

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>ROOFERS UNION LOCAL 30 COMBINED PENSION FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30</u> <u>P.O. BOX 4600</u> <u>TROY, MI 48099</u>	1c Effective date of plan <u>01/01/1958</u> 2b Employer Identification Number (EIN) <u>23-6289069</u> 2c Plan Sponsor's telephone number <u>187-728-0887</u> 2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	SHAWN MCCULLOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JUDY FINNEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2603
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)	759
	6a(2)	787
	6b	930
	6c	400
	6d	2117
	6e	431
	6f	2548
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	37

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input 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 checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" 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 checked="" 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**

<p>A Name of plan ROOFERS UNION LOCAL 30 COMBINED PENSION FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30</p>	<p>D Employer Identification Number (EIN) 23-6289069</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030411	2548	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5491585

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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>ROOFERS UNION LOCAL 30 COMBINED PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30</u>	D Employer Identification Number (EIN) <u>23-6289069</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>156347766</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>166352247</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>186059017</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>186059017</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>306847932</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>5641031</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>16961781</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>16131376</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE <u>MARY ANN DUNLEAVY</u> Type or print name of actuary <u>HORIZON ACTUARIAL SERVICES, LLC</u> Firm name <u>8601 GEORGIA AVENUE, SUITE 905</u> <u>SILVER SPRING, MD 20910</u> Address of the firm	<u>10/02/2025</u> Date <u>23-08148</u> Most recent enrollment number <u>240-247-4524</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	156347766
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1185	193750854
(2) For terminated vested participants	458	30313508
(3) For active participants:		
(a) Non-vested benefits		5227737
(b) Vested benefits		77555833
(c) Total active	772	82783570
(4) Total	2415	306847932
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.95 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	13728205					
Totals ▶			3(b)	13728205	3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	89.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P+2
(2) Females	6c(2)	9FP+2
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.8 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	687670
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1126800	115623

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	2736637

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	58611866	8250665
9c(2)		
9c(3)		

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

9d	769111
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e Total charges. Add lines 9a through 9d.....

9e	11756413
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	29613382
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g Employer contributions. Total from column (b) of line 3.....

9g	13728205
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h Amortization credits as of valuation date.....

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

	Outstanding balance	
9h	9291714	1823064
9i		2681038

j Full funding limitation (FFL) and credits:

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

9j(1)	66405559	
9j(2)	114490930	
9j(3)		

k (1) Waived funding deficiency

(2) Other credits

9k(1)	
9k(2)	

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

9l	47845689
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	36089276
-----------	----------

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

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

o Current year's accumulated reconciliation account:

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

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

(a) Reconciliation outstanding balance as of valuation date

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

(3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

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

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

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

Yes No

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

A Name of plan ROOFERS UNION LOCAL 30 COMBINED PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30	D Employer Identification Number (EIN) 23-6289069	

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

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

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

BENESYS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 51	NONE	238320	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)

PATRIOT FINANCIAL MANAGER, LP

100 MATSONFORD ROAD, SUITE 210
RADNOR, PA 19087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	195651	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)

CHARTWELL INVESTMENT PARTNERS

1205 WESTLAKES DRIVE, 100
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	145961	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)

HORIZON ACTUARIAL SERVICES

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 51	NONE	107413	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)

PFM ASSET MANAGEMENT

23-3087064

(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?
16 50	NONE	96250	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)

ATLANTA SOSNOFF

20-0461050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	80062	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)

PRISA

C/O PGIM, 7 GIRALDA FARMS
MADISON, NJ 07940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	60601	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)

PNC INSTITUTIONAL INVESTMENTS

25-1211909

(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 50	NONE	32729	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)

MSPC

22-2951202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29790	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)

SUSANIN, WIDMAN & BRENNAN

23-2265950

(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	28257	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)

XPAN LAW PARTNER

4 N MAPLE AVE
MARLTON, NJ 08053

(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	17613	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)

CLEARY, JOSEM & TRIGIANI LLP

325 CHESTNUT STREET, SUITE 200
PHILADELPHIA, PA 19106

(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	16834	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"/>

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.
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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 <u>ROOFERS UNION LOCAL 30 COMBINED PENSION FUND</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>JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30</u>	D Employer Identification Number (EIN) <u>23-6289069</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>		
c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5491585</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARISTOTLE INTERNATIONAL EQUITY CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>81-2704975-095</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7165121</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DOUBLELINE CORE PLUS FIXED INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST</u>		
c EIN-PN <u>90-6169542-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14867961</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <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 ROOFERS UNION LOCAL 30 COMBINED PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30	D Employer Identification Number (EIN) 23-6289069

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
Assets			
a Total noninterest-bearing cash	1a	577245	89656
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1001302	995888
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1093729	1189346
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2528282	8936358
(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)	30749632	35097604
(5) Partnership/joint venture interests	1c(5)	14011514	15306975
(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)	21159903	22033082
(10) Value of interest in pooled separate accounts	1c(10)	6599033	5491585
(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)	76345197	79416904
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2786001	2777450

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	156851838	171334848
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	145936	320411
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	358136	47325
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	504072	367736
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	156347766	170967112

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)	13728205	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		13728205
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	169538	
(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)		169538
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	658474	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2966456	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3624930
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	22001875	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18561192	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3440683
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	9428196	
(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)		
c Other income	2c		18148
d Total income. Add all income amounts in column (b) and enter total.....	2d		30409700

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14526503	
(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)		14526503
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)	10444	
(2) Contract administrator fees	2i(2)	238320	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29790	
(5) Investment advisory and investment management fees	2i(5)	578525	
(6) Bank or trust company trustee/custodial fees	2i(6)	32729	
(7) Actuarial fees	2i(7)	108850	
(8) Legal fees	2i(8)	66258	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	198935	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1263851
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15790354

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		14619346
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MSPC CERTIFIED PUBLIC ACCOUNTANTS &**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 564486.

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

A Name of plan ROOFERS UNION LOCAL 30 COMBINED PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30	D Employer Identification Number (EIN) 23-6289069	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** **0**

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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 **ROBERT GANTER CONTRACTORS INC**

b EIN **23-3029454** **c** Dollar amount contributed by employer **2405119**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer **UNITED STATES ROOFING CORPORATION**

b EIN **23-1528668** **c** Dollar amount contributed by employer **2001551**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer **AETNA ROOFING CO**

b EIN **22-1860177** **c** Dollar amount contributed by employer **1332966**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

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

b EIN **23-3004559** **c** Dollar amount contributed by employer **1082311**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer **THOMAS ROOFING COMPANY**

b EIN **22-1801542** **c** Dollar amount contributed by employer **1020173**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer **PATRIOT ROOFING INC**

b EIN **22-3101723** **c** Dollar amount contributed by employer **954496**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **BELCHER ROOFING CORP**

b EIN **23-2293264** **c** Dollar amount contributed by employer **951143**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer **PALOMINO ROOFING CO**

b EIN **80-0391963** **c** Dollar amount contributed by employer **383588**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer **PRAWCO INC**

b EIN **22-3630826** **c** Dollar amount contributed by employer **348506**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer **TOWNE & COUNTRY ROOFING**

b EIN **23-2299558** **c** Dollar amount contributed by employer **243860**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **12.19**

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	1761
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	1844
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	1750

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	0.95
b The corresponding number for the second preceding plan year	15b	1.01

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 80.8 % Private Equity: 9.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 3.3 % Cash or Cash Equivalents: 5.3 % Other: 1.5 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Roofers Union Local 30
Combined Pension Plan
Philadelphia, Pennsylvania

Opinion

We have audited the financial statements of Roofers Union Local 30 Combined Pension 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, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Roofers Union Local 30 Combined Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with 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 Roofers Union Local 30 Combined Pension 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 Roofers Union Local 30 Combined Pension 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 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 Roofers Union Local 30 Combined Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Union Local 30 Combined Pension 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 audits.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 schedule, 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.

MSPC

MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 10, 2025

Schedule MB, Line 6

Summary of Plan Provisions

<i>Plan Name</i>	Roofers Union Local 30 Combined Pension Plan
<i>Plan Sponsor</i>	Board of Trustees of the Roofers Union Local 30 Combined Pension Plan
<i>EIN / PN</i>	23-6289069 / 001
<i>Effective Date and Most Recent Amendment</i>	The original effective date of the Plan is January 1, 1958. The Plan was most recently amended effective July 1, 2023.
<i>Plan Year</i>	The twelve-month period beginning January 1 and ending December 31.
<i>Employers</i>	A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.
<i>Participants</i>	Participation commences on the last day of the 12-month period in which 800 hours of service are completed (or the last day of any Plan Year the employee completed 800 hours of service).



Schedule MB, Line 6

Summary of Plan Provisions

Continuous Service

Continuous service: Sum of prior continuous service and prospective continuous service.

Prior continuous service: Number of years of work in covered employment for participants prior to January 1, 1958.

Prospective continuous service: Participants who complete at least 200 hours of service in a Plan Year after December 31, 1997 accrue a year of continuous service as follows:

- (a) For each Plan Year beginning January 1, 1958 and ending December 31, 2005:

Hours of Service During Plan Year	Prospective Continuous Service
Less than 200	0.00
200 or more	1.00

- (b) For each Plan Year beginning January 1, 2006 and thereafter:

Hours of Service During Plan Year	Prospective Continuous Service
Less than 250	0.00
250 to 499	0.25
500 to 749	0.50
750 to 999	0.75
1,000 or more	1.00

Effective June 1, 2001, continuous service includes service credited under the Local 124 Retirement Income Plan but only to determine if a participant is vested or is entitled to a retirement benefit.



Schedule MB, Line 6

Summary of Plan Provisions

Benefit Service Years of Benefit Service is through December 31, 1980, and is equal to (a) + (b).

(a) Includes service credited when the plan was established for employment prior to January 1, 1958.

(b) Years of Benefit Service for work during the period January 1, 1958 through December 31, 1980, shall be determined as follows:

- Determine the Average Hours of Service earned during the period by dividing the total number of hours of service by the total number of years of continuous service during the period.
- Obtain the participant's Average Prospective Service Credit based on the Average Hours of Service from the following table:

Average Hours of Service per Year of Continuous Service	Average Prospective Service Credit on December 31, 1980
Less than 200	0.00
200 to 399	0.25
400 to 599	0.50
600 to 799	0.75
800 or more	1.00

- Multiply the participant's Average Prospective Service Credit by the number of years of Prospective Continuous Service between January 1, 1958 and December 31, 1980.

Contribution Hours The number of hours a participant works in Covered Employment for which contributions were due to the Pension Plan.

Break in Services Completion of less than 200 hours of service in a Plan Year.
Note: For non-vested benefits, cancellation of Pension Credit occurs after five consecutive Break-in-Service years.

Normal Retirement Age A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation.



Schedule MB, Line 6

Summary of Plan Provisions

Normal Pension Eligibility A participant becomes eligible by attaining Normal Retirement Age.

Normal Pension – Amount of Benefit An Accrued Monthly Pension equal to the sum of benefits accrued under Plan A and Plan B, as noted below.

Plan A Benefit (for work attributable to commercial contracts):

A monthly benefit equal to the sum of (a), (b), (c), (d), (e), (f), (g), and (h) when applicable:

- (a) \$20.00 multiplied by the years of benefit service (pension for service prior to January 1, 1981).
- (b) \$0.055 for participants not active on July 1, 2000 or \$0.060 for participants who were active on July 1, 2000 multiplied by the participant’s contribution hours between January 1, 1981 and December 31, 1992.
- (c) \$0.060 multiplied by the participant’s contribution hours between January 1, 1993 and June 30, 2005.
- (d) \$0.055 multiplied by the participant’s contribution hours between July 1, 2005 and December 31, 2012.
- (e) \$0.040 multiplied by the participant’s contribution hours between January 1, 2013 and December 31, 2014.
- (f) \$0.030 multiplied by the participant’s contribution hours between January 1, 2015 and December 31, 2017.
- (g) \$0.045 multiplied by the participant’s contribution hours between January 1, 2018 and December 31, 2021.
- (h) \$0.055 multiplied by the participant’s contribution hours on or after January 1, 2022.



Schedule MB, Line 6

Summary of Plan Provisions

**Normal Pension –
Amount of Benefit
(cont.)**

Plan B Benefit (for work attributable to residential contracts):

A monthly benefit equal to the sum of (a), (b), (c), (d), (e), (f), (g), and (h) when applicable:

- (a) \$133.00 if the participant had total contribution hours, for all Plan Years prior to January 1, 1973, equal to 1500 or more.
- (b) \$0.040 multiplied by the participant's contribution hours between January 1, 1973 and June 30, 2005.
- (c) \$0.030 multiplied by the participant's contribution hours between July 1, 2005 and December 31, 2012.
- (d) \$0.022 multiplied by the participant's contribution hours between January 1, 2013 and December 31, 2014.
- (e) \$0.018 multiplied by the participant's contribution hours between January 1, 2015 and December 31, 2017.
- (f) \$0.025 multiplied by the participant's contribution hours between January 1, 2018 and December 31, 2021.
- (g) \$0.030 multiplied by the participant's contribution hours between January 1, 2022 and June 30, 2023.
- (h) \$0.033 multiplied by the participant's contribution hours on or after July 1, 2023.

**Special Early
Retirement Pension -
Eligibility**

To be eligible for this early retirement benefit, participants must meet the following two criteria:

- (a) Active participant as of December 31, 2002; and
- (b) At least age 50 with at least 20 years of continuous service.



Schedule MB, Line 6

Summary of Plan Provisions

***Service Pension –
Amount of Benefit***

Equal to (a) plus (b):

- (a) The Accrued Monthly Pension attributable to Active Participant Contribution Hours earned prior to July 1, 2005, as described in the above normal retirement section, reduced by 2% for each year that the benefit commencement date precedes the participant’s 55th birthday;
- (b) The Accrued Monthly Pension attributable to Active Participant Contribution Hours earned on or after July 1, 2005, reduced based on the following schedule:
 - i. For participants with 30 or more years of continuous service – a 5% reduction for each year that the benefit commencement for each year that date precedes age 55.
 - ii. For participants with 25 or more but less than 30 years of continuous service – a 5% reduction for each year that the benefit commencement date precedes age 60.
 - iii. For participants with 20 or more but less than 25 years of continuous service – a 5% reduction for each year that the benefit commencement date precedes age 62.

***Regular Early
Retirement Pension -
Eligibility***

For persons who were participating as of December 31, 2002, age 50 and the completion of five years of continuous service.

For persons who first became a participant on or after January 1, 2003, age 55 and completion of ten years of continuous service.



Schedule MB, Line 6

Summary of Plan Provisions

Regular Early Retirement Pension – Amount of Benefit

For pre-2003 participants with ten or more years of continuous service, the monthly pension is equal to the greater of (a) and (b):

- (a) Accrued Monthly Pension as of December 31, 2002 reduced 2% for each year the benefit commencement date precedes the participant’s 60th birthday. Increased actuarially after age 62, if required by law.
- (b) Accrued Monthly Pension attributable to his Active Participant Contribution Hours earned prior to July 1, 2005 as of the retirement date reduced 2% for each year the benefit commencement date precedes the participant’s 60th birthday, plus the Accrued Monthly Pension attributable to his Active Participant Contribution Hours earned on or after July 1, 2005 as of the retirement date reduced 5% for each year benefit commencement date precedes the participants’ 65th birthday.

For pre-2003 participants with less than ten years of continuous service, the monthly pension is equal to the greater of (a) and (b):

- (a) Accrued Monthly Pension as of December 31, 2002 reduced 2% for each year the the benefit commencement date precedes the participant’s 60th birthday. Increased actuarially after age 62, if required by law.
- (b) Accrued Monthly Pension as of the retirement date reduced for each year the the benefit commencement date precedes the participant’s 65th birthday according to the following schedule:

<u>Ages</u>	<u>% Reduction Per Year</u>
50-54	3%
55-59	4%
60-64	8%

For post 2002 participants, the monthly pension is equal to the Accrued Monthly Pension reduced for each year the the benefit commencement date precedes the participant’s 65th birthday according to the following schedule:

<u>Ages</u>	<u>% Reduction Per Year</u>
55-59	4%
60-64	8%



Schedule MB, Line 6

Summary of Plan Provisions

Disability Pension - Eligibility Disability of an active participant who is younger than age 65, completion of ten years of continuous service (seven years of continuous service if the onset of disability was prior to July 1, 2005) and qualification for disability benefits under the Federal Social Security Act after six months of disability.

Disability Pension – Amount of Benefit Accrued Monthly Pension as of the disability date.

Vested Benefit - Eligibility Completion of five years of continuous service or attainment of Normal Retirement Age.



Schedule MB, Line 6

Summary of Plan Provisions

***Vested Benefit –
Amount of Benefit***

Accrued Monthly Pension payable at the participant’s Normal Retirement Date.

Vested Retirement Benefit for persons who were participating as of December 31, 2002 (Pre-2003 participants)

Eligibility for Early Commencement:

Age 50 and the completion of five years of continuous service.

Benefit:

For pre-2003 participants with five or more years of continuous service, the monthly pension is equal to the greater of (a) and (b):

- (a) Accrued Monthly Pension as of December 31, 2002 reduced 3% for the first year the the benefit commencement date precedes the participant’s 62nd birthday and 2% thereafter. Increased actuarially after age 62, if required by law.
- (b) Accrued Monthly Pension as of the termination date reduced for each year the benefit commencement date precedes the participant’s 65th birthday according to the following schedule:

<u>Ages</u>	<u>% Reduction Per Year</u>
50 – 54	3%
55 – 59	4%
60 – 64	8%

Vested Retirement Benefit for persons who first became a participant on or after January 1, 2003 (Post-2002 participants)

Eligibility for Early Commencement:

Age 55 and the completion of ten years of continuous service.

Benefit:

For post-2002 participants the monthly pension is equal to the Accrued Monthly Pension reduced for each year the benefit commencement date precedes the participant’s 65th birthday according to the following schedule:

<u>Ages</u>	<u>% Reduction Per Year</u>
55-59	4%
60-64	8%



Schedule MB, Line 6

Summary of Plan Provisions

Pre-Retirement Single Sum Death Benefits – Amount of Benefit At the death of an active participant, a single sum death benefit shall be payable to the participant’s beneficiary in accordance with (a) or (b) below, whichever is applicable:

- (a) If a pre-retirement surviving spouse benefit is payable, a single sum equal to \$4,000 is payable.
- (b) If a pre-retirement surviving spouse benefit is not payable, a single sum equal to the greater of (i) 60 times the Accrued Monthly Pension and (ii) \$15,000 is payable.

Pre-Retirement Surviving Spouse Death Benefits - Eligibility At the death of a married participant who is vested in a pension benefit but not currently receiving benefits.



Schedule MB, Line 6

Summary of Plan Provisions

***Pre-Retirement
Surviving Spouse
Death Benefits –
Amount of Benefit***

The benefit payable is in accordance with (a) or (b) below, whichever is applicable:

- (a) For participants who are eligible for Early Retirement at death, the benefit equals 100% of the participant’s Accrued Monthly Pension payable to the surviving spouse on the first day of the month following the month in which the death occurred. If the surviving spouse does not survive to collect at least 120 pension payments, at the death of the spouse a single sum death benefit will be paid to the beneficiary named by the spouse in an amount equal to the product of (i) and (ii) below:
 - (i) 120, minus the number of monthly pension payments received by the spouse prior to death; and
 - (ii) the monthly pension amount being paid to the spouse prior to death.

- (b) For participants who are not eligible for Early Retirement at death, the benefit equals an amount as if the participant had survived to their earliest retirement age, retired at that age electing a Joint and Survivor 100% option, and then died. The amount payable to the surviving spouse shall not be less than the actuarial equivalent of the product of (i) and (ii) below:
 - (i) 60; and
 - (ii) the Accrued Monthly Pension.

***Post Retirement
Death Benefits -
Eligibility***

Eligibility for a vested benefit.



Schedule MB, Line 6

Summary of Plan Provisions

**Post Retirement
Death Benefits –
Amount of Benefit**

At the death of a vested participant who was receiving a pension, a single sum death benefit shall be payable to the beneficiary of such participant equal to the greater of (a) and (b):

- (a) \$2,000.
- (b) The product of (i) 60, minus the number of pension payments received by the vested participant prior to the date of death, and (ii) the vested participant’s Accrued Monthly Pension.

Item (a) does not apply to a participant who is receiving a vested benefit but did not receive a normal, disability, or early retirement benefit.

Forms of Payment

Normal Form

A straight life annuity. If the participant is married, the benefit is actuarially reduced to a joint and 50% survivor annuity with the spouse as co-pensioner.

Optional Forms

- (a) Social Security Level Income Option – This form of benefit payment is not available in years when the Plan is in Critical Status.
- (b) 75% Joint and Contingent Annuity, with spouse as co-pensioner.

Actuarial Equivalence

Benefits under optional forms of payment are converted from the amount payable under the straight life annuity, based on assumptions of 8.0% interest and the Unisex Pension Mortality Table (UP-84), with the beneficiary’s age set back four years and the Employee’s age set forward one year.

Contribution Rates

Hourly contributions rates are as follows:

	Work Type	
	Plan A	Plan B
May 25, 2011 – April 30, 2012	\$10.69	\$5.50
May 1, 2012 – April 30, 2013	\$11.44	\$5.75
May 1, 2013 – April 30, 2014	\$12.19	\$5.75
May 1, 2014 – April 30, 2015	\$12.19	\$6.25
May 1, 2015 – April 30, 2017	\$12.19	\$7.24
May 1, 2017 & thereafter	\$12.19	\$7.29



Schedule MB, Line 6

Summary of Plan Provisions

Change in Plan Provisions None.



**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b)	(c)	(d)	(e)	
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Interest Bearing Cash:					
	Federated Hermes Govt Oblig Prem Shs #117	7,573,624	4.39%	\$ 7,573,624	\$ 7,573,624
	PNC Bank Money Market	1,362,734	VAR	1,362,734	1,362,734
	Total Interest Bearing Cash			<u>8,936,358</u>	<u>8,936,358</u>
Common Stock:					
	AAR Corp	1,492		58,749	91,430
	Abbott Laboratories Inc	2,939		161,361	332,430
	AbbVie Inc	1,423		202,183	252,867
	Adobe Inc	468		176,702	208,110
	Air Lease Corp	2,063		105,373	99,457
	Air Products & Chemicals Inc	714		161,824	207,089
	Alphabet Inc	5,740		619,360	1,093,126
	American Electric Power Inc	4,357		346,672	401,846
	American Tower Corp	2,634		538,275	483,102
	Amphenol Corp New	8,495		333,666	589,978
	Ares Capital Corp	16,473		304,587	360,594
	Ashland Inc	1,016		77,588	72,603
	AT&T Inc	16,031		294,608	365,026
	Avient Corporation	2,064		86,148	84,335
	Baker Hughes Company	3,573		106,574	146,564
	Bank of America Corp	6,093		209,419	267,787
	BHP Group LTD	5,034		265,549	245,810
	Black Hills Corp	1,837		102,661	107,501
	Blackbaud Inc	1,087		86,123	80,351
	Blackstone Inc	1,238		136,914	213,456
	Boeing Co	3,775		204,776	229,860
	Cactus Inc	2,328		79,622	135,862
	ChampionX Corporation	5,122		121,931	139,267
	Chubb LTD	1,150		233,856	317,745
	CNX Resources Corp	3,294		79,443	120,791
	Coca Cola Co	4,739		243,140	295,050
	Columbia Bkg Sys Inc	5,454		137,844	147,313
	Columus McKinnon Corp NY	5,288		219,037	196,925
	Crown Castle Inc	2,122		286,961	192,593
	CTS Corp	1,746		57,222	92,067
	Cushman & Wakefield PLC	14,688		152,943	192,119
	CVB Financial Corp	6,779		113,718	145,138
	Danaher Corp	635		154,485	145,764
	Danaher Corp	3,300		737,719	757,515
	Diamond Back Energy Inc	1,121		177,651	183,653
	Diodes Inc	1,832		89,706	112,979
	Dollar General Corp	2,313		423,974	175,372
	Duke Energy Holding Corp	1,711		167,314	184,343

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Ecolab Inc	2,219	362,817	519,956
	Edgewell Personal Car Co	3,586	133,515	120,490
	Element Solutions Inc	4,996	97,197	127,048
	Eli Lilly & Co	221	166,754	170,612
	Emerson Electric Co	2,191	156,084	271,531
	Enovis Corp	3,084	164,667	135,326
	Enpro Inc	987	56,254	170,208
	Envista Holdings Corp	3,967	78,865	76,523
	Expand Energy Corp	4,378	326,590	435,830
	Exxon Mobil Corp	2,082	125,594	223,961
	F.N.B. Corp PA	11,116	118,550	164,294
	FedEx Corporation	584	153,851	164,297
	First Financial Bancorp	4,513	116,261	121,309
	First INDL Realty Trust Inc	1,436	33,467	71,987
	Four Corners Property Trust	3,567	96,042	96,808
	Gaming and Leisure Prope	3,474	165,161	167,308
	Gartner INC	1,042	333,125	504,818
	Gates Industrial Corp PLC	7,994	125,749	164,437
	General Motors Co	5,177	200,566	275,779
	Goldman Sachs Group Inc	399	130,170	228,475
	Helen of Troy Limited	949	97,333	56,779
	Helios Technologies Inc	1,493	79,051	66,648
	Hess Corporation	1,474	146,464	196,057
	Hewlett Packard Enterprise Co	11,480	192,937	245,098
	Highwoods PPTYS Inc	2,788	97,935	85,257
	Hub Group Inc	2,948	65,197	131,363
	Ichor Holdings LTD	4,441	147,702	143,089
	Independent Bank Group Inc	1,662	104,830	100,834
	Independence Realty Trust Inc	4,811	86,492	95,450
	Integer Holdings Corporation	798	66,136	105,751
	Intercontinental Exchange Inc	817	103,128	121,741
	Intercontinental Exchange Inc	1,923	206,846	286,546
	Intuit Software	947	411,497	595,190
	IPG Photonics Corp	1,348	101,855	98,027
	Jack in the Box Inc	2,836	195,433	118,091
	JBT Marel Corporation	1,422	137,039	180,736
	Johnson & Johnson	2,294	328,136	331,758
	JPMORGAN Chase & Co	1,684	93,513	403,672
	Kemper Corp	3,140	205,266	208,622
	Keurig Dr Pepper Inc	6,235	192,526	200,268
	Kite Realty Group Trust	5,991	138,716	151,213
	Korn Ferry	1,961	61,970	132,269
	Malibu Boats Inc	3,390	129,724	127,430
	Marsh&McLennan	1,141	198,225	242,360
	MasterCard Inc	1,531	578,169	806,179

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Marvell Technology Group LTD	2,269	148,801	250,611
	Matador Resources Co	1,965	119,075	110,551
	McDonald's Corp	787	225,859	228,143
	Merck & Co Inc	2,760	191,352	274,565
	Methanex Corp	4,549	223,549	227,177
	Meuller Water Products Inc	4,515	50,519	101,588
	Micron Technology Inc	3,893	305,407	327,635
	Microsoft Corp	338	27,224	142,467
	Microsoft Corp	2,038	587,368	859,017
	Minerals Technologies Inc	2,296	128,008	174,978
	MOOG Inc	465	40,878	91,531
	Morgan Stanley	3,036	138,598	381,686
	New Linde PLC	1,096	396,120	458,862
	Nomad Foods LTD	6,461	110,875	108,416
	Northrop Grumman Corporation	444	201,681	208,365
	Northwestern Energy Group Inc	2,500	151,000	133,650
	Old National Bancorp Indiana	9,627	139,472	208,954
	Oxford Industries Inc	814	62,818	64,127
	Pacific Premier Bancorp Inc	4,899	97,581	122,083
	Patterson Cos Inc	5,650	109,989	174,359
	Patterson-UTI Energy Inc	7,425	67,873	61,331
	PayPal Holdings Inc	3,095	238,562	264,158
	Pebblebrook Hotel Trust	7,917	167,361	107,275
	Philip Morris International	3,140	267,181	377,899
	Plexcus Corp	614	23,692	96,079
	PNC Financial Services Group Inc	1,407	187,621	271,340
	PPL Corporation	7,885	198,625	255,946
	PRA Group Inc	5,248	143,972	109,631
	Primo Water Corp	5,188	74,961	159,635
	Procter & Gamble Co	1,176	127,619	197,156
	Progress Software Corp	2,055	51,580	133,883
	Provident Financial Services	6,380	118,415	120,391
	Renasant Corp	4,414	135,857	157,801
	Rush Enterprises Inc	2,661	25,051	145,796
	Ryman Hospitality PPTYs Inc	1,127	88,200	117,591
	S&P Global Inc	1,369	502,707	681,803
	Sandy Spring Bancorp Inc	2,744	102,406	92,500
	Selective Insurance Group Inc	1,686	84,970	157,675
	Six Flags Entertainment Corp	3,399	136,314	163,798
	Stag Industries	3,143	83,265	106,296
	Sun CMNTYS Inc	1,918	234,905	235,856
	Thermo Fisher Scientific Inc	1,482	845,723	770,981
	TJX Companies Inc	5,135	397,518	620,359
	Towne Bank	4,918	135,877	167,507
	Treehouse Foods Inc	4,890	195,216	171,786

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Tri Pointe Homes Inc	2,160	27,912	78,322
	Trimas Corp	3,273	82,744	80,483
	TXNM Energy Inc	4,606	196,660	226,477
	Unifirst Corp	682	123,220	116,683
	Union Pacific Corp	1,095	257,679	249,704
	United Bankshared Inc	4,249	143,330	159,550
	United Community Banks	4,171	89,663	134,765
	UnitedHealth Group Inc	620	291,132	313,633
	Verisign Inc	1,823	333,446	377,288
	Verisk Analytics Inc	1,890	362,394	520,563
	Verizon Communications Inc	13,173	647,330	526,788
	VISA Inc	4,086	967,068	1,291,339
	Visteon Corp	1,748	192,971	155,083
	Waste Management Inc	1,193	180,972	240,735
	Wesco International Inc	14,566	387,946	371,724
	Xylem Inc	3,220	331,388	373,584
	Zoetis Inc	3,550	615,031	578,402
	Total Common Stock		<u>28,685,608</u>	<u>35,097,604</u>
	Mutual Funds:			
	American Century High Income Fund	873,297	8,133,628	7,545,289
	Aristotle Floating Rate Income Fund	876,661	8,846,892	8,345,816
	Clearbridge Mid Cap Growth	213,109	5,750,321	9,534,490
	Invesco Eqv International	380,320	10,519,863	8,344,217
	Metropolitan West FDS Total Return Bond Fund	1,665,540	17,603,393	14,773,342
	Vanguard Developed Markets	455,218	5,405,849	7,001,247
	Vanguard Index Trust	169,249	7,886,290	23,872,503
	Total Mutual Funds		<u>64,146,236</u>	<u>79,416,904</u>
	Common Collective Trusts:			
	Aristotle Intl Equity CIT	469,844	5,642,827	7,165,121
	COL Doubleline Cort PL Fixed Income	1,238,997	13,359,756	14,867,961
	Total Common Collective Trusts		<u>19,002,583</u>	<u>22,033,082</u>
	Partnerships/Joint Venture:			
	Boyd Watterson GSA Fund LP	3,617	3,140,257	3,619,346
	Patriot Financial Partners III LP	6,542,447	4,112,579	6,733,669
	Patriot Financial Partners IV LP	4,857,979	4,250,000	4,953,960
	Total Partnerships/Joint Venture		<u>11,502,836</u>	<u>15,306,975</u>

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
Hedge Fund:				
	Golub Capital Partners International 14, L.P.	2,644,587	<u>2,188,862</u>	<u>2,777,450</u>
Pooled Separate Account:				
	PRISA	70	<u>3,470,000</u>	<u>5,491,585</u>
	Totals		<u>\$ 137,932,483</u>	<u>\$ 169,059,958</u>

See Independent Auditors' Report

Schedule MB, Line 8b(2)

Schedule of Active Participant Data

Distribution of Active Participants

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

Age	Years of Credited Service										Total	
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +		
Under 25	21	30	3	-	-	-	-	-	-	-	-	54
25 - 29	12	28	16	3	-	-	-	-	-	-	-	59
30 - 34	14	54	36	19	2	-	-	-	-	-	-	125
35 - 39	10	38	36	16	12	1	-	-	-	-	-	113
40 - 44	8	32	32	16	22	16	1	-	-	-	-	127
45 - 49	6	9	15	14	21	7	7	1	-	-	-	80
50 - 54	4	13	10	16	9	8	8	9	6	-	-	83
55 - 59	1	4	8	6	8	12	5	4	12	3	-	63
60 - 64	-	3	2	8	8	4	3	4	12	10	-	54
65 - 69	-	-	1	-	2	3	-	-	2	5	-	13
70 +	-	-	-	-	-	1	-	-	-	-	-	1
Total	76	211	159	98	84	52	24	18	32	18	-	772

Notes

- Active participants with unknown dates of birth are assumed to be the average age for active participants with known dates of birth for the valuation. As of January 1, 2024, there were no active participants with an unknown date of birth in the data.
- Active participants with unknown gender are assumed to be male for the valuation. As of January 1, 2024, there were no active participants with unknown gender in the data.



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024 Period	Outstanding at 1/1/2024 Balance	Annual Payment
Amendment	1/1/1998	30.00	\$ 372,145	4.00	\$ 106,162	\$ 29,292
Amendment	1/1/1999	30.00	639,587	5.00	220,154	50,181
Assumption	1/1/2005	30.00	3,022,653	11.00	1,870,407	233,114
Assumption	1/1/2007	30.00	3,881,321	13.00	2,665,613	298,078
ENIL (2008)	1/1/2009	29.00	12,851,738	14.00	9,303,355	994,198
ENIL (2008)	1/1/2010	28.00	1,155,449	14.00	844,917	90,291
ENIL (2008)	1/1/2011	27.00	1,106,588	14.00	818,135	87,430
Exper Loss	1/1/2011	15.00	1,175,392	2.00	237,932	122,989
Exper Loss	1/1/2012	15.00	5,111,878	3.00	1,497,735	533,379
ENIL (2008)	1/1/2012	26.00	1,191,426	14.00	891,482	95,268
Assumption	1/1/2013	15.00	4,523,106	4.00	1,705,790	470,652
ENIL (2008)	1/1/2013	25.00	4,933,039	14.00	3,739,751	399,646
ENIL (2008)	1/1/2014	24.00	3,808,758	14.00	2,930,542	313,170
Exper Loss	1/1/2015	15.00	4,012,499	6.00	2,121,357	415,937
Assumption	1/1/2015	15.00	6,464,708	6.00	3,417,812	670,133
Exper Loss	1/1/2016	15.00	4,551,596	7.00	2,715,812	470,961
Exper Loss	1/1/2017	15.00	3,831,966	8.00	2,528,871	395,798
Exper Loss	1/1/2018	15.00	4,693,114	9.00	3,373,497	483,913
Exper Loss	1/1/2019	15.00	4,695,295	10.00	3,632,341	483,330
Exper Loss	1/1/2020	15.00	2,511,290	11.00	2,070,825	258,093
Assumption	1/1/2021	15.00	8,884,288	12.00	7,747,669	911,633
Amendment	1/1/2022	15.00	475,570	13.00	436,395	48,799
Exper Loss	1/1/2023	15.00	2,716,619	14.00	2,608,512	278,757
Exper Loss	1/1/2024	15.00	1,126,800	15.00	1,126,800	115,623
Total Charges					\$ 58,611,866	\$ 8,250,665

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h (cont.)

Schedule of Funding Standard Account Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024 Period	Outstanding at 1/1/2024 Balance	Annual Payment
Amendment	1/1/2005	30.00	\$ 136,506	11.00	\$ 84,473	\$ 10,528
Exper Gain	1/1/2010	15.00	7,198,017	1.00	755,361	755,361
Exper Gain	1/1/2013	15.00	411,450	4.00	155,168	42,814
Exper Gain	1/1/2014	15.00	1,335,140	5.00	608,335	138,660
Exper Gain	1/1/2021	15.00	3,133,132	12.00	2,732,294	321,496
Exper Gain	1/1/2022	15.00	5,400,989	13.00	4,956,083	554,205
Total Credits					\$ 9,291,714	\$ 1,823,064
Net Total					\$ 49,320,152	\$ 6,427,601

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	2008 Plan Year Eligible net investment loss under the Pension Relief Act of 2010
ENIL (2009)	2009 Plan Year Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases



Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

Changes in Actuarial Assumptions and Methods

Since the prior valuation, the following assumptions have been changed:

Current Liability:

- The Current Liability interest rate was increased from 2.55% to 3.29%, and the mortality tables used were updated in accordance with the change in the IRS prescribed rates.

Justification for Changes in Assumptions

The changes in the actuarial assumptions were prescribed by law.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name Roofers Union Local 30 Combined Pension Plan

Plan Sponsor Board of Trustees of the Roofers Union Local 30 Combined Pension Plan

EIN / PN 23-6289069 / 001

Interest Rates 7.00% per annum, compounded annually, net of investment expense for determining costs and liabilities.

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan’s asset allocation and investment policy as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC, and the expectations of the Plan’s investment advisor. The ultimate selection of the interest rate is the actuary’s best estimate and reflects professional judgment.

3.29% per annum for determining Current Liability.

The discount rate used for Current Liability is the top of the range prescribed by the Internal Revenue Service.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Age

Retirement Rates per 100 participants

Age	Active Participants	Pre-2003 Inactive Vested Participants	Post-2002 Inactive Vested Participants
50	2.50	0.00	0.00
51	2.50	0.00	0.00
52	2.50	0.00	0.00
53	2.50	0.00	0.00
54	2.50	0.00	0.00
55	10.00	0.00	0.00
56	10.00	0.00	0.00
57	10.00	0.00	0.00
58	10.00	0.00	0.00
59	10.00	100.00	0.00
60	15.00	100.00	0.00
61	25.00	100.00	0.00
62	15.00	100.00	100.00
63	15.00	100.00	100.00
64	25.00	100.00	100.00
65	100.00	100.00	100.00

These assumptions were based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment.

The weighted average retirement age for active participants is age 61. This average is based on the active population in the January 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Operating Expenses

Operating expenses are assumed to be the average of the prior two years’ actual operating expenses, increased by 2%. The amount included for the 2024 plan year for operating expenses is \$687,670, assuming expenses are paid at the beginning of the year and is added as a load to the normal cost.

The annual operating expenses were based on historical and current information and reflect anticipated future experience and professional judgment.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Hours Worked Hours of service in future years is assumed to be the same as a participant’s prior Plan Year’s Plan A and Plan B actual hours.

Active Participant For valuation purposes, an active participant is a participant who worked at least 250 hours in the most recent Plan Year and had not retired as of the valuation date.

Non-Disabled Mortality *Participants & Beneficiaries:*

Sex distinct PRI-2012 tables with blue collar adjustment for participants and spouses, set forward 2 years for both males and females, projected generationally with 50% of Scale MP-2020.

The mortality assumptions, including future improvement, were chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflect anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality Sex distinct PRI-2012 Disabled tables, set forward 2 years for both males and females, projected generationally with 50% of Scale MP-2020.

The mortality assumptions, including future improvement, were chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflect anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Disability 150% of the disability incidence rates (males and females combined) developed by the Society of Actuaries Committee on mortality and morbidity experience as published in Society of Actuary 1979 reports.

The disability incidence assumption was chosen based on a review of standard tables, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

Withdrawal Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates

Age	Rate (%)
20	30
25	20
30	10
35	8
40	6
45	4
50	2
55	0
60	0

Reemployment It is assumed that participants will not be reemployed following a break in service.

Form of Payment All single participants are assumed to elect a single life annuity. All married participants are assumed to elect a 50% Joint and Survivor Annuity.

Marriage 80% of non-retired participants are assumed to be married.

Spouse Ages Male spouses are assumed to be three years older than the female spouse.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Cost Method The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Valuation Method The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the Plan Year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Participant Data Valuation data was supplied electronically as of the valuation date by Benesys, Inc.

Missing or Incomplete Participant Data There were no participants missing a date of birth as of the valuation date.
There were no participants missing a gender as of the valuation date.
Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial Information Assets were prepared by Moore Stephens, P.C. as of the valuation date.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.



Schedule MB – Statement by Enrolled Actuary

Plan Sponsor	Joint Board of Trustees, Roofers Union Local 30 Pension Plan
EIN / PN	23-6289069 / 001
Plan Year	Beginning January 1, 2024 and ending December 31, 2024
Plan Name	Roofers Union Local 30 Combined Pension Plan (the "Plan")
Enrolled Actuary	Mary Ann Dunleavy
Enrollment Number	23-08148

Actuarial assumptions:

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

Census data and financial information:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information provided by the plan administrator and/or auditor.

Attachments to this Schedule MB include:

1. A statement of actuarial assumptions and cost methods, as required under Line 6.
2. A summary of principal eligibility and benefit provisions, as required under Line 6.
3. A schedule of projection of expected benefit payments, as required under Line 8b(1).
4. A schedule of active participant data, as required under Line 8b(2).
5. A schedule of projection of employer contributions and withdrawal liability payments, as required under Line 8b(3).
6. A schedule of amortization bases, as required under Lines 9c and 9h.
7. An explanation of prior year credit balance discrepancy, as required under Line 9f.
8. Justification for Change in Actuarial Assumptions, as required under Line 11.

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Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active	Inactive	Retired Participants	Total
	Participants	Vested Participants	and Beneficiaries	
2024	914,080	896,802	14,155,075	15,965,957
2025	1,445,375	926,543	13,824,864	16,196,782
2026	1,891,623	987,794	13,464,370	16,343,787
2027	2,253,878	1,037,095	13,071,558	16,362,531
2028	2,626,800	1,092,645	12,635,329	16,354,774
2029	2,892,713	1,142,502	12,185,557	16,220,772
2030	3,102,615	1,232,264	11,743,805	16,078,684
2031	3,274,525	1,328,635	11,288,571	15,891,731
2032	3,417,478	1,366,735	10,820,813	15,605,026
2033	3,547,980	1,399,998	10,341,492	15,289,470
2034	3,655,036	1,438,293	9,851,640	14,944,969
2035	3,754,492	1,430,804	9,352,448	14,537,744
2036	3,821,299	1,432,173	8,845,328	14,098,800
2037	3,865,636	1,444,639	8,331,950	13,642,225
2038	3,910,227	1,463,882	7,814,252	13,188,361
2039	3,930,107	1,438,186	7,294,358	12,662,651
2040	3,946,527	1,429,304	6,774,607	12,150,438
2041	3,950,700	1,417,081	6,257,584	11,625,365
2042	3,947,619	1,404,820	5,746,121	11,098,560
2043	3,929,739	1,388,992	5,243,265	10,561,996
2044	3,916,550	1,366,456	4,752,231	10,035,237
2045	3,890,646	1,355,317	4,276,316	9,522,279
2046	3,837,131	1,335,276	3,818,824	8,991,231
2047	3,790,326	1,304,126	3,382,996	8,477,448
2048	3,759,993	1,273,118	2,971,884	8,004,995

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.



Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	3,723,493	1,223,455	2,588,200	7,535,148
2050	3,619,626	1,192,010	2,234,141	7,045,777
2051	3,515,409	1,142,599	1,911,226	6,569,234
2052	3,425,652	1,091,016	1,620,226	6,136,894
2053	3,306,933	1,043,049	1,361,120	5,711,102
2054	3,196,209	990,570	1,133,144	5,319,923
2055	3,123,843	941,449	934,888	5,000,180
2056	2,995,689	884,483	764,454	4,644,626
2057	2,860,608	826,177	619,598	4,306,383
2058	2,735,505	769,458	497,854	4,002,817
2059	2,597,019	716,977	396,654	3,710,650
2060	2,446,994	663,975	313,427	3,424,396
2061	2,318,991	613,078	245,695	3,177,764
2062	2,189,565	564,415	191,130	2,945,110
2063	2,043,252	518,085	147,598	2,708,935
2064	1,916,962	474,148	113,192	2,504,302
2065	1,785,853	432,619	86,236	2,304,708
2066	1,656,745	393,481	65,288	2,115,514
2067	1,530,606	356,688	49,136	1,936,430
2068	1,406,244	322,178	36,769	1,765,191
2069	1,287,240	289,882	27,363	1,604,485
2070	1,173,173	259,727	20,255	1,453,155
2071	1,064,682	231,642	14,912	1,311,236
2072	961,829	205,559	10,915	1,178,303
2073	864,681	181,420	7,936	1,054,037

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.



Schedule MB, Line 8b(3)

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	11,904,671	0	11,904,671
2025	11,904,671	0	11,904,671
2026	11,904,671	0	11,904,671
2027	11,904,671	0	11,904,671
2028	11,904,671	0	11,904,671
2029	11,904,671	0	11,904,671
2030	11,904,671	0	11,904,671
2031	11,904,671	0	11,904,671
2032	11,904,671	0	11,904,671
2033	11,904,671	0	11,904,671

Notes

- The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- Based on the information provided by the Trustees, it was assumed that hours will be 1.0 million in 2024 and future years.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) and participation agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The Plan is not assumed to receive future withdrawal liability payments.



Schedule MB, Line 9f

Explanation of Prior Year Credit Balance/Funding Deficiency Discrepancy

The 2023 Funding Standard Account, as reported on the 2023 Form 5500 Schedule MB, is restated to reflect the adjustment to the contributions for the Plan Year ended 12/31/2023 included in the final audit of the Plan's assets.

Schedule MB, Line 9 - Funding Standard Account for 2023

Funding Standard Account	Originally Stated on the 2023 Schedule MB	Restated to reflect the adjustment to the contributions for the Plan Year ended 12/31/2023
<i>1. Charges to Funding Standard Account</i>		
a. Prior Year Funding Deficiency, if any	\$ 0	\$ 0
b. Normal Cost	2,651,516	2,651,516
c. Amortization Charges	8,588,399	8,588,399
d. Interest on as Applicable	786,794	786,794
e. Total Charges	<u>\$ 12,026,709</u>	<u>\$ 12,026,709</u>
<i>2. Credits to Funding Standard Account</i>		
f. Prior Year Credit Balance, if any	\$ 24,202,379	\$ 24,202,379
g. Employer Contributions	13,354,952	13,326,442
h. Amortization Credits	1,823,064	1,823,064
i. Interest as Applicable	2,289,204	2,288,206
j. Full Funding Limitation	0	0
k. Waived Funding Deficiency	0	0
l. Total Credits	<u>\$ 41,669,599</u>	<u>\$ 41,640,091</u>
<i>3. m. Credit Balance or Funding Deficiency (2.i. - 2.e.)</i>	\$ 29,642,890	\$ 29,613,382



ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023

MSPC
Certified Public
Accountants and Advisors, P.C.



An independent firm associated with
Moore Global Network Limited

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Roofers Union Local 30
Combined Pension Plan
Philadelphia, Pennsylvania

Opinion

We have audited the financial statements of Roofers Union Local 30 Combined Pension 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, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Roofers Union Local 30 Combined Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with 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 Roofers Union Local 30 Combined Pension 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 Roofers Union Local 30 Combined Pension 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 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 Roofers Union Local 30 Combined Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Union Local 30 Combined Pension 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 audits.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 schedule, 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.

MSPC

MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 10, 2025

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
<i>Assets:</i>		
Investments at Fair Value:		
Interest Bearing Cash	\$ 8,936,358	\$ 2,528,282
Common Stock	35,097,604	30,749,632
Mutual Funds	79,416,904	76,345,197
Pooled Separate Account	5,491,585	6,599,033
Partnerships/Joint Ventures	15,306,975	14,011,514
Common Collective Trusts	22,033,082	21,159,903
Hedge Fund	<u>2,777,450</u>	<u>2,786,001</u>
Investments at Fair Value	<u>169,059,958</u>	<u>154,179,562</u>
Receivables:		
Employers' Contributions	995,888	1,001,302
Accrued Interest and Dividends	239,717	187,629
Miscellaneous Receivable	<u>696</u>	<u>--</u>
Total Receivables	<u>1,236,301</u>	<u>1,188,931</u>
Prepaid Expenses	<u>948,933</u>	<u>906,100</u>
Cash	<u>89,656</u>	<u>577,245</u>
Total Assets	<u>171,334,848</u>	<u>156,851,838</u>
<i>Liabilities:</i>		
Accrued Expenses	320,411	145,936
Due to Related Funds	47,325	331,747
Unsettled Trades Payable	<u>--</u>	<u>26,389</u>
Total Liabilities	<u>367,736</u>	<u>504,072</u>
Net Assets Available for Benefits	<u>\$ 170,967,112</u>	<u>\$ 156,347,766</u>

See Accompanying Notes to Financial Statements.

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

	<u>Years ended</u> <u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 12,868,879	\$ 13,806,255
Interest and Dividends	<u>3,794,468</u>	<u>3,067,760</u>
Totals	16,663,347	16,874,015
Less: Investment Manager Fees	<u>515,004</u>	<u>324,901</u>
Net Investment Income	16,148,343	16,549,114
Employers' Contributions	13,728,205	13,326,442
Other Income	<u>18,148</u>	<u>7,002</u>
Total Additions	<u>29,894,696</u>	<u>29,882,558</u>
Deductions from Net Assets Attributed to:		
Benefits Paid Directly to Participants		
	<u>14,526,503</u>	<u>14,220,757</u>
Administrative Expenses:		
Third Party Administrator	238,320	238,320
Actuarial	108,850	110,750
PBGC Insurance	96,311	74,690
Investment Consultant	96,250	90,750
Legal	66,258	51,362
Bank Charges	45,258	37,765
Accounting	28,250	22,000
Insurance	22,844	22,402
Employee Benefits	14,488	13,126
Salaries	10,444	13,854
Postage and Printing	7,434	6,278
Computer	4,686	5,151
Conference and Meetings	4,017	4,096
Office	2,484	2,880
Payroll Audits	1,540	366
Payroll Taxes	786	1,121
Storage	<u>627</u>	<u>673</u>
Total Administrative Expenses	<u>748,847</u>	<u>695,584</u>
Total Deductions	<u>15,275,350</u>	<u>14,916,341</u>
Net Increase in Net Assets Available for Benefits	14,619,346	14,966,217
Net Assets Available for Benefits - Beginning of Years	<u>156,347,766</u>	<u>141,381,549</u>
Net Assets Available for Benefits - End of Years	<u>\$170,967,112</u>	<u>\$156,347,766</u>

See Accompanying Notes to Financial Statements.

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(1) Description of the Plan

The following brief description of the Roofers Union Local 30 Combined Pension Plan (the "Plan"), provides only general information. Participants should refer to the Plan document for more complete information.

General - The Plan is a multiemployer defined benefit pension plan formed under collective bargaining agreements covering both commercial and residential roofing between the Roofing Contractors' Association of Philadelphia and Vicinity (the "Employers"), the Delaware Valley Roofing Contractors' Association and Local No. 30 (the "Union"), affiliated with the AFL-CIO. The Plan covers substantially all the employees under the terms of the collective bargaining agreement between the Employers and the Union. The Plan is administered by a Board of Trustees, comprised of Union officials and management of the employers. The Trustees have overall responsibility for the operation and administration of the Plan, including the appropriateness of the Plan's investment elections and monitoring investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Funding Policy - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the IRC. Hourly contribution rates vary by collective bargaining agreements from \$7.29 to \$12.19. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024.

Vesting - Participants become vested upon completion of five years of continuous service.

Pension Benefits - The Plan provides pension benefits to participants for normal, early or disability retirement, and to participants' beneficiaries for death benefits. The terms of all benefits provided are in greater detail in the Summary Plan Description.

Participants may receive an unreduced normal retirement benefit after they have reached the normal retirement age of 65 and attained their fifth anniversary as a plan participant.

Participants may retire prior to their normal retirement age and receive a reduced benefit if they satisfy certain age and service conditions.

Participants may receive a disability benefit if they meet all of the following conditions: have become totally and permanently disabled prior to age 65, were an active participant when they became disabled, have earned and retained at least ten years of continuous service and have retired.

(2) Summary of Significant Accounting Policies

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

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

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

On July 30, 2025, the FASB issued Accounting Standards Update (ASU) 2025-05, Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets. This standard allows entities to elect a practical expedient that assumes that current conditions as of the fiscal year-end do not change for the remaining life of the asset. In addition, the standard provides for consideration of subsequent collections in developing reasonable and supportable forecasts as part of estimating expected credit losses. The Plan elected to early adopt this standard in the reporting period ended December 31, 2024.

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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.

Employers' Contributions Receivable - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection, including subsequent period collections. As of December 31, 2024 and 2023, the Plan did not record a credit loss allowance for employers' contributions receivable.

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

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

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

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

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

(3) Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on years of credited service.

Benefits payable under all circumstances - retirement, death, disability, and termination of employment are reflected, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are also excluded from accumulated plan benefits.

The actuarial present value of accumulated fund benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 were (a) life expectancy of participants (the Sex Distinct RP-2012 Combined Healthy Table With Blue Collar Adjustment was used), (b) retirement age assumptions (the assumed average retirement age ranged from 50-65 and the retirement rate increased to 100% as the participant reached the age of 65) and (c) investment return of 7.00%.

The forgoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of Accumulated Plan Benefits as of January 1, 2024 are as follows:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits

Participants Currently Receiving Payments	\$ 126,618,200
Other Participants	<u>56,242,833</u>

Totals	182,861,033
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Non-Vested Benefits	<u>3,197,984</u>
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<u>Total Actuarial Present Value of Accumulated Plan Benefits</u>	<u>\$ 186,059,017</u>
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**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(3) Accumulated Plan Benefits (Continued)

The factors which affected the change in the actuarial present value of Accumulated Plan Benefits from the preceding to the current benefit information are as follows:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Years	<u>\$ 185,727,114</u>
Increase (Decrease) During Years Attributable to:	
Benefits Accumulated, Actuarial (Gains) Losses	1,912,567
Benefits Paid	(14,220,757)
Decrease in the Discount Period	<u>12,640,093</u>
Net Increase (Decrease)	<u>331,903</u>
 <u>Actuarial Present Value of Accumulated Plan Benefits - End of Years</u>	 <u>\$ 186,059,017</u>

As of January 1, 2024, the Plan's actuary determined that the Minimum Funding Standards Account exceeded the minimum Funding requirements of ERISA.

(4) Fair Value Measurements

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include

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

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

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

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

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(4) Fair Value Measurements

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023:

Interest Bearing Cash: Valued using amortized cost, which approximates fair value.

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

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

Partnership/Joint Ventures: Valued at the net asset value (NAV) of shares held or ownership percentage of the Plan at the year end. The NAV is used as a practical expedient to estimate fair value and is based on the value of all assets of the Partnerships, less its liabilities.

Pooled Separate Account, Hedge Fund and Common Collective Trusts: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

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

	<u>Assets at Fair Value at December 31, 2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Interest Bearing Cash	\$ 8,936,358	\$ --	\$ --	\$ 8,936,358
Common Stock	35,097,604	--	--	35,097,604
Mutual Funds	<u>79,416,904</u>	<u>--</u>	<u>--</u>	<u>79,416,904</u>
<u>Total Assets in Fair Value Hierarchy</u>	<u>\$123,450,866</u>	<u>\$ --</u>	<u>\$ --</u>	123,450,866
Investments Measured at Net Asset Value (a)				<u>45,609,092</u>
<u>Total Investments at Fair Value</u>				<u>\$ 169,059,958</u>

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

	<u>Assets at Fair Value at December 31, 2023</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Interest Bearing Cash	\$ 2,528,282	\$ --	\$ --	\$ 2,528,282
Common Stock	30,749,632	--	--	30,749,632
Mutual Funds	<u>76,345,197</u>	<u>--</u>	<u>--</u>	<u>76,345,197</u>
<u>Total Assets in Fair Value Hierarchy</u>	<u>\$109,623,111</u>	<u>\$ --</u>	<u>\$ --</u>	109,623,111
Investments Measured at Net Asset Value (a)				<u>44,556,451</u>
<u>Total Investments at Fair Value</u>				<u>\$ 154,179,562</u>

(a) In accordance with FASB Accounting Standards Codification Subtopic 820-10 Fair Value Measurement - Overall, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

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

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

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2024 and 2023:

	<u>December 31, 2024</u>			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Partnership/Joint Ventures:				
Patriot Financial Partners III, L.P. (a)	\$ 6,733,669	214,727	Monthly	None
Patriot Financial Partners IV, L.P. (f)	4,953,960	750,000	Monthly	None
Boyd Watterson GSA (c)	3,619,346	None	Quarterly	60 days
Common Collective Trusts:				
Doubleline Core Plus Fixed Income Fund (b)	14,867,961	None	Monthly	None
Aristotle International Equity CIT CI B (e)	7,165,121	None	Monthly	None
Hedge Fund:				
Golub Capital Partners International 14, L.P. (g)	2,777,450	None	Monthly	None
Pooled Separate Account:				
PRISA (d)	<u>5,491,585</u>	None	Quarterly	90 days
<u>Total</u>	<u>\$ 45,609,092</u>			

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

	December 31, 2023			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Partnership/Joint Ventures:				
Patriot Financial Partners III, L.P. (a)	\$ 6,695,972	214,227	Monthly	None
Patriot Financial Partners IV, L.P. (f)	3,486,243	1,625,000	Monthly	None
Boyd Watterson GSA (c)	3,829,299	None	Quarterly	60 days
Common Collective Trusts:				
Doubleline Core Plus Fixed Income Fund (b)	14,384,752	None	Monthly	None
Aristotle International Equity CIT Cl B (e)	6,775,151	None	Monthly	None
Hedge Fund:				
Golub Capital Partners International 14, L.P. (g)	2,786,001	300,000	Monthly	None
Pooled Separate Account:				
PRISA (d)	6,599,033	None	Quarterly	90 days
<u>Total</u>	<u>\$ 44,556,451</u>			

(a) Patriot Financial Partners III, L.P. (the Partnership) is a limited partnership formed under the laws of the State of Delaware, which commenced operations on July 21, 2017 with Patriot Financial Partners GP III, L.P. as the General Partner and certain entities or persons as limited partners in the Partnership pursuant to the Amended and Restated Limited Partnership Agreement (the Partnership Agreement) dated July 31, 2019. Capitalized terms not defined in the financial statements have the definitions ascribed to them in the Partnership Agreement. The Partnership will continue until the tenth anniversary of the final closing of the Partnership, unless terminated early or extended for two additional one-year periods by the General Partner with the consent of a majority interest of the limited partners. The Partnership is managed by Patriot Financial Advisors, L.P. (the Manager). The Partnership was established to provide a risk-adjusted return by applying a hands-on, value-added investment model to investments. The Partnership focuses on investments in the community banking sector defined as banks and thrifts with assets under \$5 billion throughout the United States, with a secondary focus on financial services firms closely related to the banking sector.

(b) Doubleline Core Plus Fixed Index fund will be maintained with the objective of outperforming the total return of the Barclays US Aggregate Bond Index. Under normal circumstances the Fund will seek exposure of at least 80% of net assets in debt. The fund may invest in fixed income instruments of any credit quality, including those unrated or rated. The fund may invest up to 30% of its net assets in junk bonds, bank loans and assignments rated below investment grade, BB+ or lower by S&P or Ba1 or lower by Moody's or an equivalent rating by any other nationally recognized statistically rating organization, or unrated but determined by the sub-advisor to be of comparable quality, and credit default swaps of companies in the high yield universe.

(c) Boyd Watterson GSA Fund, L.P. and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 16, 2013 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

(d) The PRISA SA, Pooled Separate Account, is a real estate fund that allows investors to gain exposure to portfolios of direct real estate investments. The Fund will invest primarily in existing private real estate funds, publicly traded real estate securities, including REIT (Real Estate Investment Trust) securities, and other real estate related investments. These portfolios are comprised of institutional quality commercial real estate across a broad range of real estate asset types.

(e) SEI Trust Company, a trust company organized under the laws of the Commonwealth of Pennsylvania ("the Trustee"), established a trust on May 20, 2016, known as the Aristotle Collective Investment Trust ("the Trust"), which commenced operations on September 30, 2016. The Trust shall consist of such separate collective investment funds (each a "Fund" and collectively, the "Funds") as the Trustee may establish in accordance with the Declaration of Trust. The Aristotle International Equity Collective Trust commenced operations on September 30, 2016. The purpose of the Trust is to provide for the collective investment of assets of participating tax-qualified pension and profit sharing plans and related trusts, and governmental plans. The investment objective of the Aristotle International Equity Collective Trust is to seek long-term capital appreciation principally by investing in publicly traded equity securities or depository receipts of companies organized, headquartered or doing a substantial amount of business outside of the United States. There is no assurance that the Fund will achieve its investment objective.

(f) Patriot Financial Partners IV, L.P. and Patriot Financial Partners Parallel IV, L.P. (collectively, the Partnerships) are limited partnerships formed under the laws of the State of Delaware, which commenced operations on May 21, 2021 and May 13, 2022, respectively, with Patriot Financial Partners GP IV, L.P. as the General Partner and certain entities or persons as limited partners in the Partnerships pursuant to the Limited Partnership Agreements (the Partnership Agreements) dated May 21, 2021 and May 13, 2022, respectively. Capitalized terms not defined in the financial statements have the definitions ascribed to them in the Partnership Agreement. The Partnerships will continue until the tenth anniversary of the final closing of the Partnerships, unless terminated early or extended for two additional one-year periods by the General Partner with the consent of a majority interest of the limited partners. The Partnerships are managed by Patriot Financial Advisors, L.P. (the Manager). The Partnerships were established to provide a risk-adjusted return by applying a hands-on, value-added investment model to investments. The Partnerships focus on investments in the community banking sector defined as banks and thrifts with assets under \$5 billion throughout the United States, with a secondary focus on financial services firms closely related to the banking sector.

(g) Golub Capital Partners International 14, L.P. ("GCP14-I" and, together with its subsidiary, the "Fund") was formed and registered as an exempted limited partnership under the acts of the Cayman Islands on January 15, 2021, for the purpose of making portfolio investments. The Fund commenced operations and admitted the General Partner and initial limited partners on April 1, 2021 ("Commencement of Operations"). The Fund will continue until the tenth anniversary of the final closing date, unless terminated sooner or extended as provided for in its limited partnership agreement ("Partnership Agreement"). The Fund registered with the Cayman Islands Monetary Authority under the Private Funds Act on February 23, 2021. GCP14-I's wholly-owned subsidiary, Golub Capital Company International 14, LP ("GCC14-I"), was formed and incorporated as an exempted company with limited liability under the acts of the Cayman Islands on January 26, 2021, for the purpose of making portfolio investments. Since inception, all of GCC14-I's membership interests have been held by GCP14-I.

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(5) Related Party Transactions

Administrative expenses incurred and revenues received jointly by the Roofers Union Local 30 benefit plans (the "Plans") that are allocated among the plans as follows:

- The salaries and fringe benefits of an employee are allocated based upon their time spent on each Plan.
- Revenues from processing fees, late charges and settlements are allocated amounts the plans based upon their relative amounts of employer contributions.

The net amount of administrative expenses allocated to the Plan at December 31, 2024 and 2023 was \$27,258 and \$30,385, respectively.

At December 31, 2024 and 2023, amounts due from (due to) the Plans are summarized as follows:

	<u>2024</u>	<u>2023</u>
Roofers Union Local 30:		
Lockbox	\$ (95,249)	\$ (443,999)
Annuity	6,526	80,442
Health & Welfare	32,254	32,221
Apprentice	<u>9,144</u>	<u>(411)</u>
<u>Totals</u>	<u>\$ (47,325)</u>	<u>\$ (331,747)</u>

(6) Commitments and Contingencies

Effective November 1, 2017, the Plan entered into a long-term contract with BeneSys, Inc. (the "third-party administrator") for monthly administrative services through October 31, 2023. Subsequent to this date, the arrangement has been on a month to month basis. For the years ended December 31, 2024 and 2023, the third-party administrator was paid a fee on a monthly basis of \$19,860. Third party administrator fees amounted to \$238,320 and \$238,320 for the years ended December 31, 2024 and 2023, respectively.

(7) Tax Status

The Plan obtained its latest determination letter on July 28, 2003, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN**

Notes to Financial Statements

(8) Plan Termination

Although they have not expressed any intention to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

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

(9) Significant Participating Employers

During the years ended December 31, 2024 and 2023, the Plan had the following employers which individually represented 10% or more of total contributions:

	<u>2024</u>	<u>2023</u>
Employer A	18%	15%
Employer B	15%	14%
Employer C	<u>10%</u>	<u>9%</u>
<u>Totals</u>	<u>43%</u>	<u>38%</u>

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

(10) Risks and Uncertainties

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

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

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SUPPLEMENTARY INFORMATION

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b)	(c)	(d)	(e)	
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Interest Bearing Cash:					
	Federated Hermes Govt Oblig Prem Shs #117	7,573,624	4.39%	\$ 7,573,624	\$ 7,573,624
	PNC Bank Money Market	1,362,734	VAR	1,362,734	1,362,734
	Total Interest Bearing Cash			<u>8,936,358</u>	<u>8,936,358</u>
Common Stock:					
	AAR Corp	1,492		58,749	91,430
	Abbott Laboratories Inc	2,939		161,361	332,430
	AbbVie Inc	1,423		202,183	252,867
	Adobe Inc	468		176,702	208,110
	Air Lease Corp	2,063		105,373	99,457
	Air Products & Chemicals Inc	714		161,824	207,089
	Alphabet Inc	5,740		619,360	1,093,126
	American Electric Power Inc	4,357		346,672	401,846
	American Tower Corp	2,634		538,275	483,102
	Amphenol Corp New	8,495		333,666	589,978
	Ares Capital Corp	16,473		304,587	360,594
	Ashland Inc	1,016		77,588	72,603
	AT&T Inc	16,031		294,608	365,026
	Avient Corporation	2,064		86,148	84,335
	Baker Hughes Company	3,573		106,574	146,564
	Bank of America Corp	6,093		209,419	267,787
	BHP Group LTD	5,034		265,549	245,810
	Black Hills Corp	1,837		102,661	107,501
	Blackbaud Inc	1,087		86,123	80,351
	Blackstone Inc	1,238		136,914	213,456
	Boeing Co	3,775		204,776	229,860
	Cactus Inc	2,328		79,622	135,862
	ChampionX Corporation	5,122		121,931	139,267
	Chubb LTD	1,150		233,856	317,745
	CNX Resources Corp	3,294		79,443	120,791
	Coca Cola Co	4,739		243,140	295,050
	Columbia Bkg Sys Inc	5,454		137,844	147,313
	Columus McKinnon Corp NY	5,288		219,037	196,925
	Crown Castle Inc	2,122		286,961	192,593
	CTS Corp	1,746		57,222	92,067
	Cushman & Wakefield PLC	14,688		152,943	192,119
	CVB Financial Corp	6,779		113,718	145,138
	Danaher Corp	635		154,485	145,764
	Danaher Corp	3,300		737,719	757,515
	Diamond Back Energy Inc	1,121		177,651	183,653
	Diodes Inc	1,832		89,706	112,979
	Dollar General Corp	2,313		423,974	175,372
	Duke Energy Holding Corp	1,711		167,314	184,343

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Ecolab Inc	2,219	362,817	519,956
	Edgewell Personal Car Co	3,586	133,515	120,490
	Element Solutions Inc	4,996	97,197	127,048
	Eli Lilly & Co	221	166,754	170,612
	Emerson Electric Co	2,191	156,084	271,531
	Enovis Corp	3,084	164,667	135,326
	Enpro Inc	987	56,254	170,208
	Envista Holdings Corp	3,967	78,865	76,523
	Expand Energy Corp	4,378	326,590	435,830
	Exxon Mobil Corp	2,082	125,594	223,961
	F.N.B. Corp PA	11,116	118,550	164,294
	FedEx Corporation	584	153,851	164,297
	First Financial Bancorp	4,513	116,261	121,309
	First INDL Realty Trust Inc	1,436	33,467	71,987
	Four Corners Property Trust	3,567	96,042	96,808
	Gaming and Leisure Prope	3,474	165,161	167,308
	Gartner INC	1,042	333,125	504,818
	Gates Industrial Corp PLC	7,994	125,749	164,437
	General Motors Co	5,177	200,566	275,779
	Goldman Sachs Group Inc	399	130,170	228,475
	Helen of Troy Limited	949	97,333	56,779
	Helios Technologies Inc	1,493	79,051	66,648
	Hess Corporation	1,474	146,464	196,057
	Hewlett Packard Enterprise Co	11,480	192,937	245,098
	Highwoods PPTYS Inc	2,788	97,935	85,257
	Hub Group Inc	2,948	65,197	131,363
	Ichor Holdings LTD	4,441	147,702	143,089
	Independent Bank Group Inc	1,662	104,830	100,834
	Independence Realty Trust Inc	4,811	86,492	95,450
	Integer Holdings Corporation	798	66,136	105,751
	Intercontinental Exchange Inc	817	103,128	121,741
	Intercontinental Exchange Inc	1,923	206,846	286,546
	Intuit Software	947	411,497	595,190
	IPG Photonics Corp	1,348	101,855	98,027
	Jack in the Box Inc	2,836	195,433	118,091
	JBT Marel Corporation	1,422	137,039	180,736
	Johnson & Johnson	2,294	328,136	331,758
	JPMORGAN Chase & Co	1,684	93,513	403,672
	Kemper Corp	3,140	205,266	208,622
	Keurig Dr Pepper Inc	6,235	192,526	200,268
	Kite Realty Group Trust	5,991	138,716	151,213
	Korn Ferry	1,961	61,970	132,269
	Malibu Boats Inc	3,390	129,724	127,430
	Marsh&McLennan	1,141	198,225	242,360
	MasterCard Inc	1,531	578,169	806,179

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Marvell Technology Group LTD	2,269	148,801	250,611
	Matador Resources Co	1,965	119,075	110,551
	McDonald's Corp	787	225,859	228,143
	Merck & Co Inc	2,760	191,352	274,565
	Methanex Corp	4,549	223,549	227,177
	Meuller Water Products Inc	4,515	50,519	101,588
	Micron Technology Inc	3,893	305,407	327,635
	Microsoft Corp	338	27,224	142,467
	Microsoft Corp	2,038	587,368	859,017
	Minerals Technologies Inc	2,296	128,008	174,978
	MOOG Inc	465	40,878	91,531
	Morgan Stanley	3,036	138,598	381,686
	New Linde PLC	1,096	396,120	458,862
	Nomad Foods LTD	6,461	110,875	108,416
	Northrop Grumman Corporation	444	201,681	208,365
	Northwestern Energy Group Inc	2,500	151,000	133,650
	Old National Bancorp Indiana	9,627	139,472	208,954
	Oxford Industries Inc	814	62,818	64,127
	Pacific Premier Bancorp Inc	4,899	97,581	122,083
	Patterson Cos Inc	5,650	109,989	174,359
	Patterson-UTI Energy Inc	7,425	67,873	61,331
	PayPal Holdings Inc	3,095	238,562	264,158
	Pebblebrook Hotel Trust	7,917	167,361	107,275
	Philip Morris International	3,140	267,181	377,899
	Plexcus Corp	614	23,692	96,079
	PNC Financial Services Group Inc	1,407	187,621	271,340
	PPL Corporation	7,885	198,625	255,946
	PRA Group Inc	5,248	143,972	109,631
	Primo Water Corp	5,188	74,961	159,635
	Procter & Gamble Co	1,176	127,619	197,156
	Progress Software Corp	2,055	51,580	133,883
	Provident Financial Services	6,380	118,415	120,391
	Renasant Corp	4,414	135,857	157,801
	Rush Enterprises Inc	2,661	25,051	145,796
	Ryman Hospitality PPTYs Inc	1,127	88,200	117,591
	S&P Global Inc	1,369	502,707	681,803
	Sandy Spring Bancorp Inc	2,744	102,406	92,500
	Selective Insurance Group Inc	1,686	84,970	157,675
	Six Flags Entertainment Corp	3,399	136,314	163,798
	Stag Industries	3,143	83,265	106,296
	Sun CMNTYS Inc	1,918	234,905	235,856
	Thermo Fisher Scientific Inc	1,482	845,723	770,981
	TJX Companies Inc	5,135	397,518	620,359
	Towne Bank	4,918	135,877	167,507
	Treehouse Foods Inc	4,890	195,216	171,786

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Tri Pointe Homes Inc	2,160	27,912	78,322
	Trimas Corp	3,273	82,744	80,483
	TXNM Energy Inc	4,606	196,660	226,477
	Unifirst Corp	682	123,220	116,683
	Union Pacific Corp	1,095	257,679	249,704
	United Bankshared Inc	4,249	143,330	159,550
	United Community Banks	4,171	89,663	134,765
	UnitedHealth Group Inc	620	291,132	313,633
	Verisign Inc	1,823	333,446	377,288
	Verisk Analytics Inc	1,890	362,394	520,563
	Verizon Communications Inc	13,173	647,330	526,788
	VISA Inc	4,086	967,068	1,291,339
	Visteon Corp	1,748	192,971	155,083
	Waste Management Inc	1,193	180,972	240,735
	Wesco International Inc	14,566	387,946	371,724
	Xylem Inc	3,220	331,388	373,584
	Zoetis Inc	3,550	615,031	578,402
	Total Common Stock		<u>28,685,608</u>	<u>35,097,604</u>
	Mutual Funds:			
	American Century High Income Fund	873,297	8,133,628	7,545,289
	Aristotle Floating Rate Income Fund	876,661	8,846,892	8,345,816
	Clearbridge Mid Cap Growth	213,109	5,750,321	9,534,490
	Invesco Eqv International	380,320	10,519,863	8,344,217
	Metropolitan West FDS Total Return Bond Fund	1,665,540	17,603,393	14,773,342
	Vanguard Developed Markets	455,218	5,405,849	7,001,247
	Vanguard Index Trust	169,249	7,886,290	23,872,503
	Total Mutual Funds		<u>64,146,236</u>	<u>79,416,904</u>
	Common Collective Trusts:			
	Aristotle Intl Equity CIT	469,844	5,642,827	7,165,121
	COL Doubleline Cort PL Fixed Income	1,238,997	13,359,756	14,867,961
	Total Common Collective Trusts		<u>19,002,583</u>	<u>22,033,082</u>
	Partnerships/Joint Venture:			
	Boyd Watterson GSA Fund LP	3,617	3,140,257	3,619,346
	Patriot Financial Partners III LP	6,542,447	4,112,579	6,733,669
	Patriot Financial Partners IV LP	4,857,979	4,250,000	4,953,960
	Total Partnerships/Joint Venture		<u>11,502,836</u>	<u>15,306,975</u>

See Independent Auditors' Report

**ROOFERS UNION LOCAL 30
COMBINED PENSION PLAN
EIN #23-62890609
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
Hedge Fund:				
	Golub Capital Partners International 14, L.P.	2,644,587	<u>2,188,862</u>	<u>2,777,450</u>
Pooled Separate Account:				
	PRISA	70	<u>3,470,000</u>	<u>5,491,585</u>
	Totals		<u>\$ 137,932,483</u>	<u>\$ 169,059,958</u>

See Independent Auditors' Report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0083

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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


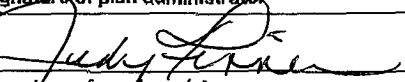
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan ROOFERS UNION LOCAL 30 COMBINED PENSION FUND	1b Three-digit plan number (PN) ▶ 001
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) JOINT BOARD OF TRUSTEES ROOFERS LOCAL UNION 30 P.O. BOX 4600 TROY MI 48099	1c Effective date of plan 01/01/1958 2b Employer identification number (EIN) 23-6289069 2c Plan Sponsor's telephone number 1-877-280-8874 2d Business code (see instructions) 525100

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		10/02/2025	SHAWN MCCULLOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/02/2025	JUDY FINNEN
	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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Roofers Local 30 Combined Pension Plan	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Joint Board of Trustees, Roofers Local Union 30 Benefit Fund	D Employer Identification Number (EIN) 23-6289069	

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	156,347,766
(2) Actuarial value of assets for funding standard account.....	1b(2)	166,352,247

(1) Accrued liability for plan using immediate gain methods	1c(1)	186,059,017
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(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	
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(b) Accrued liability under entry age normal method.....	1c(2)(b)	
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(c) Normal cost under entry age normal method	1c(2)(c)	
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(3) Accrued liability under unit credit cost method.....	1c(3)	186,059,017
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d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
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(2) "RPA '94" information:

(a) Current liability	1d(2)(a)	306,847,932
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(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5,641,031
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(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	16,961,781
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(3) Expected plan disbursements for the plan year	1d(3)	16,131,376
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Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/2/2025</u>
	Signature of actuary	Date
	<u>Mary Ann Dunleavy</u>	<u>2308148</u>
	Type or print name of actuary	Most recent enrollment number
	<u>Horizon Actuarial Services, LLC</u>	<u>240-247-4524</u>
	Firm name	Telephone number (including area code)
	<u>8601 Georgia Avenue, Suite 905</u> <u>Silver Spring MD 20910</u>	
	Address of the firm	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29%
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P+2
(2) Females.....	6c(2)	9FP+2
d Valuation liability interest rate.....	6d	7.00%
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.2%
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	11.8%
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	687,670
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,126,800	115,623

8 Miscellaneous information:

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2,736,637
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	58,611,866
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	769,111
e Total charges. Add lines 9a through 9d	9e	11,756,413
Credits to funding standard account:		
f Prior year credit balance, if any	9f	29,613,382
g Employer contributions. Total from column (b) of line 3	9g	13,728,205
h Amortization credits as of valuation date:		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h(1)	9,291,714
(2) "RPA '94" override (90% current liability FFL)	9h(2)	1,823,064
(3) FFL credit	9h(3)	0
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2,681,038
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	66,405,559
(2) "RPA '94" override (90% current liability FFL)	9j(2)	114,490,930
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	47,845,689
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	36,089,276
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No