</u> <u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice Period</u>
Registered investment companies:					
AFL-CIO Housing Investment Trust	<u>\$ 3,010,605</u>	<u>\$ 2,941,249</u>	<u>\$ -</u>	Monthly	15 days

The AFL-CIO Housing Investment Trust is a common law trust and is registered under the Investment Company Act of 1940 as a no-load, open-end investment company (a mutual fund). The Trust is invested in long-term investments consisting of U.S. government and government agency securities, mortgage-backed securities, insured construction securities and permanent mortgages, participation certificates, short term investments and cash equivalents.

The AFL-CIO Housing Investment Trust invests in high credit quality mortgage securities. The investment objective of the trust is to provide current income while preserving capital over time and obtaining returns complete with industry benchmarks.

NOTE 10. RELATED PARTIES

The Plan is affiliated with other employee benefit funds of the Roofers Local No. 9. Certain common expenses were allocated to the Plan at a rate 30% of the total expenses for the plan years ended December 31, 2024 and 2023. For the years ended December 31, 2024 and 2023 common expenses totaled \$231,751 and \$222,727, respectively. In accordance with the common expense allocation the Plan paid \$68,731 and \$65,651 for the years ended December 31, 2024 and 2023, respectively. Subsequent to year end, the difference between the fixed rate allocation and actual payments is adjusted with the affiliated funds.

NOTE 11. PARTY IN INTEREST TRANSACTIONS

Prudential Insurance Company, the custodian as defined, managed an insurance contract for the Plan. Also, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party in interest transactions under ERISA.

NOTE 12. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market, and sector risks. Due to the level of risks associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

NOTE 12. RISKS AND UNCERTAINTIES (continued)

Plan contributions and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest and inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 30, 2025, which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**ROOFERS LOCAL NO. 9
PENSION FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500 Schedule H, Item 4i

EIN: 06-6061612
Plan No. 001

(a)	(b)	(c)				(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date				Cost	Current Value	
	Rate of Interest, Collateral, Par or Maturity Value						
	Type	Shares/ Principal	Interest Rate	Maturity Date			
	United States Government and Agency securities:						
FNMA PL #767860	Bond	15,151	6.000	% 02/01/33	\$ 17,045	\$ 15,054	
FNMA PL #888367	Bond	19,450	7.000	03/01/37	22,343	20,154	
FNMA PL #931801	Bond	40,706	5.000	08/01/39	45,489	40,561	
FNMA PL #AJ5385	Bond	195,031	4.000	11/01/41	208,866	184,006	
FNMA PL #AL8867	Bond	109,745	5.000	09/01/41	121,817	109,439	
FNMA PL #BF0202	Bond	165,304	4.500	01/01/51	187,207	155,760	
FNMA PL #BF0337	Bond	207,676	4.500	01/01/59	238,828	199,273	
FNMA PL #BF0381	Bond	660,382	4.000	04/01/59	743,755	613,336	
FNMA PL #BF0408	Bond	315,786	2.500	08/01/46	288,155	275,640	
FNMA PL #BM3490	Bond	227,370	4.000	12/01/36	241,296	220,158	
FNMA PL #BM4791	Bond	308,261	4.500	06/01/46	339,665	297,136	
FNMA PL #BM6405	Bond	226,298	3.000	08/01/50	197,869	188,997	
FNMA PL #FM1042	Bond	61,762	4.000	06/01/39	67,861	59,086	
FNMA PL #FM2048	Bond	100,708	4.000	01/01/45	96,994	95,022	
FNMA PL #FS2254	Bond	283,433	3.500	08/01/50	263,504	254,996	
FNMA PL #MA0384	Bond	59,668	5.000	04/01/30	66,865	59,851	
FNMA PL MA2630	Bond	123,433	4.000	05/01/36	125,593	119,266	
FNMA PL MA3106	Bond	245,601	3.000	08/01/47	220,734	213,044	
FNMA PL #MA3675	Bond	66,617	4.000	04/01/49	68,199	59,960	
FNMA REMICS FNR 2016-30 BL	Bond	200,000	3.000	05/25/46	191,531	160,729	
FNMA REMICS FNR 2018-13 GB	Bond	1,404,000	3.500	03/25/48	1,437,345	1,220,692	
FNMA REMICS FNR 2021-96 GA	Bond	567,440	2.000	11/25/51	442,603	469,082	
FNMA REMICS Trust 2004-W4	Bond	293,343	5.500	06/25/34	313,510	289,037	
Freddie Mac Gold G06858	Bond	115,241	5.000	11/01/41	126,621	114,984	
Freddie Mac Pool FR RB5131	Bond	362,746	2.000	10/01/41	307,881	302,026	
Freddie Mac Pool FR RB5175	Bond	281,062	4.000	08/01/42	267,799	263,389	
Freddie Mac Pool FR SC0003	Bond	234,634	5.000	10/01/31	262,204	234,099	
Freddie Mac Pool FR ZT1132	Bond	72,352	4.500	12/01/43	71,357	70,071	
Freddie Mac REMIC FHRR R008	Bond	46,434	6.000	07/15/36	52,905	48,176	
Freddie Mac REMIC FHR 4026	Bond	140,363	2.250	09/15/41	146,679	131,042	
Freddie Mac REMICS FHR 4076	Bond	6,452	1.750	11/15/41	6,129	6,278	
Freddie Mac REMICS FHR 4337	Bond	24,722	3.000	02/15/46	25,282	24,602	
Ginnie Mae G2 3459	Bond	12,205	5.500	10/20/33	13,791	12,370	
Ginnie Mae G2 AE7742	Bond	212,664	3.500	08/20/43	223,297	191,102	
Ginnie Mae G2 MA2375	Bond	66,860	5.500	11/20/44	74,381	67,947	
Ginnie Mae G2 MA3458	Bond	286,742	5.500	02/20/46	308,964	293,710	
GNMA GNR 2007-14	Bond	45,353	5.400	03/20/37	51,050	45,789	
GNMA GNR 2007-6	Bond	20,321	5.500	02/20/37	22,862	20,548	
GNMA GNR 2019-45	Bond	81,542	3.000	07/20/48	86,333	74,715	
GNMA GNR 2021-64	Bond	933,000	2.000	04/20/36	839,700	720,903	
GNMA GNR 2022-218	Bond	283,135	5.500	11/20/33	297,291	281,660	
U.S. Treasury Notes	Note	3,015,000	1.625	05/15/31	2,539,146	2,543,575	
U.S. Treasury Notes	Note	4,975,000	2.250	08/15/46	3,429,000	3,211,661	
U.S. Treasury Notes	Note	3,775,000	2.625	07/31/29	3,529,732	3,502,218	
U.S. Treasury Notes	Note	4,815,000	0.375	07/31/27	4,382,371	4,360,897	

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including		Maturity Date		Current	
		Rate of Interest, Collateral, Par or		Maturity Value	Cost	Value	
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		United States Government and Agency securities (continued):					
	U.S. Treasury Notes	Note	2,260,000	4.500 %	02/15/36	\$ 2,341,104	\$ 2,256,746
	US Treasury Bill	Bond	1,585,000	-	03/27/25	1,563,632	1,563,632
		Total United States Government and Agency securities				26,916,585	25,662,419
		Corporate bonds:					
	Accenture Capital	Bond	95,000	4.500	10/04/34	92,639	90,290
	Aflac Inc.	Bond	185,000	3.600	04/01/30	205,309	173,739
	Allstate Corp/The	Bond	90,000	5.250	03/30/33	91,117	89,826
	Amazon.com Inc.	Bond	140,000	4.950	12/05/44	161,475	133,423
	American Honda Finance Corp.	Bond	90,000	3.500	02/15/28	98,793	86,566
	Amgen Inc.	Bond	120,000	5.750	03/15/40	137,650	119,074
	Apple Inc.	Bond	130,000	4.450	05/06/44	134,199	118,795
	AvalonBay Communities Inc.	Bond	115,000	2.450	01/15/31	119,594	99,789
	Baker Hughes Inc.	Bond	80,000	6.875	01/15/29	94,538	85,571
	Bank of America Corp.	Bond	200,000	3.248	10/21/27	222,352	192,738
	Bank of New York Mellon	Bond	100,000	3.400	01/29/28	97,864	96,456
	Bank of Nova Scotia/The	Bond	170,000	5.250	06/12/28	171,439	171,771
	Bell Canada Inc.	Bond	105,000	4.464	04/01/48	106,809	84,819
	Booking Holdings Inc.	Bond	130,000	3.600	06/01/26	135,136	128,310
	BP Capital Markets America Inc.	Bond	125,000	3.633	04/06/30	136,740	117,826
	Burlington North	Bond	100,000	6.200	08/15/36	122,606	107,750
	Canadian Pacific Railway Co	Bond	125,000	4.800	09/15/35	121,159	119,231
	Capital One Financial Corp.	Bond	95,000	3.650	05/11/27	106,607	92,483
	Carlisle Cos. Inc.	Bond	100,000	2.750	03/01/30	107,249	89,549
	Charles Schwab Corp.	Bond	205,000	2.900	03/03/32	168,043	176,453
	Cigna Corp.	Bond	135,000	3.200	03/15/40	136,145	99,040
	Citigroup Inc.	Bond	120,000	3.200	10/21/26	117,861	116,720
	CMS Energy Corp.	Bond	175,000	3.000	05/15/26	175,087	170,797
	CNH Industrial Capital LLC	Bond	125,000	4.550	04/10/28	118,365	123,291
	Comcast Corp.	Bond	120,000	5.300	06/01/34	119,753	119,850
	Connecticut Light & Power Co.	Bond	105,000	4.000	04/01/48	106,196	82,339
	ConocoPhillips Co.	Bond	130,000	5.950	03/15/46	160,220	132,958
	Consolidated Edison Co. of NY	Bond	120,000	5.700	06/15/40	146,756	120,661
	Cummins Inc.	Bond	70,000	0.750	09/01/25	70,258	68,240
	CVS Health Corp.	Bond	135,000	3.250	08/15/29	137,665	122,939
	Dollar General Corp.	Bond	110,000	4.150	11/01/25	113,995	109,298
	Dominion Energy Inc.	Bond	120,000	6.300	03/15/33	146,806	126,432
	DuPont de Nemours Inc.	Bond	130,000	5.419	11/15/48	125,453	129,598
	Estee Lauder Co.	Bond	155,000	6.000	05/15/37	183,218	158,493
	FedEx Corp.	Bond	100,000	3.250	05/15/41	98,406	73,103
	Goldman Sachs GP	Bond	140,000	5.150	05/22/45	148,375	129,150
	Illinois St Taxable-Pension	Bond	37,647	5.100	06/01/33	36,508	37,116
	Intel Corp.	Bond	105,000	4.100	05/11/47	121,392	74,627
	Johnson & Johnson	Bond	100,000	3.400	01/15/38	114,689	83,657
	JPMorgan Chase & Co.	Bond	100,000	3.200	06/15/26	96,969	98,099
	Kimoc Realty Corp.	Bond	100,000	3.300	02/01/25	100,319	99,842
	McDonald's Corp.	Bond	125,000	3.800	04/01/28	125,872	121,652
	Morgan Stanley	Bond	200,000	3.125	07/27/26	198,157	195,356
	Nasdaq	Bond	95,000	5.550	02/15/34	96,263	95,833
	NextEra Energy Capital Inc.	Bond	100,000	2.250	06/01/30	101,890	86,477
	Northrop Grumman Corp.	Bond	95,000	3.200	02/01/27	89,759	92,298
	Nucor Corp	Bond	190,000	3.125	04/01/32	173,476	166,488
	Omnicom Group Inc.	Bond	120,000	2.450	04/30/30	124,254	105,341
	Oracle Corp.	Bond	65,000	3.600	04/01/50	73,076	45,579
	PepsiCo Inc.	Bond	80,000	4.450	04/14/46	86,963	69,177

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Corporate bonds (continued):					
	Prologis	Bond	125,000	2.875 %	11/15/29	\$ 133,885	\$ 114,434
	Province of Quebec Canada	Bond	125,000	7.500	09/15/29	190,988	140,035
	Quest Diagnostics Inc.	Bond	130,000	2.950	06/30/30	138,315	116,768
	Raymond James Fin. Inc.	Bond	100,000	3.750	04/01/51	104,187	72,522
	Reinsurance Group of America	Bond	85,000	3.950	09/15/26	86,247	83,798
	RTX Corp	Bond	100,000	4.450	11/16/38	105,271	89,011
	Southern Copper Corp.	Bond	125,000	3.875	04/23/25	133,678	124,377
	Southern Co./The	Bond	95,000	3.250	07/01/26	102,515	93,070
	Southwest Airlines Co.	Bond	45,000	2.625	02/10/30	45,612	39,828
	Spectra Energy Partners LP	Bond	155,000	3.375	10/15/26	154,454	151,321
	Sumitomo Mitsui Fin. Group	Bond	200,000	3.784	03/09/26	206,535	197,949
	Sysco Corp.	Bond	200,000	4.500	04/01/46	133,480	108,007
	Target Corp.	Bond	80,000	2.350	02/15/30	80,050	71,071
	Textron Inc	Bond	80,000	3.900	09/17/29	74,754	76,022
	Thermo Fisher	Bond	75,000	2.600	10/01/29	80,957	68,193
	Toronto Dom Bk Mtn	Bond	185,000	3.200	03/10/32	158,201	161,575
	Toyota MTR Cred Mtn	Bond	100,000	1.150	08/13/27	96,896	91,563
	UnitedHealth Group	Bond	140,000	4.750	07/15/45	159,495	123,456
	Unum Group	Bond	110,000	3.875	11/05/25	113,981	109,095
	US Bancorp	Bond	200,000	3.100	04/27/26	201,582	195,701
	US Sm Business Adm. SBAP	Bond	7,658	5.490	05/01/28	7,658	7,612
	Verizon Communications	Bond	135,000	7.750	12/01/30	179,822	152,976
	Vodafone Group PLC	Bond	95,000	6.150	02/27/37	110,015	99,743
	Walt Disney Co./The	Bond	130,000	2.650	01/31/31	138,715	115,103
	AbbVie Inc	Bond	150,000	4.45	05/14/46	145,255	127,671
	Andeavor LLC	Bond	105,000	5.125	12/15/26	111,005	104,792
	Applied Materials	Bond	150,000	4.35	04/01/47	159,525	127,050
	AstraZeneca	Bond	120,000	4.375	11/16/45	129,889	102,902
	At&t Inc	Bond	120,000	4.65	06/01/44	117,251	101,875
	DTE Electric	Bond	75,000	6.625	06/01/36	99,001	81,273
	Duke Energy Florida LLC	Bond	140,000	4.200	07/15/48	142,787	112,062
	Elevance Health Inc	Bond	130,000	4.375	12/01/47	134,262	105,007
	NiSource Inc	Bond	115,000	3.490	05/15/27	116,406	111,950
	Principal Financial Group Inc	Bond	180,000	3.700	05/15/29	169,849	171,425
	Valero Energy Corp	Bond	165,000	4.350	06/01/28	160,306	161,681
		Total corporate bonds				10,698,293	9,539,828
		<u>Common stock:</u>					
	AbbVie Inc		567			23,346	44,780
	Accenture PLC		567			55,764	61,563
	Adobe Inc.		567			178,353	252,134
	Akamai Technologies Inc		1,214			113,867	116,119
	Alphabet Inc.		578			42,218	109,415
	Alphabet Inc.		5,092			222,221	969,720
	Alphabet Inc.		565			54,991	107,599
	Amazon.com Inc.		5,002			625,495	1,097,389
	Amazon.com Inc.		76			11,765	16,674
	American Express Co.		1,588			327,065	471,303
	Amdocs Ltd		850			70,428	72,369
	At&t Inc		2,149			40,600	48,933
	Apple Inc.		4,862			205,164	1,217,542
	Arch Capital Group		1,238			115,226	114,329
	AutoZone Inc		7			16,256	22,414
	AvalonBay Communities		219			38,194	48,173
	Avnet Inc		799			38,392	41,804
	Bristol-Myers Squibb Co		1,333			79,694	75,394
	Brixmore Property Group Inc.		4,019			85,983	111,889
	BroadCom Inc		1,596			152,188	370,017
	BroadCom Inc		519			50,836	120,325

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date			Cost	Current Value
		Rate of Interest, Collateral, Par or Maturity Value				
		Shares/ Principal	Interest Rate	Maturity Date		
		Type				
		Common stock (continued):				
	CACI International Inc.	341			\$ 85,364	\$ 137,784
	CACI International Inc.	261			84,327	105,460
	Cardinal Health Inc	2,811			255,205	332,457
	Cardinal Health Inc	982			85,928	116,141
	Cboe Global Markets Inc	476			69,217	93,010
	CCC Intelligent Solutions Holdings	3,714			41,209	43,565
	Cheniere Energy Inc	245			23,647	52,643
	Chubb Ltd	507			130,272	140,084
	Cigna Group/The	509			125,763	140,555
	Cigna Group/The	426			109,291	117,636
	Cintas Corp	779			75,944	142,323
	Cisco Systems	3,927			204,405	232,478
	Cisco Systems	2,346			115,312	138,883
	CNA Financial Corp	2,811			123,115	135,968
	Citigroup Inc.	5,753			337,936	404,954
	Citizens Financial Group Inc	6,760			256,591	295,818
	Coca-Cola Consolidated Inc	172			230,880	216,718
	Coca-Cola Consolidated Inc	86			71,037	108,359
	Coca-Cola Co/The	626			37,938	38,975
	Colgate-Palmolive Co.	3,402			290,988	309,276
	Colgate-Palmolive Co.	1,553			138,384	141,183
	Cognizant Technology Solutions Corp.	1,327			93,111	102,046
	Comcast Corp	10,630			422,337	398,944
	Comcast Corp	952			42,003	35,729
	ConocoPhillips	157			17,803	15,570
	Coterra Energy Inc	1,820			44,527	46,483
	Cummins Inc	1,102			318,465	384,157
	Deckers Outdoor Corp	1,165			87,573	236,600
	Diamondback Energy Inc	107			21,463	17,530
	Dropbox Inc.	4,359			104,317	130,944
	DR Horton Inc	1,997			263,002	279,221
	Duke Energy Corp.	386			37,890	41,588
	Edison International	815			68,200	65,070
	Edison International	465			39,301	37,126
	Electronic Arts Inc.	410			52,190	59,983
	Eli Lilly & Co.	354			287,778	273,288
	Eli Lilly & Co.	32			6,966	24,704
	Entergy Corp.	1,404			62,637	106,451
	Elevance Health Inc.	212			93,679	78,207
	Everest Re Group Ltd	910			351,293	329,839
	Everest Re Group Ltd	341			134,777	123,599
	Exelixis Inc.	1,820			37,236	60,606
	Expecia Group	1,959			184,571	365,020
	Exxon Mobil Corp.	3,038			339,972	326,798
	Exxon Mobil Corp.	1,180			130,158	126,933
	F5 Networks Inc.	1,099			170,238	276,366
	F5 Inc.	417			78,074	104,863
	Ferguson PLC	1,346			247,933	233,625
	Fiserv Inc.	171			19,513	35,127
	FTI Consulting Inc.	182			35,796	34,786
	General Mills Inc.	574			34,476	36,604
	Gilead Sciences Inc.	1,062			76,126	98,097
	Global Payments Inc.	1,085			111,339	121,585
	Globe Life Inc	924			98,586	103,044
	Hewlett Packard Enterprise Co.	990			19,792	21,136
	Incyte Corp.	875			70,032	60,436
	Incyte Corp.	705			48,435	48,694
	Ingredion Inc. Com.	819			92,476	112,662

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate Date		
		Common stock (continued):				
	Jacobs solution Inc	672			\$ 74,479	\$ 89,793
	Jacobs solution Inc	572			57,122	76,431
	Jazz Pharmaceuticals PLC	462			50,399	56,895
	Jazz Pharmaceuticals PLC	330			38,734	40,639
	Johnson & Johnson	277			40,571	40,060
	Kroger Co/The	1,457			49,374	89,096
	Leidos Holdings Inc.	430			46,762	61,946
	Linde PLC	74			27,970	30,982
	Lockheed Martin Corp.	250			102,463	121,485
	LPL Financial Holdings Inc	442			145,833	144,317
	Marathon Petroleum Corp.	716			78,220	99,882
	Marathon Petroleum Corp.	227			21,950	31,666
	Markel Corp	27			40,675	46,608
	Marsh & McLennan Cos Inc.	276			49,300	58,625
	Mastercard Inc.	715			304,086	376,498
	Mastercard Inc.	219			75,733	115,319
	McKesson Corp	247			106,314	140,768
	Medtronic PLC	2,345			206,890	187,319
	Merck & Co. Inc.	2,079			184,056	206,819
	Merck & Co. Inc.	1,147			96,301	114,104
	Meta Platforms Inc.	1,429			372,753	836,694
	MGM Resorts International	1,440			71,914	49,896
	Microsoft Corp.	2,677			283,118	1,128,355
	Microsoft Corp.	251			54,788	105,796
	Motorola Solutions Inc.	324			56,762	149,763
	NetApp Inc	359			27,424	41,673
	Neurocrine Biosciences Inc.	1,309			113,805	178,678
	Neurocrine Biosciences Inc.	253			30,714	34,534
	NiSource Inc.	10,367			270,247	381,091
	NVIDIA Corp	10,099			508,283	1,356,195
	NVIDIA Corp	331			47,507	44,450
	NXP Semiconductors NV	527			89,861	109,537
	Owens Corning	355			36,727	60,464
	Palo Alto Networks Inc.	238			19,414	43,306
	PayPal Holdings Inc.	1,867			144,616	159,348
	PepsiCo Inc.	785			102,130	119,367
	Philip Morris International Inc.	418			40,695	50,306
	PPG Industries Inc	744			99,547	88,871
	Proctor & Gamble Co./The	814			128,467	136,467
	Progressive Corp/The	573			121,214	137,297
	Qualcomm Inc.	253			32,190	38,866
	Republic Services Inc.	528			38,254	106,223
	Robert Half International Inc.	732			51,696	51,577
	Rollins Inc	2,767			139,326	128,250
	Rollins Inc	2,885			142,827	133,720
	RTX Corp	1,780			212,094	205,982
	RTX Corp	1,032			120,001	119,423
	Salesforce Inc.	1,154			281,095	385,817
	Salesforce Inc.	170			34,823	56,836
	SEI Investments Co	765			60,721	63,097
	ServiceNow Inc	344			230,977	364,681
	State Street Corp.	3,838			288,646	376,700
	Sysco Corp	2,220			178,576	169,741
	Tapestry Inc	2,451			103,347	160,124
	TechnipFMC Ltd	3,402			105,132	98,454
	Tesla Inc	667			275,028	269,361
	TJX Cos Inc/The	3,368			396,176	406,888
	TD SYNNEX Corp	834			94,473	97,812
	T Mobile US Inc	565			103,048	124,712

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate		
		Common stock (continued):				
	T Mobile US Inc		673		\$ 118,192	\$ 148,551
	UnitedHealth Group Inc.		726		345,451	367,254
	UnitedHealth Group Inc.		182		94,783	92,067
	United Therapeutics Inc.		220		42,739	77,625
	US Foods Holding Corp.		2,981		109,111	201,098
	Verizon Communications Inc.		2,099		95,076	83,939
	Vertex Pharmaceuticals Inc.		889		212,620	358,000
	Vertex Pharmaceuticals Inc.		325		82,347	130,877
	Visa Inc.		736		157,091	232,605
	Visa Inc.		314		71,702	99,237
	Vistra Corp		409		15,307	56,386
	Walmart Inc.		2,099		74,707	189,645
	Waste Management Inc.		773		71,600	155,984
	Workday Inc		560		110,312	144,497
	Workday Inc		397		86,638	102,438
	Xcel Energy Inc.		644		41,761	43,483
		Total common stock			18,819,949	27,070,906
		Registered investment companies:				
	Cohen & Steers Realty Shares		109,956		7,214,988	7,230,721
	AFL-CIO Housing Invest. Trust				3,392,448	3,010,605
		Total registered investment companies			10,607,436	10,241,326
		Cash equivalents:				
	Cash		1,243		1,243	1,243
	Dreyfus Treasury Securities					
	Cash Management	MMKT	214,267		214,267	214,267
					215,510	215,510
		Total investments			\$ 67,294,281	\$ 72,729,989

**ROOFERS LOCAL NO. 9
PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H Item 4i

EIN: 06-6061612
Plan No. 001

(a)	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of assets	(i) Net Gain (Loss) on Transaction
	United States Treasury Note/Bond Zero 02 May 2024	\$1,432,170	N/A	\$1,432,170	\$1,432,170	N/A
	United States Treasury Note/Bond Zero 02 May 2024	N/A	\$3,041,073	3,041,073	3,041,073	\$ -
	United States Treasury Note/Bond Zero 08 Aug 2024	1,896,436	N/A	1,896,436	1,896,436	N/A
	United States Treasury Note/Bond Zero 08 Aug 2024	N/A	1,896,436	1,896,436	1,896,436	-
	United States Treasury Note/Bond Zero 29 Nov 2024	2,980,489	N/A	2,980,489	2,980,489	N/A
	United States Treasury Note/Bond Zero 29 Nov 2024	N/A	2,980,489	2,980,489	2,980,489	-
	United States Treasury Note/Bond Zero 31 Oct 2024	2,315,029	N/A	2,315,029	2,315,029	N/A
	United States Treasury Note/Bond Zero 31 Oct 2024	N/A	2,315,029	2,315,029	2,315,029	-
	United States Treasury Note/Bond .375%, 07/31/2027	6,703,376	N/A	6,703,376	6,703,376	N/A
	United States Treasury Note/Bond .375%, 07/31/2027	N/A	2,365,363	2,321,005	2,365,363	44,358
	United States Treasury Note/Bond 1.625%, 05/15/2026	2,155,478	N/A	2,155,478	2,155,478	N/A
	United States Treasury Note/Bond 1.625%, 05/15/2026	N/A	6,646,288	6,517,803	6,646,288	128,485
	United States Treasury Note/Bond 1.625%, 05/15/2032	3,308,352	N/A	3,308,352	3,308,352	N/A
	United States Treasury Note/Bond 1.625%, 05/15/2032	N/A	779,995	769,206	779,995	10,789
	United States Treasury Note/Bond 2.625%, 07/31/2029	3,912,063	N/A	3,912,063	3,912,063	N/A
	United States Treasury Note/Bond 2.625%, 07/31/2029	N/A	387,751	382,331	387,751	5,420
	United States Treasury Note/Bond 1.125% 8/31/2028	939,029	N/A	939,029	939,029	N/A
	United States Treasury Note/Bond 1.125% 8/31/2028	N/A	4,082,658	3,969,427	4,082,658	113,231
	United States Treasury Note/Bond 4.500% 2/15/2036	2,931,901	N/A	2,931,901	2,931,901	N/A
	United States Treasury Note/Bond 4.500% 2/15/2036	N/A	2,621,568	2,611,996	2,621,568	9,572
	Dreyfus Treasury Securities Cash Mgt.	18,189,564	N/A	18,189,564	18,189,564	N/A
	Dreyfus Treasury Securities Cash Mgt.	N/A	18,386,737	18,386,737	18,386,737	-

* A party-in-interest defined by ERISA.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- Age Requirement: 62
- *Service Requirement*: Fifth anniversary of Participation
- *Amount*: \$103.00 (previously, \$102) per Pension Credit with a work test of 63 hours in 2024 or later years.

Service Pension

- *Service Requirement*: 35 or more Pension Credits
- *Amount*: Unreduced pension

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age Requirement:** 52
- **Service Requirement:** 15 years of Vesting Service
- **Amount:** Normal pension accrued reduced by 0.5% for each month from age 57 - 62, and 0.3% for each month from age 52 - 57.

Disability

- **Age Requirement:** 50
- **Service Requirement:** 15 Pension Credits and active participant
- **Amount:** Two times Normal Pension accrued to date, less Workers' Compensation benefits. When the participant reaches Normal Retirement Date, the pension is recalculated based on pension credits and accrual rate in effect on date of disability.

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Normal Pension accrued, payable at Normal Retirement Age, or reduced as an Early Retirement benefit if payment commences prior to Normal Retirement Age and after qualification for an Early Retirement benefit.
- **Normal Retirement Age:** The later of age 62, or fifth anniversary of Participation in the Plan.

Pro rata pension

- **Age Requirement:** Same as for Regular or Early Retirement Pension.
- **Service Requirement:** Six years of Pension Credit under the Plan and other pension plans recognized by the Plan, including at least one year of Pension Credit under the Plan and one year of Related Credit under each of the Related Plans whose credit is needed to qualify for a Pro Rata Pension.
- **Amount:** Calculated in the same manner as Regular, Early, Disability or Vested Pension.

Section 3: Certificate of Actuarial Valuation

Spouse's pre-retirement death benefit

- Age Requirement: None
- *Service Requirement*: 5 years of vesting service
- *Amount*: 50% of the benefit participant would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. Monthly payments to the spouse will be deferred until the participant would have been first eligible to retire.

Pre-retirement lump-sum death benefit

- Age Requirement: None
- *Service Requirement*: Active with one or more Pension Credits
- *Amount*: A lump-sum payment equal to the total amount of contributions paid to the Fund on the participant's behalf, up to a maximum of \$30,000. This benefit is not provided if the Spouse's Benefit is payable.

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, benefits are payable for the life of the employee without reduction. Benefits are also payable in any other available optional form elected by the employee in an actuarial equivalent amount.

Automatic benefit forms

- *Not Married*: Accrued pension paid as a Life Pension which provides no further benefits after the pensioner's death.
- *Married*: Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retiree's death. The accrued benefit is adjusted such that the value is converted from a Life Pension based on simplified factors.

Optional forms of benefits

- *Life Pension*: Married participants may elect the Life Pension with the written consent of the spouse.
- *Joint and Survivor Forms*: Married participants may, with the written consent of the spouse, elect the 75% Joint and Survivor Pension. The accrued benefit is adjusted such that the value is converted from a Life Pension based on simplified factors.

Section 3: Certificate of Actuarial Valuation

Participation

First day of the month following the month in which 500 hours of service for a contributing employer is completed.

Pension credit

If a participant returns to work in covered employment after retirement, one pension credit for each year greater than 1,000 hours.

Effective January 1, 1980, the following is the pension crediting schedule:

Hours Worked in Covered Employment During Plan Year	Future Service Pension Credits
1,438 or more	1.00
1,313 or more but less than 1,438	0.92
1,188 or more but less than 1,313	0.83
1,063 or more but less than 1,188	0.75
938 or more but less than 1,063	0.67
813 or more but less than 938	0.58
688 or more but less than 813	0.50
563 or more but less than 688	0.42
438 or more but less than 563	0.33
313 or more but less than 438	0.25
188 or more but less than 313	0.17
63 or more but less than 188	0.08
Less than 63	0.00

Section 3: Certificate of Actuarial Valuation

Vesting credit

Effective January 1, 1976, years of Vesting Service shall be based on the following schedule:

Hours of Service Credited for the Plan Year	Years of Vesting Service Credited for the Plan Year
1,000 or more	1.0000
934 through 999	0.5833
800 through 933	0.5000
667 through 799	0.4167
534 through 666	0.3333
400 through 533	0.2500
267 through 399	0.1667
133 through 266	0.0833
Less than 133	0.0000

Excess contributions

For hours in excess of 2,000, contributions are transferred to the Supplemental Retirement Plan.

Break in service

A participant incurs a break in service if not vested and fails to complete at least 63 hours of service during any Plan Year.

Contribution rate

The contribution rate increased to \$7.05 effective January 1, 2024 and to \$7.10 effective June 1, 2024 for an average contribution rate of \$7.08 for 2024.

Changes in plan provisions

For Scheduled Cost purposes, this valuation reflects an increase in the Benefit Rate from \$102.00 to \$103.00 for each Pension Credit effective for those participants who satisfy a work test and retire on or after January 1, 2023. For Minimum Funding purposes,

Section 3: Certificate of Actuarial Valuation

the benefit increase will be reflected in the January 1, 2025 actuarial valuation. For withdrawal liability purposes, it will be reflected as of December 31, 2024.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	4	—	4	—	—	—	—	—	—	—	—
25 - 29	6	—	6	—	—	—	—	—	—	—	—
30 - 34	13	—	7	6	—	—	—	—	—	—	—
35 - 39	25	—	7	12	4	2	—	—	—	—	—
40 - 44	30	—	8	13	3	5	1	—	—	—	—
45 - 49	22	—	9	3	2	3	3	2	—	—	—
50 - 54	34	—	4	8	3	10	4	3	2	—	—
55 - 59	35	—	—	5	4	5	5	6	9	1	—
60 - 64	17	—	1	1	1	3	6	1	1	3	—
65 - 69	2	—	1	—	—	1	—	—	—	—	—
70 & over	—	—	—	—	—	—	—	—	—	—	—
Totals	188	—	47	48	17	29	19	12	12	4	—

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/1995	\$76,704	1	\$76,704
Plan amendment	01/01/1996	16,818	2	8,634
Change in assumptions	01/01/1996	166,069	2	85,257
Plan amendment	01/01/1997	27,446	3	9,643
Change in assumptions	01/01/1998	49,525	4	13,393
Plan amendment	01/01/1998	68,518	4	18,529
Change in assumptions	01/01/1999	168,765	5	37,460
Plan amendment	01/01/1999	191,934	5	42,603
Plan amendment	01/01/2000	284,858	6	54,050
Plan amendment	01/01/2001	307,551	7	51,297
Plan amendment	01/01/2002	97,305	8	14,560
Plan amendment	01/01/2003	106,361	9	14,501
Plan amendment	01/01/2004	186,586	10	23,463
Plan amendment	01/01/2005	373,867	11	43,791
Plan amendment	01/01/2006	162,241	12	17,843
Plan amendment	01/01/2007	169,665	13	17,639
Plan amendment	01/01/2012	20,415	3	7,172
Plan Amendment	01/01/2013	151,449	4	40,955
Change in assumptions	01/01/2013	365,493	4	98,837
Plan amendment	01/01/2014	252,709	5	56,093
Change in assumptions	01/01/2021	4,878,543	12	536,544
Actuarial experience loss	01/01/2023	1,420,272	14	140,384
Total		\$9,543,094		\$1,409,352

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2010	\$158,197	1	\$158,197
Actuarial experience gain	01/01/2011	214,313	2	110,024
Actuarial experience gain	01/01/2012	91,395	3	32,110
Actuarial experience gain	01/01/2013	175,647	4	47,499
Actuarial experience gain	01/01/2014	405,113	5	89,922
Actuarial experience gain	01/01/2022	379,356	13	39,440
Change in assumptions	01/01/2023	1,070,183	14	105,780
Total		\$2,494,204		\$582,972

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:

- The administrative expense assumption was increased from \$310,000 to \$325,000.

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Rationale for assumptions

Current data is reviewed in conjunction with each annual valuation.

Mortality rates

Pre-retirement: The Pri-2012 Employee Amount-Weighted Mortality Table projected generationally with the MP-2021 projection scale

Healthy annuitant: The Pri-2012 Healthy Retiree Amount-Weighted Mortality Table projected generationally with the MP-2021 projection scale

Disabled annuitant: The Pri-2012 Disabled Retiree Amount-Weighted Mortality Table projected generationally with the MP-2021 projection scale.

The underlying tables with projection to the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvements between the measurement dates and those years. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior years' assumptions over the most recent five years.

Annuitant mortality rates

Age	Healthy Male	Healthy Female	Disabled Male	Disabled Female
55	0.64%	0.39%	0.60%	0.39%
60	0.85%	0.57%	0.82%	0.57%
65	1.08%	0.84%	1.15%	0.81%
70	1.72%	1.30%	1.63%	1.16%
75	2.90%	2.26%	2.43%	1.77%
80	5.04%	4.05%	3.83%	2.85%

Section 3: Certificate of Actuarial Valuation

Age	Healthy Male	Healthy Female	Disabled Male	Disabled Female
85	8.94%	7.08%	6.34%	4.88%
90	15.69%	12.45%	16.1%	12.81%

Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Withdrawal	Disability
20	0.06%	0.02%	28.13%	0.02%
25	0.05%	0.02%	28.13%	0.03%
30	0.06%	0.02%	21.09%	0.04%
35	0.06%	0.03%	14.06%	0.05%
40	0.07%	0.04%	9.28%	0.07%
45	0.10%	0.07%	4.50%	0.12%
50	0.15%	0.10%	2.25%	0.20%
55	0.23%	0.15%	0%	0.34%
60	0.37%	0.22%	0%	0.54%

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumptions over the most recent five years.

¹ Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Retirement rates

Age	Annual Retirement Rates
52 – 54	1%
55 – 59	2%
60	20%
61	15%
62	40%
63 – 64	20%
65	100%

For active participants with 35 or more pension credits the assumption is 50%.

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years.

Description of weighted average retirement age

Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Retirement rates for inactive vested participants

Age	Annual Retirement Rates
60	20%
61	15%
62	40%
63 – 64	20%
65	100%

Section 3: Certificate of Actuarial Valuation

The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years.

Future benefit accruals

0.86 pension credit per year

The future benefit accruals were based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those with at least one hour in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

65%. This assumption was based on the experience of recent retirees.

Age of spouse

Females four years younger than males. This assumption was based on the experience of recent retirees.

Benefit election

Married participants are assumed to elect the 50% Joint and Survivor form of payment and non-married participants are assumed to elect the Life Annuity form of payment.

Section 3: Certificate of Actuarial Valuation

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.

Delayed retirement factors

Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment.

Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, up to current age.

Net investment return

5.50%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$325,000 payable at the beginning of the year, for the year beginning January 1, 2024 (previously, \$310,000)

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Section 3: Certificate of Actuarial Valuation

Actuarial cost method

Unit Credit Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service as adopted by the Trustees.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in *Exhibit K*.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2021

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 4.0%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 11.0%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:

- The administrative expense assumption was increased from \$310,000 to \$325,000.

Section 2: Actuarial Valuation Results

Withdrawal liability assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.06% for 20 years and 4.37% beyond (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of January 1, 2023 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of January 1, 2023 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of January 1, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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 2024 This Form is Open to Public Inspection
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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 multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan ROOFERS LOCAL NO. 9 PENSION PLAN	1b Three-digit plan number (PN) 001
	1c Effective date of plan 10/15/1958
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) BOARD OF TRUSTEES- ROOFERS LOCAL NO. 9 PENSION FUND 66 CONNECTICUT BLVD EAST HARTFORD CT 06108-3013	2b Employer Identification Number (EIN) 06-6061612 2c Plan Sponsor's telephone number 800-516-8979 2d Business code (see instructions) 238100

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

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

SIGN HERE	X <i>Mark Canino</i> Signature of plan administrator	X 10-09-25 Date	MARK CANINO Enter name of individual signing as plan administrator
SIGN HERE	X <i>Alex Ross</i> Signature of employer/plan sponsor	X 10/13/25 Date	ALEX ROSS 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 ☒ 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**

508

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a (1)** Total number of active participants at the beginning of the plan year**6a(1)**

188

a (2) Total number of active participants at the end of the plan year**6a(2)**

182

b Retired or separated participants receiving benefits**6b**

147

c Other retired or separated participants entitled to future benefits**6c**

107

d Subtotal. Add lines 6a(2), 6b, and 6c**6d**

436

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

55

f Total. Add lines 6d and 6e**6f**

491

g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)**6g(1)****(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7**

12

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

- (1) ☒ Insurance
- (2) ☒ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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 _____
- (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 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan ROOFERS LOCAL NO. 9 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 BOARD OF TRUSTEES-ROOFERS LOCAL NO. 9 PENSION FUND	D Employer Identification Number (EIN) 06-6061612

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 68,455,472
(2) Actuarial value of assets for funding standard account	1b(2) 73,144,904
c (1) Accrued liability for plan using immediate gain methods	1c(1) 68,672,388
(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) 68,672,388
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) 92,684,116
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,747,920
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3,662,087
(3) Expected plan disbursements for the plan year	1d(3) 3,987,087

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 Steven R. Loomis Signature of actuary STEVEN R. LOOMIS, ASA, FCA, MAAA Type or print name of actuary SEGal Firm name 1111 Superior Avenue, Suite 2340 Cleveland MA 44114-2568 Address of the firm	10/02/2025 Date 2306253 Most recent enrollment number 216-687-4400 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	68,455,472
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	195	40,408,738
(2) For terminated vested participants	125	16,595,383
(3) For active participants:		
(a) Non-vested benefits		2,823,558
(b) Vested benefits		32,856,437
(c) Total active	188	35,679,995
(4) Total	508	92,684,116
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
07/15/2024	2,165,143	0			
Totals ▶			3(b)	2,165,143	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)****4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	106.5 %
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?		☐ Yes ☐ 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)?		☐ Yes ☐ 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		
• 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** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ 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	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	8MP
(2) Females	6c(2)	8FP
d Valuation liability interest rate	6d	5.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.0 %
i Expense load included in normal cost reported in line 9b	6i	☐ 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)	325,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

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

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. ☐ Yes ☒ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ 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? ☐ Yes ☒ 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?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(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? ☐ Yes ☐ 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? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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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	1,415,850
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	9,543,094
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	155,386
e Total charges. Add lines 9a through 9d.....	9e	2,980,588
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	7,520,793
g Employer contributions. Total from column (b) of line 3.....	9g	2,165,143
h Amortization credits as of valuation date.....		
(1) ERISA FFL (accrued liability FFL).....	9h(1)	2,494,204
(2) "RPA '94" override (90% current liability FFL).....	9h(2)	582,972
(3) FFL credit.....	9h(3)	500,287
i Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9i(1)	9,657,005
(2) "RPA '94" override (90% current liability FFL).....	9i(2)	11,372,665
(3) FFL credit.....	9i(3)	0
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	10,769,195
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	7,788,607
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)	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		

☒ Yes ☐ No