

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LOCAL 522 WELFARE FUND - ROOFERS DIVISION</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF LOCAL 522 WELFARE FUND - ROOFERS DIVISION</u></p> <p><u>UNITED TEAMSTER FUND</u> <u>2137-2147 UTICA AVENUE</u> <u>BROOKLYN, NY 11234</u></p>	<p>1c Effective date of plan <u>01/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>11-1854964</u></p> <p>2c Plan Sponsor's telephone number <u>718-859-1624</u></p> <p>2d Business code (see instructions) <u>238300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	JAMES KANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	THOMAS HUSSEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 11-1854964	
a Sponsor's name LOCAL 522 IND ROOFING & SHEETMETAL CRAFTS WELFARE FUND		4d PN 501	
c Plan Name LOCAL 522 IND ROOFING & SHEETMETALCRAFTS WELFARE FUND			
5 Total number of participants at the beginning of the plan year	5		143
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)		143
a(2) Total number of active participants at the end of the plan year	6a(2)		135
b Retired or separated participants receiving benefits	6b		
c Other retired or separated participants entitled to future benefits	6c		
d Subtotal. Add lines 6a(2), 6b, and 6c	6d		135
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f Total. Add lines 6d and 6e	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		7

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

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance		(1) <input checked="" type="checkbox"/> Insurance	
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts		(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	
(3) <input checked="" type="checkbox"/> Trust		(3) <input checked="" type="checkbox"/> Trust	
(4) <input 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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information - Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan LOCAL 522 WELFARE FUND - ROOFERS DIVISION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 522 WELFARE FUND - ROOFERS DIVISION	D Employer Identification Number (EIN) 11-1854964	

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

1 Coverage Information:

(a) Name of insurance carrier
DENTCARE DELIVERY SYSTEMS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-2480692	47112	GG-723	92	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	9408
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan LOCAL 522 WELFARE FUND - ROOFERS DIVISION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 522 WELFARE FUND - ROOFERS DIVISION	D Employer Identification Number (EIN) 11-1854964	

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

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

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

MAGNACARE

11-3410766

(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?
12	NONE	71726	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UNITED TEAMSTER FUND

13-5549593

(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	39000	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)

CALIBRE CPA GROUP PLLC

47-0900880

(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	NONE	30000	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)

CHERION, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	23821	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)

CARY KANE

20-1942442

(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	19372	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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LOCAL 522 WELFARE FUND - ROOFERS DIVISION	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 522 WELFARE FUND - ROOFERS DIVISION	D Employer Identification Number (EIN) 11-1854964

Part I	Asset and Liability Statement
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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	-64938	-75746
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	104832	132768
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4020	2159
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	319656	223568
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1496755	1100734
(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	14025	16771
f Total assets (add all amounts in lines 1a through 1e).....	1f	1874350	1400254
Liabilities			
g Benefit claims payable.....	1g	237000	283000
h Operating payables.....	1h	98594	35608
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	335594	318608
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1538756	1081646

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)	1521806	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1521806
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9042	
(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)		9042
(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)	43814	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43814
(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)	-12861	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		102944
c Other income	2c		9562
d Total income. Add all income amounts in column (b) and enter total	2d		1674307

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1897393	
(2) To insurance carriers for the provision of benefits	2e(2)	9408	
(3) Other	2e(3)	71726	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1978527
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)	39000	
(3) Recordkeeping fees	2i(3)	10000	
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	5000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	23821	
(8) Legal fees	2i(8)	19372	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2917	
(11) Other expenses	2i(11)	32780	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		152890
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2131417

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-457110
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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 _____.



LOCAL 522 WELFARE FUND – ROOFERS DIVISION

FINANCIAL STATEMENTS

DECEMBER 31, 2024





LOCAL 522 WELFARE FUND – ROOFERS DIVISION

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 522 Welfare Fund – Roofers Division

Opinion

We have audited the accompanying financial statements of Local 522 Welfare Fund – Roofers Division (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 and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.





Responsibilities of Management for the Financial Statements (continued)

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.



Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- 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.

Other Matter - Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions 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 supplemental 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 GAAS.

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.

Calibre CPA Group, PLLC

New York, NY
September 30, 2025



LOCAL 522 WELFARE FUND – ROOFERS DIVISION

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Assets		
Investments, at fair value		
Short-term investment funds	\$ 948	\$ 3,695
Registered investment companies	<u>1,100,734</u>	<u>1,496,755</u>
Total investments, at fair value	<u>1,101,682</u>	<u>1,500,450</u>
Receivables		
Employer contributions	132,768	104,832
Interest and dividends	<u>2,159</u>	<u>4,020</u>
Total receivables	<u>134,927</u>	<u>108,852</u>
Cash and cash equivalents	<u>146,874</u>	<u>251,023</u>
Property and equipment - net	<u>9,625</u>	<u>6,738</u>
Prepaid expenses and other assets	<u>7,146</u>	<u>7,287</u>
Total assets	<u>1,400,254</u>	<u>1,874,350</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	33,449	94,590
Due to broker	<u>2,159</u>	<u>4,004</u>
Total liabilities	<u>35,608</u>	<u>98,594</u>
Net assets available for benefits	<u>\$ 1,364,646</u>	<u>\$ 1,775,756</u>

See accompanying notes to financial statements.



LOCAL 522 WELFARE FUND – ROOFERS DIVISION

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Employer contributions	\$ 1,521,806	\$ 1,323,700
Investment income		
Net appreciation	90,083	98,031
in fair value of investments		
Interest and dividends	<u>52,856</u>	<u>62,825</u>
	142,939	160,856
Less: investment expenses	<u>(7,917)</u>	<u>(7,724)</u>
Net investment income	<u>135,022</u>	<u>153,132</u>
Miscellaneous income	<u>9,562</u>	<u>-</u>
Total additions	<u>1,666,390</u>	<u>1,476,832</u>
Deductions		
Benefits paid for participants	1,932,527	1,284,130
Administrative expenses	<u>144,973</u>	<u>141,017</u>
Total deductions	<u>2,077,500</u>	<u>1,425,147</u>
Net change	(411,110)	51,685
Net assets available for benefits		
Beginning of year	<u>1,775,756</u>	<u>1,724,071</u>
End of year	<u>\$ 1,364,646</u>	<u>\$ 1,775,756</u>

See accompanying notes to financial statements.



LOCAL 522 WELFARE FUND – ROOFERS DIVISION

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Benefit obligations - amounts currently payable		
Claims payable and claims incurred but not reported	<u>\$ 283,000</u>	<u>\$ 237,000</u>

See accompanying notes to financial statements.



LOCAL 522 WELFARE FUND – ROOFERS DIVISION

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Benefit obligations - amounts currently payable		
Balance at beginning of year	\$ 237,000	\$ 241,000
Claims and premiums incurred	1,978,527	1,280,130
Claims and insurance premiums paid	<u>(1,932,527)</u>	<u>(1,284,130)</u>
Balance at end of year	<u>\$ 283,000</u>	<u>\$ 237,000</u>

See accompanying notes to financial statements.



LOCAL 522 WELFARE FUND – ROOFERS DIVISION

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of Local 522 Welfare Fund – Roofers Division (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. On August 18, 2022, the Board of Trustees (Trustees) amended the Trust Agreement to change the name of the Plan to be the Local 522 Welfare Fund – Roofers Division. The Plan was previously known as Local 522 Industry Roofing and Sheet Metal Crafts Welfare Fund.

General - The Plan is a multiemployer defined benefit Welfare Plan established under the provisions of an Agreement and Declaration of Trust dated July 15, 1957 and amended thereafter, between Local Union 522 (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen's and Helpers of America, and participating employers, primarily in the roofing, sheet metal and construction industries in the Greater New York and New Jersey area, who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a Trust fund for the purpose of providing health and welfare benefits to eligible employees of participating employers who are members of the Union. The Plan is administered by joint Trustees consisting of Union and Employer Trustees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Self-Insured Benefits - The Plan provides self-insured health and welfare benefits including medical, hospitalization and holiday wage benefits to eligible participants and their beneficiaries and covered dependents, who are covered by collective bargaining agreements with the Union and who have met specific eligibility requirements. The Plan also provides a lump sum death benefit of \$5,000 as well as an additional accidental death benefit of \$5,000. All self-insured benefits are paid from the general assets of the Plan.

Insured Benefits - The Plan provides dental benefits to certain participants through an insured arrangement.

Funding Policy - Funding to provide the benefits is made through contributions by participating employers on a monthly basis on behalf of each eligible employee as provided for in the applicable prevailing collective bargaining agreements with the Union. Additionally, contributions are made by participants who have left covered employment and who elect to continue coverage with the Plan through the Consolidated Omnibus Budget Reconciliation Act (COBRA).



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Cash and Cash Equivalents - Cash and cash equivalents represent checking accounts and a sweep account.

Contributions and Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Contributions due to the Plan as a result of payroll audits of contributing employers are accrued at year end as Plan assets and additions to Plan assets only when collection in the subsequent period can be observed. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Investment Valuation and Income Recognition - Investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

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

Depreciation - Property and equipment is carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed on the straight-line method over the estimated useful lives of the assets.

Payment of Benefits - Claim payments are recorded when paid to the third-party claims processor. Amounts due to the claims processor that have yet to be paid by the Plan are recorded as claims payable in the accompanying statements of benefit obligations.

Administrative Expenses - Expenses of the Plan are paid by the Plan.

Benefit Obligations - The Plan's obligations for claims payable and incurred but not reported were estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates - The preparation of financial statements in conformity 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, liabilities, benefit obligations, and changes therein, including estimated claims incurred but not reported and disclosure of contingent assets and liabilities at the date of financial statements, and the reported amounts of additions to and deductions from Plan assets during the reporting period. Actual results could differ from those estimates.

NOTE 3. TAX STATUS

The Trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service (IRS) and the Plan sponsor and the Plan's counsel believe that the Plan, as amended, continues to qualify and to operate as designed.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS and Department of Labor.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan's income tax returns for the years 2021 through 2023 remain subject to examination, based on the normal statutory periods subject to audit, notwithstanding any events or circumstances that may exist which could expand the open period.

NOTE 4. PRIORITIES UPON TERMINATION

Although they have not expressed any intention to do so, the Plan's Trustees, as Plan Sponsor, have the right under the Plan to modify the benefits provided to active and retired participants and to terminate the Plan subject to the provisions of ERISA.

In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan will be used for purposes other than for the exclusive benefit of the Plan's participants.



NOTE 5. UNINSURED CASH BALANCES

The Federal Deposit Insurance Corporation (FDIC) insurance limit is \$250,000 per institution. Financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash and cash equivalent accounts are held in a high quality financial institution. The balance at times may exceed FDIC insured amounts. At December 31, 2024, the Plan's cash did not exceed the FDIC limit.

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3).

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 to the valuation methodology include other significant observable inputs including:

- 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

Short-term investment funds are valued at cost which approximates fair value.

Registered investment companies are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period.

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:

Description	Total at 12/31/24	Quoted Market Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investment funds	\$ 948	\$ -	\$ 948	\$ -
Registered investment companies	<u>1,100,734</u>	<u>1,100,734</u>	<u>-</u>	<u>-</u>
Investments, at fair value	<u>\$ 1,101,682</u>	<u>\$ 1,100,734</u>	<u>\$ 948</u>	<u>\$ -</u>

Description	Total at 12/31/23	Quoted Market Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investment funds	\$ 3,695	\$ -	\$ 3,695	\$ -
Registered investment companies	<u>1,496,755</u>	<u>1,496,755</u>	<u>-</u>	<u>-</u>
Investments, at fair value	<u>\$ 1,500,450</u>	<u>\$ 1,496,755</u>	<u>\$ 3,695</u>	<u>\$ -</u>

NOTE 7. PROPERTY AND EQUIPMENT

A summary of property and equipment is as follows as of December 31:

	2024	2023
Office furniture and equipment	\$ 19,250	\$ 9,625
Less: accumulated depreciation	<u>(9,625)</u>	<u>(2,887)</u>
Property and equipment - net	<u>\$ 9,625</u>	<u>\$ 6,738</u>

NOTE 8. PARTY-IN-INTEREST TRANSACTIONS

The Plan pays certain administrative, investment and professional fees to various service providers. These transactions are party-in-interest transactions under ERISA.



NOTE 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. These 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 the values of investment securities could be different at the reporting date and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,364,646	\$ 1,775,756
Less: benefit obligations payable	<u>(283,000)</u>	<u>(237,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,081,646</u>	<u>\$ 1,538,756</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants per the financial statements	\$ 1,932,527	\$ 1,284,130
Add: benefit obligations payable at December 31, current year	283,000	237,000
Less: benefit obligations payable at December 31, prior year	<u>(237,000)</u>	<u>(241,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 1,978,527</u>	<u>\$ 1,280,130</u>

Claims and premiums that have been processed for payment at year end, but not paid and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

The following is a reconciliation of additions per the financial statements to income per the Form 5500:

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 1,666,390	\$ 1,476,832
Add: investment expenses	<u>7,917</u>	<u>7,724</u>
Total income per the Form 5500	<u>\$ 1,674,307</u>	<u>\$ 1,484,556</u>



**NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500
(CONTINUED)**

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500:

	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 2,077,500	\$ 1,425,147
Add: changes in benefits paid to or for participants	46,000	(4,000)
Add: investment expenses	<u>7,917</u>	<u>7,724</u>
Total expenses per the Form 5500	<u>\$ 2,131,417</u>	<u>\$ 1,428,871</u>

NOTE 11. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through September 30, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2024LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
<u>CASH EQUIVALENTS</u>						
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
ALLSPRING 100% TREASURY MONEY MARKET FUND - #008 VP4520004						
813.890	20277301	813.89	813.89		0.00	2.84
9.820	20277302	9.82	9.82		0.00	0.03
15.750	20277303	15.75	15.75		0.00	0.06
10.270	20277305	10.27	10.27		0.00	0.04
17.410	20277306	17.41	17.41		0.00	0.06
80.740	20277307	80.74	80.74		0.00	0.28
947.880	TOTAL ALLSPRING 100% TREASURY	947.88 100.0000	947.88 100.0000	12/31/24	0.00	3.31
	TOTAL OTHER MONEY MARKET FUNDS	947.88	947.88		0.00	3.31
	TOTAL OTHER CASH EQUIVALENTS	947.88	947.88		0.00	3.31
	TOTAL CASH EQUIVALENTS	947.88	947.88		0.00	3.31
<u>MUTUAL FUNDS</u>						
MUTUAL FUNDS - EQUITY						
VANGUARD GROWTH INDEX FUND CLASS ADM 922908660						
373.911	20277303	15,208.20	78,977.48		63,769.28	0.00
373.911	TOTAL VANGUARD GROWTH INDEX FUND CLASS	15,208.20 40.6733	78,977.48 211.2200	12/31/24	63,769.28	0.00
VANGUARD VALUE INDEX FUND - CLASS ADM 922908678						
1,094.900	20277308	66,223.23	72,307.20		6,083.97	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2024LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
1,094.900	TOTAL VANGUARD VALUE INDEX FUND - CLASS	66,223.23 60.4834	72,307.20 66.0400	12/31/24	6,083.97	0.00
	VANGUARD 500 INDEX FUND ADMIRAL SHARES 922908710					
403.136	20277302	93,323.83	218,806.10		125,482.27	0.00
403.136	TOTAL VANGUARD 500 INDEX FUND	93,323.83 231.4947	218,806.10 542.7600	12/31/24	125,482.27	0.00
	TOTAL MUTUAL FUNDS - EQUITY	174,755.26	370,090.78		195,335.52	0.00
	MUTUAL FUNDS - CORPORATE BONDS					
	JPMORGAN CORE BOND FUND CLASS I #3720 4812C0381					
13,237.403	20277307	135,900.93	133,697.77		2,203.16-	0.00
13,237.403	TOTAL JPMORGAN CORE BOND FUND CLASS I	135,900.93 10.2664	133,697.77 10.1000	12/31/24	2,203.16-	0.00
	VANGUARD SHORT TERM TREASURY FUND- ADMIRAL SHARES 922031851					
18,690.342	20277306	201,424.08	183,352.26		18,071.82-	685.12
18,690.342	TOTAL VANGUARD SHORT TERM TREASURY FUND	201,424.08 10.7769	183,352.26 9.8100	12/31/24	18,071.82-	685.12
	VANGUARD SHORT-TERM FEDERAL FUND ADMIRAL SHARES #549 922031844					
20,983.244	20277305	229,042.58	212,979.93		16,062.65-	658.90
20,983.244	TOTAL VANGUARD SHORT-TERM FEDERAL FUND	229,042.58 10.9155	212,979.93 10.1500	12/31/24	16,062.65-	658.90
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	566,367.59	530,029.96		36,337.63-	1,344.02
	MONEY MARKET MUTUAL FUND					

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2024LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	TREASURY PORTFOLIO					
	CLASS INST #1931					
	825252406					
<u>200,532.010</u>	20277301	<u>200,532.01</u>	<u>200,532.01</u>		<u>0.00</u>	<u>814.90</u>
200,532.010	TOTAL TREASURY PORTFOLIO	200,532.01	200,532.01		0.00	814.90
		1.0000	1.0000	12/31/24		
	TOTAL MONEY MARKET MUTUAL FUND	200,532.01	200,532.01		0.00	814.90
	TOTAL MUTUAL FUNDS	941,654.86	1,100,652.75		158,997.89	2,158.92
	TOTAL ASSETS AND LIABILITIES	942,602.74	1,101,600.63		158,997.89	2,162.23
	PENDING TRADES	2,158.92-	2,158.92-			
	ACCRUED INCOME	2,162.23	2,162.23			
TOTAL ACCOUNT		<u>942,606.05</u>	<u>1,101,603.94</u>		<u>158,997.89</u>	

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>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	<small>OMB Nos. 1510-0110 1510-0089</small> 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)	
B This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>	
D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information	
1a Name of plan LOCAL 522 WELFARE FUND - ROOFERS DIVISION	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF LOCAL 522 WELFARE FUND - ROOFERS DIVISI UNITED TEAMSTER FUND 2137-2147 UTICA AVENUE BROOKLYN NY 11234	1c Effective date of plan 01/01/1957 2b Employer Identification Number (EIN) 11-1854964 2c Plan Sponsor's telephone number (718) 859-1624 2d Business code (see instructions) 238300

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

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

SIGN HERE		<u>9/30/25</u>	JAMES KANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/30/25</u>	THOMAS HUSSEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name LOCAL 522 IND ROOFING & SHEETMETAL c Plan Name LOCAL 522 IND ROOFING & SHEETMETAL CRAFTS WELFARE FUND	4b EIN 11-1854964 4d PN 501
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5 Total number of participants at the beginning of the plan year	5	143
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	143
a (2) Total number of active participants at the end of the plan year	6a(2)	135
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	135
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		1,500,466.33			
		COMPARATIVE VALUE (5%)		75,023.32			
20277307	ISSUE: VP4520004 - AS 100% TREAS MM FD-SVC CL #008 01/11/24 B	150,000	1.000	0	150,000-*	150,000	
20277307	ISSUE: VP4520004 - AS 100% TREAS MM FD-SVC CL #008 01/12/24 S	150,000	1.000	0	150,000 *	150,000	0
20277307	ISSUE: 4812C0381 - JPMORGAN CORE BOND-I #3720 01/11/24 B	14,606	10.270	0	150,000-*	150,000	
	GRAND TOTAL			0	450,000	450,000	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		1,500,466.33			
		COMPARATIVE VALUE (5%)		75,023.32			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		1,500,466.33			
		COMPARATIVE VALUE (5%)		75,023.32			
ISSUE: VP4520004 - AS 100% TREAS MM FD-SVC CL #008							
20277301	01/02/24 B	15	1.000	0	15-	15	
20277301	01/11/24 B	75,000	1.000	0	75,000-	75,000	
20277301	02/01/24 B	14	1.000	0	14-	14	
20277301	02/09/24 B	50,000	1.000	0	50,000-	50,000	
20277301	03/01/24 B	12	1.000	0	12-	12	
20277301	04/01/24 B	13	1.000	0	13-	13	
20277301	04/16/24 B	30,000	1.000	0	30,000-	30,000	
20277301	05/08/24 B	70,000	1.000	0	70,000-	70,000	
20277301	06/03/24 B	10	1.000	0	10-	10	
20277301	07/01/24 B	9	1.000	0	9-	9	
20277301	08/01/24 B	9	1.000	0	9-	9	
20277301	09/03/24 B	6	1.000	0	6-	6	
20277301	10/01/24 B	6	1.000	0	6-	6	
20277301	11/01/24 B	5	1.000	0	5-	5	
20277301	12/02/24 B	3	1.000	0	3-	3	
20277301	12/12/24 B	45,000	1.000	0	45,000-	45,000	
20277302	01/02/24 B	0	1.000	0	0-	0	
20277302	02/01/24 B	0	1.000	0	0-	0	
20277302	03/01/24 B	0	1.000	0	0-	0	
20277302	04/01/24 B	0	1.000	0	0-	0	
20277302	04/16/24 B	30,000	1.000	0	30,000-	30,000	
20277302	04/19/24 B	65,000	1.000	0	65,000-	65,000	
20277302	05/01/24 B	0	1.000	0	0-	0	
20277302	05/08/24 B	50,000	1.000	0	50,000-	50,000	
20277302	06/03/24 B	0	1.000	0	0-	0	
20277302	07/01/24 B	0	1.000	0	0-	0	
20277302	08/01/24 B	0	1.000	0	0-	0	
20277302	09/03/24 B	0	1.000	0	0-	0	
20277302	10/01/24 B	0	1.000	0	0-	0	
20277302	11/01/24 B	0	1.000	0	0-	0	
20277302	12/02/24 B	0	1.000	0	0-	0	
20277302	12/12/24 B	50,000	1.000	0	50,000-	50,000	
20277303	01/02/24 B	0	1.000	0	0-	0	
20277303	02/01/24 B	0	1.000	0	0-	0	
20277303	03/01/24 B	0	1.000	0	0-	0	
20277303	04/01/24 B	0	1.000	0	0-	0	
20277303	05/01/24 B	0	1.000	0	0-	0	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

LOCAL 522 ROOFERS WEL- CONSOLIDATED
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
20277303	06/03/24 B	0	1.000	0	0-	0	
20277303	07/01/24 B	0	1.000	0	0-	0	
20277303	08/01/24 B	0	1.000	0	0-	0	
20277303	09/03/24 B	0	1.000	0	0-	0	
20277303	10/01/24 B	0	1.000	0	0-	0	
20277303	11/01/24 B	0	1.000	0	0-	0	
20277303	12/02/24 B	0	1.000	0	0-	0	
20277303	12/12/24 B	25,000	1.000	0	25,000-	25,000	
20277305	01/02/24 B	0	1.000	0	0-	0	
20277305	02/01/24 B	0	1.000	0	0-	0	
20277305	02/09/24 B	50,000	1.000	0	50,000-	50,000	
20277305	03/01/24 B	0	1.000	0	0-	0	
20277305	04/01/24 B	0	1.000	0	0-	0	
20277305	05/01/24 B	0	1.000	0	0-	0	
20277305	05/08/24 B	50,000	1.000	0	50,000-	50,000	
20277305	06/03/24 B	0	1.000	0	0-	0	
20277305	07/01/24 B	0	1.000	0	0-	0	
20277305	08/01/24 B	0	1.000	0	0-	0	
20277305	09/03/24 B	0	1.000	0	0-	0	
20277305	10/01/24 B	0	1.000	0	0-	0	
20277305	11/01/24 B	0	1.000	0	0-	0	
20277305	12/02/24 B	0	1.000	0	0-	0	
20277305	12/12/24 B	30,000	1.000	0	30,000-	30,000	
20277306	01/02/24 B	0	1.000	0	0-	0	
20277306	01/11/24 B	75,000	1.000	0	75,000-	75,000	
20277306	02/01/24 B	0	1.000	0	0-	0	
20277306	03/01/24 B	0	1.000	0	0-	0	
20277306	04/01/24 B	0	1.000	0	0-	0	
20277306	05/01/24 B	0	1.000	0	0-	0	
20277306	06/03/24 B	0	1.000	0	0-	0	
20277306	07/01/24 B	0	1.000	0	0-	0	
20277306	08/01/24 B	0	1.000	0	0-	0	
20277306	09/03/24 B	0	1.000	0	0-	0	
20277306	10/01/24 B	0	1.000	0	0-	0	
20277306	11/01/24 B	0	1.000	0	0-	0	
20277306	12/02/24 B	0	1.000	0	0-	0	
20277306	12/12/24 B	30,000	1.000	0	30,000-	30,000	
20277307	01/11/24 B	150,000	1.000	0	150,000-*	150,000	
20277307	02/01/24 B	20	1.000	0	20-	20	
20277307	03/01/24 B	0	1.000	0	0-	0	
20277307	04/01/24 B	0	1.000	0	0-	0	
20277307	05/01/24 B	0	1.000	0	0-	0	
20277307	06/03/24 B	0	1.000	0	0-	0	
20277307	06/04/24 B	4	1.000	0	4-	4	
20277307	07/01/24 B	0	1.000	0	0-	0	
20277307	07/02/24 B	18	1.000	0	18-	18	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
20277307	08/01/24 B	0	1.000	0	0-	0	
20277307	08/05/24 B	12	1.000	0	12-	12	
20277307	09/03/24 B	0	1.000	0	0-	0	
20277307	10/01/24 B	0	1.000	0	0-	0	
20277307	10/02/24 B	13	1.000	0	13-	13	
20277307	11/01/24 B	0	1.000	0	0-	0	
20277307	11/04/24 B	6	1.000	0	6-	6	
20277307	12/02/24 B	0	1.000	0	0-	0	
20277307	12/03/24 B	6	1.000	0	6-	6	
20277307	12/12/24 B	20,000	1.000	0	20,000-	20,000	
20277308	04/18/24 B	1	1.000	0	1-	1	
SUB-TOTAL OF BUYS # 94				0	895,182	895,182	
20277301	01/11/24 S	75,000	1.000	0	75,000	75,000	0
20277301	01/22/24 S	656	1.000	0	656	656	0
20277301	02/09/24 S	50,000	1.000	0	50,000	50,000	0
20277301	04/16/24 S	30,000	1.000	0	30,000	30,000	0
20277301	05/01/24 S	727	1.000	0	727	727	0
20277301	05/08/24 S	70,000	1.000	0	70,000	70,000	0
20277301	07/22/24 S	808	1.000	0	808	808	0
20277301	10/21/24 S	742	1.000	0	742	742	0
20277301	12/12/24 S	45,000	1.000	0	45,000	45,000	0
20277302	04/16/24 S	30,000	1.000	0	30,000	30,000	0
20277302	04/19/24 S	65,000	1.000	0	65,000	65,000	0
20277302	05/08/24 S	50,000	1.000	0	50,000	50,000	0
20277302	12/12/24 S	50,000	1.000	0	50,000	50,000	0
20277303	12/12/24 S	25,000	1.000	0	25,000	25,000	0
20277305	02/09/24 S	50,000	1.000	0	50,000	50,000	0
20277305	05/08/24 S	50,000	1.000	0	50,000	50,000	0
20277305	12/12/24 S	30,000	1.000	0	30,000	30,000	0
20277306	01/11/24 S	75,000	1.000	0	75,000	75,000	0
20277306	12/12/24 S	30,000	1.000	0	30,000	30,000	0
20277307	01/12/24 S	150,000	1.000	0	150,000 *	150,000	0
20277307	12/12/24 S	20,000	1.000	0	20,000	20,000	0
20277308	04/18/24 S	1	1.000	0	1	1	0
SUB-TOTAL OF SALES # 22				0	897,934	897,934	0
SUB-TOTAL				0	1,793,116	1,793,116	0
ISSUE: 4812C0381 - JPMORGAN CORE BOND-I #3720							
20277307	01/29/24 R	43	10.210	0	435-	435	
20277307	02/27/24 R	44	10.070	0	447-	447	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
20277307	03/26/24 R	47	10.150	0	475-	475	
20277307	04/26/24 R	54	9.910	0	536-	536	
20277307	05/29/24 R	50	9.960	0	496-	496	
20277307	06/26/24 R	49	10.120	0	498-	498	
20277307	07/29/24 R	49	10.230	0	500-	500	
20277307	08/28/24 R	48	10.450	0	507-	507	
20277307	09/26/24 R	48	10.520	0	502-	502	
20277307	10/29/24 R	52	10.240	0	528-	528	
20277307	11/26/24 R	50	10.230	0	515-	515	
20277307	12/27/24 R	43	10.070	0	435-	435	
SUB-TOTAL OF REINVS # 12				0	5,874	5,874	
20277307	01/11/24 B	14,606	10.270	0	150,000-*	150,000	
SUB-TOTAL OF BUYS # 1				0	150,000	150,000	
20277307	12/11/24 S	1,946	10.280	0	20,000	19,975	25
SUB-TOTAL OF SALES # 1				0	20,000	19,975	25
SUB-TOTAL				0	175,874	175,849	25
ISSUE: 825252406 - STIT-TREASURY PTF-INST #1931							
20277301	01/31/24 R	1,803	1.000	0	1,803-	1,803	
20277301	02/29/24 R	1,438	1.000	0	1,438-	1,438	
20277301	03/31/24 R	1,482	1.000	0	1,482-	1,482	
20277301	04/30/24 R	1,374	1.000	0	1,374-	1,374	
20277301	05/31/24 R	1,123	1.000	0	1,123-	1,123	
20277301	06/30/24 R	1,022	1.000	0	1,022-	1,022	
20277301	07/31/24 R	1,059	1.000	0	1,059-	1,059	
20277301	08/31/24 R	1,055	1.000	0	1,055-	1,055	
20277301	09/30/24 R	989	1.000	0	989-	989	
20277301	10/31/24 R	976	1.000	0	976-	976	
20277301	11/30/24 R	919	1.000	0	919-	919	
20277301	12/31/24 R	815	1.000	0	815-	815	
SUB-TOTAL OF REINVS # 12				0	14,055	14,055	
20277301	01/10/24 S	75,000	1.000	0	75,000	75,000	0
20277301	02/08/24 S	50,000	1.000	0	50,000	50,000	0
20277301	04/15/24 S	30,000	1.000	0	30,000	30,000	0
20277301	05/07/24 S	70,000	1.000	0	70,000	70,000	0
20277301	12/11/24 S	45,000	1.000	0	45,000	45,000	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL OF SALES # 5				0	270,000	270,000	0
SUB-TOTAL				0	284,055	284,055	0
ISSUE: 922031844 - VANGUARD SHORT-TERM FED-ADM #549							
20277305	01/31/24 R	96	10.110	0	974-	974	
20277305	02/29/24 R	86	10.030	0	858-	858	
20277305	03/31/24 R	88	10.050	0	886-	886	
20277305	04/30/24 R	89	9.950	0	890-	890	
20277305	05/31/24 R	78	10.010	0	778-	778	
20277305	06/30/24 R	68	10.040	0	683-	683	
20277305	07/31/24 R	70	10.150	0	708-	708	
20277305	08/31/24 R	71	10.220	0	729-	729	
20277305	09/30/24 R	68	10.280	0	700-	700	
20277305	10/31/24 R	69	10.160	0	697-	697	
20277305	11/30/24 R	69	10.180	0	706-	706	
20277305	12/31/24 R	65	10.150	0	659-	659	
SUB-TOTAL OF REINVS # 12				0	9,268	9,268	
20277305	02/08/24 S	4,970	10.060	0	50,000	54,388	-4,388
20277305	05/07/24 S	4,995	10.010	0	50,000	54,616	-4,616
20277305	12/11/24 S	2,947	10.180	0	30,000	32,174	-2,174
SUB-TOTAL OF SALES # 3				0	130,000	141,178	-11,178
SUB-TOTAL				0	139,268	150,446	-11,178
ISSUE: 922031851 - VANGUARD SHORT TRM TREAS FD-ADM #532							
20277306	01/31/24 R	83	9.880	0	822-	822	
20277306	02/29/24 R	70	9.790	0	689-	689	
20277306	03/31/24 R	86	9.790	0	838-	838	
20277306	04/30/24 R	89	9.700	0	866-	866	
20277306	05/31/24 R	92	9.740	0	893-	893	
20277306	06/30/24 R	80	9.760	0	780-	780	
20277306	07/31/24 R	81	9.850	0	794-	794	
20277306	08/31/24 R	79	9.910	0	780-	780	
20277306	09/30/24 R	74	9.960	0	738-	738	
20277306	10/31/24 R	75	9.840	0	743-	743	
20277306	11/30/24 R	74	9.840	0	729-	729	
20277306	12/31/24 R	70	9.810	0	685-	685	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
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LOCAL 522 ROOFERS WEL- CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL OF REINVS # 12				0	9,357	9,357	
20277306	01/10/24 S	7,606	9.860	0	75,000	82,312	-7,312
20277306	12/11/24 S	3,049	9.840	0	30,000	32,867	-2,867
SUB-TOTAL OF SALES # 2				0	105,000	115,179	-10,180
SUB-TOTAL				0	114,357	124,536	-10,180
ISSUE: 922908710 - VANGUARD 500 INDEX FD- ADM #540							
20277302	03/22/24 R	3	482.900	0	1,225-	1,225	
20277302	06/28/24 R	2	503.760	0	870-	870	
20277302	09/27/24 R	2	529.420	0	802-	802	
20277302	12/23/24 R	1	551.150	0	699-	699	
SUB-TOTAL OF REINVS # 4				0	3,596	3,596	
20277302	04/15/24 S	64	467.310	0	30,000	14,675	15,325
20277302	04/18/24 S	140	462.660	0	65,000	32,115	32,885
20277302	05/07/24 S	104	479.120	0	50,000	23,855	26,145
20277302	12/11/24 S	89	562.850	0	50,000	20,475	29,525
SUB-TOTAL OF SALES # 4				0	195,000	91,120	103,880
SUB-TOTAL				0	198,596	94,716	103,880
GRAND TOTAL				0	2,705,266	2,622,718	82,547

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

