

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 153 SUPPLEMENTAL BENEFIT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): BOT - ROOFERS LOC. 153 SUPPLEMENTAL BENEFIT PLAN
2b Employer Identification Number (EIN): 91-1222649
2c Plan Sponsor's telephone number: 206-282-3205
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	913
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)	401
	6a(2)	326
	6b	7
	6c	480
	6d	813
	6e	3
	6f	816
	6g(1)	913
6g(2)	816	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	15

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2J 2E

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan ROOFERS LOCAL 153 SUPPLEMENTAL BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT - ROOFERS LOC. 153 SUPPLEMENTAL BENEFIT PLAN	D Employer Identification Number (EIN) 91-1222649	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ANGEL OAK FUNDS	ONE BUCKHEAD PLAZA 3060 PEACHTREE RD NW STE 500 ATLANTA, GA 30305
------------------------	--

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

BLACKROCK FUNDS	100 BELLEVUE PKWY WILMINGTON, DE 19809
------------------------	---

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

CALAMOS INVESTMENT TRUST	2020 CALAMOS CT NAPERVILLE, IL 60563
---------------------------------	---

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

EATON VANCE MGMT	TWO INTERNATIONAL PLACE BOSTON, MA 02110
-------------------------	---

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)

FIRST HILL TRUST COMPANY

91-1999591

(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	53518	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	NONE	52585	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WASHINGTON CAPITAL MANAGEMENT INC

91-1042342

(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 51	NONE	30238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LAW OFFICE OF RICHARD A. EKMAN, P.S

91-1321138

(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	6000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLARK, RAYMOND & COMPANY

91-1521868

(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	5950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>ROOFERS LOCAL 153 SUPPLEMENTAL BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOT - ROOFERS LOC. 153 SUPPLEMENTAL BENEFIT PLAN</u>	D Employer Identification Number (EIN) <u>91-1222649</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TR

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANANGEMENT INC

c EIN-PN <u>91-1163419-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6537101</u>
---------------------------------------	-------------------------------	--

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ROOFERS LOCAL 153 SUPPLEMENTAL BENEFIT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT - ROOFERS LOC. 153 SUPPLEMENTAL BENEFIT PLAN	D Employer Identification Number (EIN) 91-1222649

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	738836	260776
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	121440	181040
(2) Participant contributions	1b(2)	6678	4432
(3) Other	1b(3)	3455	2550
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	781786	780450
(2) U.S. Government securities	1c(2)	330943	617168
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	26361	25948
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5047689	6350488
(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)	5820223	6537101
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2961643	3078242
(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	15839054	17838195
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	48090	61784
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	48090	61784
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15790964	17776411

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)	995740	
(B) Participants.....	2a(1)(B)	50193	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1045933
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	329890	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		329890
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(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)		291878
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		947261
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2614962

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	455368	
(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)		455368
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)	53518	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	9389	
(5) Investment advisory and investment management fees	2i(5)	82823	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	22417	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		174147
j Total expenses. Add all expense amounts in column (b) and enter total	2j		629515

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1985447
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: **CLARK, RAYMOND & COMPANY PLLC**

(2) EIN: **91-1521868**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3150
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>ROOFERS LOCAL 153 SUPPLEMENTAL BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOT - ROOFERS LOC. 153 SUPPLEMENTAL BENEFIT PLAN</u>	D Employer Identification Number (EIN) <u>91-1222649</u>	

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	<u>0</u>
----------	----------

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): 91-1222649

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	
----------	--

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

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 _____

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): _____

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): _____

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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	
b The corresponding number for the second preceding plan year	15b	

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. 153 SUPPLEMENTAL BENEFIT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

For the Years Ended December 31, 2024 and 2023

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 10
SUPPLEMENTARY INFORMATION:	
Schedule H, Line 4a: Schedule of Delinquent Contributions	11
Schedule H, Line 4i: Schedule of Assets (Held at Year End)	12 - 16



INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Roofers Local 153 Supplemental Benefit Plan
Seattle, Washington

Opinion on the Financial Statements

We have audited the accompanying financial statements of Roofers Local 153 Supplemental Benefit Plan (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 as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Delinquent Participant Contributions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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.

Clark, Raymond & Company, PLLC

Clark, Raymond & Company PLLC
Redmond, Washington
October 10, 2025

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash	\$ 260,776	\$ 738,841
Investments, at fair value:		
103-12 investment entity	6,537,101	5,820,223
Common stock	6,350,488	5,047,698
Mutual funds	3,078,243	2,965,099
Money market fund	780,450	781,786
U.S. government securities	617,168	330,943
Corporate bonds	25,947	26,361
Total Investments	<u>17,389,397</u>	<u>14,972,110</u>
Receivables:		
Employer contributions	181,040	120,259
Employee contributions	4,432	3,455
Accrued interest and dividends	2,550	7,985
Total Receivables	<u>188,022</u>	<u>131,699</u>
Total Assets	17,838,195	15,842,650
Liabilities:		
Accounts payable	20,181	26,640
Taxes payable	41,603	25,046
Total Liabilities	<u>61,784</u>	<u>51,686</u>
Net Assets Available for Benefits	<u>\$ 17,776,411</u>	<u>\$ 15,790,964</u>

See accompanying notes to the financial statements.

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Statement of Changes in Net Assets Available for Benefits

December 31, 2024

Additions to net assets attributed to:

Investment income	
Net appreciation in fair value of investments	\$ 1,239,139
Interest and dividends	329,890
Total investment income	1,569,029
Less: Investment expenses	(82,823)
Net investment income	1,486,206

Contributions:

Employer	995,740
Employee	50,193
Total Contributions	1,045,933
Total Additions	2,532,139

Deductions from net assets attributed to:

Benefits paid to participants	455,368
Administrative expenses:	
Administrative fees	53,638
Other fees	13,341
Audit fees	9,389
Insurance	8,956
Legal fees	6,000
Total Administrative Expenses	91,324
Total Deductions	546,692
Net Increase	1,985,447

Net Assets Available for Benefits:

Beginning of year	15,790,964
End of year	\$ 17,776,411

See accompanying notes to the financial statements.

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Background Information and Description of Plan

The following description of the Roofers Local 153 Supplemental Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) pension plan established on August 1, 1983, most recently amended and restated effective January 1, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for the oversight of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors performance.

Eligibility

The Plan covers eligible employees of employers who have executed collective bargaining agreements or special agreements with the United Union of Roofers, Waterproofers, and Allied Workers Local No. 153 (the "Union"). The employee must complete at least 1,000 hours of covered employment in no more than two consecutive Plan years in order to begin to participate in the employer contribution of the Plan.

Contributions

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code (IRC). Eligible participants are permitted to elect to have a percentage, limited by Plan provisions, of their compensation contributed as pre-tax 401(k) contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Effective February 1, 2019, and for the year ended December 31, 2024, the employers contributed \$2.90 per hour worked by journeymen and \$0.25 per hour worked by apprentices.

Vesting

Participants are immediately vested in their contribution sources, plus actual earnings thereon. Employees are 100% vested in employer contributions, plus actual earnings thereon, after they become a participant in the Plan, as defined. Contributions made on behalf of those who are not participants are forfeited.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of employer contributions, Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Direction

The Board of Trustees directs the allocation of contributions received by the Plan.

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Benefit Payments

The default method of payment is in the form of annuities; however, the participants may waive that right and may elect to receive the value of their account as a lump sum distribution or installments. A participant is eligible for benefits upon satisfaction of one of the following conditions: (a) normal retirement age of 62, (b) early retirement age of 52 and termination of covered employment in the roofing industry in the geographic jurisdiction of a local union sponsoring the Plan for at least three consecutive months, (c) five months of total and permanent disability (not required for employee contributions), and (d) the occurrence of an injury or disease that prevents the participant from working in the roofing industry. The employee portion of a participant's account is available for distribution following termination of employment and completion of a 12-month waiting period during which no work for a participating employer is performed. Participants lose eligibility for the termination benefit prior to age 62 if the participant works for a nonunion roofing employer; however, it may be reinstated by returning to work in covered employment and having contributions for at least 1,000 hours of covered employment made to the Plan. Account balances less than \$5,000 will be paid only in the form of a single lump sum payment unless transferred to another qualified plan or IRA.

A participant who is 100% vested in their account, may request a distribution of their account balance, including both employer and employee contributions, but not from earnings on employee contributions as a result of an immediate and heavy financial need of the participant. Hardship provisions allow for distribution of both employer and employee contributions, qualified nonelective contributions (if any), traditional safe harbor contributions (if any), and all earnings thereon.

Forfeited Accounts

Forfeited nonvested accounts are used to reduce administrative expenses. There were no unallocated forfeited nonvested account balances as of December 31, 2024 and 2023. There were \$18,954 and \$18,544 of forfeitures used to pay administrative expenses for the years ended December 31, 2024 and 2023, respectively.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Concentration of Credit Risk

The Plan maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

As provided in the Plan document, all administrative expenses are paid by the Plan.

Note 3 – Fair Value of Investments

Financial Accounting Standards Board *Accounting Standards Codification 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 market value measurement.

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

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value.

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

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

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

103-12 Investment Entity: Valued based on NAV of units (or equivalents), which is based on the estimated fair value of the underlying assets of the Plan at year-end as determined in good faith by the fund manager. The NAV, as provided by the fund manager, is issued as a practical expedient to estimate fair value.

Due to the inherent uncertainty associated with the valuation of the mortgage income 103-12 investment entity, the estimated fair values may differ significantly from values that would have been used had an observable market existed. The mortgage income 103-12 investment entity fair value was \$6,537,101 and \$5,820,223 at December 31, 2024 and 2023, respectively, whose fair values have been estimated by the Board of Trustees in the absence of observable fair value inputs. The Trustees' estimates are based on the information provided by the fund manager. There were no restrictions on the Plan's ability to liquidate the 103-12 investment entities and the Plan was able to transact at the NAV price at December 31, 2024 and 2023.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 6,350,488	\$ -	\$ -	\$ 6,350,488
Mutual funds	3,078,243	-	-	3,078,243
Money market fund	780,450	-	-	780,450
U.S. government securities	-	617,168	-	617,168
Corporate bonds	-	25,947	-	25,947
Total assets in the fair value hierarchy	10,209,181	643,115	-	10,852,296
Investments measured at NAV*	-	-	-	6,537,101
Total investments at fair value	\$10,209,181	\$ 643,115	\$ -	\$17,389,397

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Fair Value Measurement at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 5,047,698	\$ -	\$ -	\$ 5,047,698
Mutual funds	2,965,099	-	-	2,965,099
Money market fund	781,786	-	-	781,786
Corporate bonds	-	26,361	-	26,361
U.S. government securities	-	330,943	-	330,943
Total assets in the fair value hierarchy	8,794,583	357,304	-	9,151,887
Investments measured at NAV*	-	-	-	5,820,223
Total investments at fair value	\$ 8,794,583	\$ 357,304	\$ -	\$ 14,972,110

*Certain investments that were measured at net asset value per share have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth additional disclosures for the fair value measurement of the Plan's investment in 103-12 investment entity as of December 31:

103-12 Investment entity	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Real estate equity	\$ 6,537,101	\$ 5,820,223	\$ -	Monthly	15-day

There have been no changes in the methodology used at December 31, 2024 and 2023.

Note 4 – Risks and Uncertainties

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

Note 5 - Plan Termination

The Board of Trustees intends to continue the Plan indefinitely, but it necessarily reserves the right to amend or terminate the Plan at any time subject to ERISA. The trust and Plan shall terminate automatically when all collective bargaining agreements providing for contributions to the trust have expired and negotiations for extension thereof have ceased. In the event of termination, the trustees shall apply the assets of the Plan to pay, or to provide for the payment of, any and all obligations of the Plan, and shall distribute and allocate all

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

assets of the Plan in accordance with the provisions of the Plan. In no event shall any of the assets remaining in the trust be paid to be or be recoverable by any employer or union.

Note 6 - Plan Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the IRC and, accordingly, the Plan's net investment income is exempt from income taxes. The Plan is placing reliance on a determination letter dated April 20, 2015, received from the IRS, indicating the Plan is qualified under Section 401 of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax years in progress.

Note 7 - Related Party and Party-In-Interest Transactions

The Plan pays expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Note 8 - Nonexempt Transactions

During 2024, 2022 and 2021, certain employers failed to remit employee 401(k) deferral contributions for certain payroll periods within the time frame prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC

Note 9 - Concentration of Revenue

Four employers contributed approximately 73% of the total employer contributions for the year ended December 31, 2024.

Note 10 – Subsequent Events

The Plan has evaluated events through October 10, 2025, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Schedule H, Line 4a: Schedule of Delinquent Contributions

Plan number 001, EIN 91-1222649

December 31, 2024

Total that Constitute Nonexempt Prohibited

Transactions

Plan Year	Check here if	Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
	Late Participant Loan Repayments are Included	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2024		\$ 3,150	\$ -	\$ 3,150	\$ -	\$ -
2022		\$ 60	\$ -	\$ 60	\$ -	\$ -
2021		\$ 4,234	\$ -	\$ 4,234	\$ -	\$ -

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Money Market Funds:				
	Interest Bearing Cash	Variable rate	\$ 505,462	\$ 505,462
	ISA Forbright Bank	Variable rate	237,916	237,916
	BLF Fedfund Cash Reserve	Variable rate	37,072	37,072
	Total Money Market Funds		\$ 780,450	\$ 780,450
Corporate Bonds:				
	IBM Corporation	6.220% due 08/01/2027	\$ 25,071	\$ 25,947
Common Stock:				
	Adobe Inc Com		\$ 15,037	\$ 13,340
	Aflac Inc		13,736	14,482
	Allstate Corp Del Com		18,451	17,351
	Alphabet Inc Shs Cl A		10,969	37,860
	Altria Group Inc		166,154	184,061
	Amazon Com Inc Com		27,890	43,878
	Amgen Inc Com		101,240	119,894
	Apple Inc		51,412	580,974
	Astrazeneca Plc Spnd Adr		71,305	95,004
	At&T Inc		71,402	87,209
	Blue Owl Cap Inc		57,359	109,787
	Broadcom Inc		69,038	319,939
	Chevron Corp		185,365	244,780
	Chipotle Mexican Grill		17,529	18,090
	Cisco Systems Inc Com		60,055	110,112
	Coca Cola Com		110,799	136,616
	Comcast Corp New Cl A		17,720	15,012
	Corning Inc		17,389	17,107
	Corpay Inc		18,460	16,921

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Common Stock (Continued):				
	Crowdstrike Hldgs Inc		18,206	17,108
	Eaton Corp Plc		119,410	262,177
	Eli Lilly & Co		106,349	386,000
	Emerson Elec Co		126,596	208,202
	Eog Resources Inc		66,714	64,967
	Exxon Mobil Corp Com		185,555	252,789
	General Digital Inc		19,634	16,976
	General Motors Co		17,752	17,046
	Genl Dynamics Corp Com		123,848	189,713
	Gilead Sciences Inc		19,050	22,169
	Healthpeak Pptys Inc		5,452	5,067
	Hewlett Packard		19,560	19,215
	Home Depot Inc		28,512	213,945
	Hsbc Holding Plc		77,320	91,006
	Hunt Jb T transportation Services		18,436	17,066
	Huntngtn Bancshs Inc Md		19,700	18,222
	Intl Business Machines		139,508	207,257
	Johnson And Johnson Com		65,739	62,187
	Jpmorgan Chase & Co		68,330	136,635
	Kenvue Inc		16,313	19,343
	Kkr & Co Inc Cl A		16,613	16,270
	Kraft Co		64,359	62,649
	Lockheed Martin Corp		80,296	121,485
	Lowe'S Companies Inc		59,478	71,572
	Mcdonalds Corp Com		62,404	86,967
	Meta Platforms Inc		14,779	46,841
	Microsoft Corp		88,946	290,835
	Netflix Com Inc		15,975	44,566

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

Description of Investment

Including Maturity Date,

Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Common Stock (Continued):				
	Nokia Corp Spon Adr		28,244	22,150
	Norkfolk Southern Corp		16,264	14,082
	Nvidia		16,900	26,858
	Parker Hannifin Corp		12,451	12,721
	Pepsico Inc		72,478	79,071
	Philip Morris Intl Inc		16,233	19,256
	Pinnacle West Cap Corp		17,292	19,497
	Pnc Fincl Services Group		16,185	15,428
	Procter & Gamble Co		79,736	100,590
	Progressive Crp Ohio		16,177	28,753
	Raymond James Finl Inc		17,328	17,086
	Republic Services Inc		16,678	16,094
	Roche Hldg Ltd Spn Adr		65,161	65,574
	Servicenow Inc		11,835	31,804
	Steel Dynamics Inc Com		17,759	13,688
	Stryker Corp		14,802	14,402
	Synchrony Finl Com		19,314	18,850
	Targa Resources Corp		17,105	26,775
	Texas Instruments		54,154	82,504
	T-Mobile Us Inc Shs		11,894	28,695
	Transdigm Group Inc		16,447	25,346
	Union Pacific Corp		66,972	75,253
	Unitedhealth Group Inc		16,258	15,176
	Us Bancorp		19,245	17,697
	Wabtec		18,226	17,063
	Walmart Inc		92,160	207,805
	Warner Brother Discovery		19,687	19,554
	Welltower Inc		130,616	147,455
	Williams Companies Del		16,015	20,569
	Total Common Stock		\$ 3,699,760	\$ 6,350,488

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
U.S. Government Securities:				
	U.S. Treasury Bill	3.000% July 15 2025	\$ 73,459	\$ 74,516
	U.S. Treasury Note	0.375% Nov 30 2025	96,387	96,565
	U.S. Treasury Note	1.875% Jun 30 2026	94,570	96,605
	U.S. Treasury Note	1.250% Nov 30 2026	94,454	94,542
	U.S. Treasury Note	3.250% Jun 30 2027	24,648	24,414
	U.S. Treasury Note	3.875% Nov 30 2027	99,071	98,871
	U.S. Treasury Note	1.500% Nov 30 2028	90,089	89,813
	U.S. Treasury Inflation Bond	2.375% Jan 15 2025	44,090	41,842
	Total U.S. Government Securities		\$ 616,768	\$ 617,168
Mutual Funds:				
	American Bond Fd Of America CI F2		\$ 36,317	\$ 34,609
	American Smallcap World Fund CI F2		313,891	328,344
	Angel Oak Multi Strategy Income Fund CI Instl		287	245
	Blackrock Event Driven Equity Fund CI Instl		60,556	61,862
	Blackrock Multi Asset Income Portfolio Instl		105,273	108,718
	Blackrock Strategic Income Opprtnts Ptf Inst		64,187	62,388
	Calamos Market Neutral Income Fd CI I		132,934	148,834
	Eaton Vance Floating Rate Adv CI I		66,887	62,811
	Guggenheim Macro Opportunities Fund Instl		428	396
	Guggenheim Total Return Bond Fd Instl Class		390	313
	Janus Henderson Mortg Backed		98,485	93,794
	Janus Henderson Short Duration Income Etf		59,004	57,420
	John Hancock Disciplined Value Mid Cap Fund CI I		334,004	329,746
	Jp Morgan Undscvrd Mngrs Behavr Val Fd I CI		380,350	406,942
	Lord Abbett Ultra Short Bond Fund CI I		125,824	127,994
	Macquarie Emerging Markets Fd CI Instl		122,490	137,002
	Mfs International Diversification Fund CI I		222,314	221,216

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Mutual Funds (Continued):				
	Mfs Total Return Bond Fund CI 1		67,990	66,278
	Pacer Developed Markets	Pacer Developed Markets	90,347	86,402
	Pacer Global Cash Cows	Dividend Etf	84,920	88,061
	Pacer US Small Cap Cash Cows	100 Etf Shs	100,152	113,545
	Pear Tree Polaris Foreign Val Fd	CI Instl	92,055	94,065
	PGIM Short Duration Multi Sec Bd Fd	CI Z	81,022	80,568
	PGIM Total Return Bond Fund	CI Z	332	267
	Pimco Income Fund	CI 12	56,914	56,808
	Pioneer Bond Fund	Class Y	127	116
	Pioneer Strategic Fund	Income Fd CI Y	46,050	45,551
	SPDR Portfolio Long Term Treasury	ETF	5,945	5,840
	SPDR Portfolio Mortgage Backed Bond	ETF	38,427	37,669
	Spdr S P Biotech		77,239	72,048
	Wisdomtree US Smallcap Divd Fd		119,556	148,391
	Total Mutual Funds		\$ 2,984,697	\$ 3,078,243
103-12 Investment Entity:				
	Washington Cap JMT Mortgage Income Fund		\$ 3,960,222	\$ 6,537,101
	Total Assets (Held at End of Year)		\$ 12,066,968	\$ 17,389,397

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

Schedule H, Line 4a: Schedule of Delinquent Contributions

Plan number 001, EIN 91-1222649

December 31, 2024

Total that Constitute Nonexempt Prohibited

Transactions

Plan Year	Check here if	Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
	Late Participant Loan Repayments are Included	Participant Contributions Transferred Late to the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2024		\$ 3,150	\$ -	\$ 3,150	\$ -	\$ -
2022		\$ 60	\$ -	\$ 60	\$ -	\$ -
2021		\$ 4,234	\$ -	\$ 4,234	\$ -	\$ -

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Money Market Funds:				
	Interest Bearing Cash	Variable rate	\$ 505,462	\$ 505,462
	ISA Forbright Bank	Variable rate	237,916	237,916
	BLF Fedfund Cash Reserve	Variable rate	37,072	37,072
	Total Money Market Funds		\$ 780,450	\$ 780,450
Corporate Bonds:				
	IBM Corporation	6.220% due 08/01/2027	\$ 25,071	\$ 25,947
Common Stock:				
	Adobe Inc Com		\$ 15,037	\$ 13,340
	Aflac Inc		13,736	14,482
	Allstate Corp Del Com		18,451	17,351
	Alphabet Inc Shs Cl A		10,969	37,860
	Altria Group Inc		166,154	184,061
	Amazon Com Inc Com		27,890	43,878
	Amgen Inc Com		101,240	119,894
	Apple Inc		51,412	580,974
	Astrazeneca Plc Spnd Adr		71,305	95,004
	At&T Inc		71,402	87,209
	Blue Owl Cap Inc		57,359	109,787
	Broadcom Inc		69,038	319,939
	Chevron Corp		185,365	244,780
	Chipotle Mexican Grill		17,529	18,090
	Cisco Systems Inc Com		60,055	110,112
	Coca Cola Com		110,799	136,616
	Comcast Corp New Cl A		17,720	15,012
	Corning Inc		17,389	17,107
	Corpay Inc		18,460	16,921

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Common Stock (Continued):				
	Crowdstrike Hldgs Inc		18,206	17,108
	Eaton Corp Plc		119,410	262,177
	Eli Lilly & Co		106,349	386,000
	Emerson Elec Co		126,596	208,202
	Eog Resources Inc		66,714	64,967
	Exxon Mobil Corp Com		185,555	252,789
	General Digital Inc		19,634	16,976
	General Motors Co		17,752	17,046
	Genl Dynamics Corp Com		123,848	189,713
	Gilead Sciences Inc		19,050	22,169
	Healthpeak Pptys Inc		5,452	5,067
	Hewlett Packard		19,560	19,215
	Home Depot Inc		28,512	213,945
	Hsbc Holding Plc		77,320	91,006
	Hunt Jb T ransportation Services		18,436	17,066
	Huntngtn Bancshs Inc Md		19,700	18,222
	Intl Business Machines		139,508	207,257
	Johnson And Johnson Com		65,739	62,187
	Jpmorgan Chase & Co		68,330	136,635
	Kenvue Inc		16,313	19,343
	Kkr & Co Inc Cl A		16,613	16,270
	Kraft Co		64,359	62,649
	Lockheed Martin Corp		80,296	121,485
	Lowe'S Companies Inc		59,478	71,572
	Mcdonalds Corp Com		62,404	86,967
	Meta Platforms Inc		14,779	46,841
	Microsoft Corp		88,946	290,835
	Netflix Com Inc		15,975	44,566

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

Description of Investment

Including Maturity Date,

Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Common Stock (Continued):				
	Nokia Corp Spon Adr		28,244	22,150
	Norkfolk Southern Corp		16,264	14,082
	Nvidia		16,900	26,858
	Parker Hannifin Corp		12,451	12,721
	Pepsico Inc		72,478	79,071
	Philip Morris Intl Inc		16,233	19,256
	Pinnacle West Cap Corp		17,292	19,497
	Pnc Fincl Services Group		16,185	15,428
	Procter & Gamble Co		79,736	100,590
	Progressive Crp Ohio		16,177	28,753
	Raymond James Finl Inc		17,328	17,086
	Republic Services Inc		16,678	16,094
	Roche Hldg Ltd Spn Adr		65,161	65,574
	Servicenow Inc		11,835	31,804
	Steel Dynamics Inc Com		17,759	13,688
	Stryker Corp		14,802	14,402
	Synchrony Finl Com		19,314	18,850
	Targa Resources Corp		17,105	26,775
	Texas Instruments		54,154	82,504
	T-Mobile Us Inc Shs		11,894	28,695
	Transdigm Group Inc		16,447	25,346
	Union Pacific Corp		66,972	75,253
	Unitedhealth Group Inc		16,258	15,176
	Us Bancorp		19,245	17,697
	Wabtec		18,226	17,063
	Walmart Inc		92,160	207,805
	Warner Brother Discovery		19,687	19,554
	Welltower Inc		130,616	147,455
	Williams Companies Del		16,015	20,569
	Total Common Stock		\$ 3,699,760	\$ 6,350,488

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
U.S. Government Securities:				
	U.S. Treasury Bill	3.000% July 15 2025	\$ 73,459	\$ 74,516
	U.S. Treasury Note	0.375% Nov 30 2025	96,387	96,565
	U.S. Treasury Note	1.875% Jun 30 2026	94,570	96,605
	U.S. Treasury Note	1.250% Nov 30 2026	94,454	94,542
	U.S. Treasury Note	3.250% Jun 30 2027	24,648	24,414
	U.S. Treasury Note	3.875% Nov 30 2027	99,071	98,871
	U.S. Treasury Note	1.500% Nov 30 2028	90,089	89,813
	U.S. Treasury Inflation Bond	2.375% Jan 15 2025	44,090	41,842
	Total U.S. Government Securities		\$ 616,768	\$ 617,168
Mutual Funds:				
	American Bond Fd Of America CI F2		\$ 36,317	\$ 34,609
	American Smallcap World Fund CI F2		313,891	328,344
	Angel Oak Multi Strategy Income Fund CI Instl		287	245
	Blackrock Event Driven Equity Fund CI Instl		60,556	61,862
	Blackrock Multi Asset Income Portfolio Instl		105,273	108,718
	Blackrock Strategic Income Opprtnts Ptf Inst		64,187	62,388
	Calamos Market Neutral Income Fd CI I		132,934	148,834
	Eaton Vance Floating Rate Adv CI I		66,887	62,811
	Guggenheim Macro Opportunities Fund Instl		428	396
	Guggenheim Total Return Bond Fd Instl Class		390	313
	Janus Henderson Mortg Backed		98,485	93,794
	Janus Henderson Short Duration Income Etf		59,004	57,420
	John Hancock Disciplined Value Mid Cap Fund CI I		334,004	329,746
	Jp Morgan Undscvrd Mngrs Behavr Val Fd I CI		380,350	406,942
	Lord Abbett Ultra Short Bond Fund CI I		125,824	127,994
	Macquarie Emerging Markets Fd CI Instl		122,490	137,002
	Mfs International Diversification Fund CI I		222,314	221,216

ROOFERS LOCAL NO. 153 SUPPLEMENTAL BENEFIT PLAN

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

Plan number 001, EIN 91-1222649

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
Mutual Funds (Continued):				
	Mfs Total Return Bond Fund CI 1		67,990	66,278
	Pacer Developed Markets	Pacer Developed Markets	90,347	86,402
	Pacer Global Cash Cows	Dividend Etf	84,920	88,061
	Pacer US Small Cap Cash Cows	100 Etf Shs	100,152	113,545
	Pear Tree Polaris Foreign Val Fd	CI Instl	92,055	94,065
	PGIM Short Duration Multi Sec Bd Fd	CI Z	81,022	80,568
	PGIM Total Return Bond Fund	CI Z	332	267
	Pimco Income Fund	CI 12	56,914	56,808
	Pioneer Bond Fund	Class Y	127	116
	Pioneer Strategic Fund	Income Fd CI Y	46,050	45,551
	SPDR Portfolio Long Term Treasury	ETF	5,945	5,840
	SPDR Portfolio Mortgage Backed Bond	ETF	38,427	37,669
	Spdr S P Biotech		77,239	72,048
	Wisdomtree US Smallcap Divd Fd		119,556	148,391
	Total Mutual Funds		\$ 2,984,697	\$ 3,078,243
103-12 Investment Entity:				
	Washington Cap JMT Mortgage Income Fund		\$ 3,960,222	\$ 6,537,101
	Total Assets (Held at End of Year)		\$ 12,066,968	\$ 17,389,397