

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND
2b Employer Identification Number (EIN): 16-6148181
2c Plan Sponsor's telephone number: 315-699-1388
2d Business code (see instructions): 238100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for CHARLES GRATTON and RICHARD ANDERSON.

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	193
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)	183
	6a(2)	202
	6b	11
	6c	
	6d	213
	6e	
	6f	
	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	19

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND</p>	<p>D Employer Identification Number (EIN) 16-6148181</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
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3092/C4374	188	07/01/2024	06/30/2025

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

<p>(a) Total amount of commissions paid</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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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	19879
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">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 **07/01/2024** and ending **06/30/2025**

<p>A Name of plan ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND</p>	<p>D Employer Identification Number (EIN) 16-6148181</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
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10273	136	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 17724</p>	<p>(b) Total amount of fees paid 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
MEGHAN CORNISH
135 IDLEWOOD BLVD
BALDWINVILLE, NY 13027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17724			3

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	207182
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND	D Employer Identification Number (EIN) 16-6148181	

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

BAIRD ADVISORS

39-6037917

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

BEACON ASSOCIATES LLC, II

13-3805967

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

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

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

PATRICIA REDHEAD

16-6148181

(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 50	PLAN ADMINISTRATOR	128000	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)

BRENDA DANN

16-6148181

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63024	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)

JOSEPH W. MCCARTHY AND ASSOCIATES

16-1120588

(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	55033	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	33648	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)

BLITMAN & KING LLP

16-1047304

(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	29785	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)

BONADIO & CO., LLP

16-1131146

(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	18965	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)

CARRIE REDDEN

16-6148181

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	15851	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)

O'SULLIVAN ASSOCIATES

22-1837827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	12800	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)

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(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?
50 51	NONE	10304	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)

TPA CONSULTING SERVICES

81-1341202

(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	10277	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 07/01/2024 and ending 06/30/2025	
A Name of plan ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND	D Employer Identification Number (EIN) 16-6148181

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	193892	315381
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	260303	308028
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	49772	49681
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	322	384
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	241	283
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1843366	1974331
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	25704	12767
f Total assets (add all amounts in lines 1a through 1e).....	1f	2373600	2660855
Liabilities			
g Benefit claims payable.....	1g	132000	166000
h Operating payables.....	1h	2309	9728
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		13720
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	134309	189448
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2239291	2471407

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)	2739847	
(B) Participants.....	2a(1)(B)	5314	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2745161
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	88450	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1230000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1230058	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	891	
(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)		42635
c Other income	2c		315186
d Total income. Add all income amounts in column (b) and enter total.....	2d		3192265

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1979954	
(2) To insurance carriers for the provision of benefits	2e(2)	282308	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2262262
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	55033	
(4) IQPA audit fees	2i(4)	18965	
(5) Investment advisory and investment management fees	2i(5)	12269	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	12800	
(8) Legal fees	2i(8)	29785	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	569035	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		697887
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2960149

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		232116
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

INDEPENDENT AUDITOR'S REPORT

February 17, 2026

To the Board of Trustees of the
Roofers Local 195 Health and Accident Fund

Opinion

We have audited the accompanying financial statements of the Roofers Local 195 Health and Accident Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Management's Responsibility for the Financial Statements

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

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

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(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Management's Responsibility for the Financial Statements (Continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

INDEPENDENT AUDITOR'S REPORT
(Continued)

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 H, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2025, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Administrative Expenses for the years ended June 30, 2025 and 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonadio & Co., LLP

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

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

EIN: 16-6148181 Plan Number: 501

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue		Description of Investment	Cost	Current Value
	Wilmington US Govt Money Market			
*	CI Inst	Money Market Fund	\$ 384	\$ 384
	Beacon Associates LLC II	Partnership	-	283
	Carillion TR Chartwell S/D High Yield-I	Mutual Fund	768,088	790,131
	Baird Intermediate Bond Fd CI-Inst	Mutual Fund	1,176,709	<u>1,184,200</u>
				<u>\$ 1,974,998</u>

* Indicates a party-in-interest as defined by ERISA

The accompanying notes are an integral part of these statements.

**ROOFERS LOCAL 195 HEALTH
AND ACCIDENT FUND**

**Financial Statements and Supplemental Information
as of June 30, 2025 and 2024
Together with
Independent Auditor's Report**

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

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INDEPENDENT AUDITOR'S REPORT

February 17, 2026

To the Board of Trustees of the
Roofers Local 195 Health and Accident Fund

Opinion

We have audited the accompanying financial statements of the Roofers Local 195 Health and Accident Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Management's Responsibility for the Financial Statements

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

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

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(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Management's Responsibility for the Financial Statements (Continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

INDEPENDENT AUDITOR'S REPORT
(Continued)

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 H, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2025, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Administrative Expenses for the years ended June 30, 2025 and 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonadio & Co., LLP

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value:		
Money market fund	\$ 384	\$ 322
Mutual funds	1,974,331	1,843,366
Partnership	<u>283</u>	<u>241</u>
	<u>1,974,998</u>	<u>1,843,929</u>
Receivables:		
Employers' contributions	308,028	260,303
Due from affiliated funds	815	16,358
Other receivables	<u>32,828</u>	<u>21,849</u>
	<u>341,671</u>	<u>298,510</u>
Equipment, net	12,767	25,704
Prepaid expenses	16,038	11,565
Cash	<u>315,381</u>	<u>193,892</u>
Total assets	<u>2,660,855</u>	<u>2,373,600</u>
LIABILITIES		
Accrued expenses	9,728	2,309
Reciprocals payable	9,779	-
Due to affiliated funds	<u>3,941</u>	<u>-</u>
Total liabilities	<u>23,448</u>	<u>2,309</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,637,407</u>	<u>\$ 2,371,291</u>

The accompanying notes are an integral part of these statements.

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ 43,468	\$ 28,897
Interest and dividends	88,450	70,712
	<u>131,918</u>	<u>99,609</u>
Less: Investment expenses	<u>(12,269)</u>	<u>(11,933)</u>
Net investment income	<u>119,649</u>	<u>87,676</u>
Contributions:		
Employers'	2,739,847	2,877,916
Employees	<u>5,314</u>	<u>14,734</u>
Total contributions	<u>2,745,161</u>	<u>2,892,650</u>
Other income	<u>21,487</u>	<u>10,120</u>
Total additions	<u>2,886,297</u>	<u>2,990,446</u>
DEDUCTIONS:		
Direct benefit payments to participants:		
Health claims, net of refunds of \$176,789 and \$46,505 in 2025 and 2024, respectively	1,781,988	1,923,515
Payments from personal account program	<u>163,966</u>	<u>118,940</u>
	<u>1,945,954</u>	<u>2,042,455</u>
Benefit premiums paid on behalf of participants:		
Claims administrative fees and other fees	44,813	44,022
Stop-loss premiums	217,616	213,999
Life insurance premiums	<u>19,879</u>	<u>20,348</u>
	<u>282,308</u>	<u>278,369</u>
Total benefits paid	2,228,262	2,320,824
Administrative expenses	<u>391,919</u>	<u>363,103</u>
Total deductions	<u>2,620,181</u>	<u>2,683,927</u>
NET INCREASE	266,116	306,519
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>2,371,291</u>	<u>2,064,772</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 2,637,407</u>	<u>\$ 2,371,291</u>

The accompanying notes are an integral part of these statements.

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

**STATEMENTS OF BENEFIT OBLIGATIONS
JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Beneficiaries and dependents:		
Claims payable and claims incurred but not reported	<u>\$ 166,000</u>	<u>\$ 132,000</u>
Total benefit obligations	<u>\$ 166,000</u>	<u>\$ 132,000</u>

The accompanying notes are an integral part of these statements.

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Balance at beginning of year	\$ 132,000	\$ 178,000
Claims reported and approved for payment	2,262,262	2,274,824
Insurance premiums and fees billed and paid	(282,308)	(278,369)
Claims paid	<u>(1,945,954)</u>	<u>(2,042,455)</u>
 Total benefit obligations at end of the year	 <u>\$ 166,000</u>	 <u>\$ 132,000</u>

The accompanying notes are an integral part of these statements.

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

1. DESCRIPTION OF PLAN

The following brief description of the Roofers Local 195 Health and Accident Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a multiemployer health and welfare plan established pursuant to a collective bargaining agreement (CBA) between the Roofing Contractors Association, Inc. and Local 195 of New York United Union of Roofers, Waterproofers and Allied Workers, AFL-CIO, (Local). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Plan provides health benefits (medical, hospital, surgical and major medical) and death benefits to eligible participants and to their beneficiaries and covered dependents upon payment of a premium to the Plan under a Personal Account Program. A participant can choose between two health insurance benefit plans: Plan A - Option 1 and Plan B - Option 2.

Effective July 1, 2024, the monthly premium for Plan A - Option 1, was \$1,180 for single, \$1,925 for employee and spouse, or \$2,140 for family with a \$500 individual/\$1,000 family deductible per calendar year. Effective July 1, 2024, the monthly premium for Plan B - Option 2 was \$944 for single, \$1,694 for employee and spouse, or \$1,976 for family with a \$5,000 individual/\$10,000 family deductible per calendar year.

Effective July 1, 2023, the monthly premium for Plan A - Option 1 was \$1,073 for single, \$1,925 for employee and spouse, or \$2,246 for family coverage with a \$500 individual/\$1,000 family deductible per calendar year. Effective July 1, 2023, the monthly premium for Plan B - Option 2 was \$858 for single, \$1,540 for employee and spouse, or \$1,797 for family coverage per month with a \$5,000 individual/\$10,000 family deductible per calendar year.

Hospital claims are processed by the Plan's third-party claims processors under administrative services only arrangements. Self-insured medical claims are processed in-house using staff trained by a third-party administrator. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan also utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. There are no postretirement benefits provided by the Plan.

1. DESCRIPTION OF PLAN (Continued)

Benefits (Continued)

Under the Personal Account Program, each individual's account is credited based on participating employer contributions at a predetermined rate for each hour worked as determined by the trustees of the Plan. As of June 30, 2025 and 2024, the personal account rate was \$12.40. The members can use the funds in their personal accounts for insurance premiums, prescription drug benefits, vision and dental services, and other health expenses. The benefits are limited to each participant's own entitlement and are not vested. In order to satisfy the Plan's general eligibility requirements, participants must work a sufficient number of hours in covered employment for a contributing employer to remit to the Plan the contributions to their personal account that are sufficient to pay the premiums for at least three months of health insurance benefit coverage at the rate in effect when the Plan receives the contributions from the employer. Eligibility will be effective on the first day of the month that follows the month after the Plan receives the necessary contributions. An annual administrative fee is deducted from all active and inactive personal accounts. The administrative fee was \$175 per account for the years ended June 30, 2025 and 2024, respectively. For the years ended June 30, 2025 and 2024, \$163,966 and \$170,692 in personal account balances were forfeited, respectively.

The Plan also provides health benefits to participants who become totally disabled while covered for the health insurance benefit and their account is not sufficient to pay the monthly health insurance benefit premium.

The Plan contracted with Union Labor Life Insurance Company to provide accidental death and dismemberment benefits. As of July 1, 2024, a monthly premium of \$9.24 per active participant and \$7.26 per inactive participant was paid each month. As of July 1, 2023, a monthly premium of \$8.58 per active participant and \$6.70 per inactive participant was paid each month. Premiums paid provide \$25,000 worth of coverage for active participants and \$10,000 worth of coverage for inactive participants. The policy provides for double indemnity in the event of accidental death. Premiums paid for the years ended June 30, 2025 and 2024 were \$19,879 and \$20,348, respectively. This arrangement is subject to an annual review.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Total stop-loss refunds amounted to \$131,061 and \$13,889 for the years ended June 30, 2025 and 2024, respectively, and are netted with health claims paid on the statements of changes in net assets available for benefits. As of June 30, 2024, \$13,889 in stop-loss receivables are recorded in other receivables on the statements of net assets available for benefits. There were no stop-loss receivables for June 30, 2025.

Funding

The funding of the Plan is primarily from employers' contributions and earnings on investments. The contribution rate per hour is as follows:

June 1, 2023 through June 30, 2025	\$	12.78
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Other

The Plan's Board of Trustees, as sponsor, has the right to modify the Plan in accordance with the Trust Agreement. The Plan may be terminated only by joint agreement between the contractors, Roofing Contractors Association of Central New York, and the Local under the collective bargaining agreement, subject to the provisions set forth in ERISA. The Trust Agreement provides that assets then held by the Board of Trustees must be used exclusively on behalf of Plan participants and to defray the cost of reasonable administration and termination expenses. In no event will any of the assets revert to any employer or to the Local.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Cash

For the purpose of the statements of net assets available for benefits, the Plan considers all highly liquid investments available for current use to be cash. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) and at times may exceed federally insured limits.

Employers' Contributions Receivable

Employers' contributions receivable represent amounts due as of June 30, 2025 and 2024, under terms of the collective bargaining agreement or reciprocal agreements. Management evaluates its contributions receivable and establishes an allowance for credit losses, when deemed necessary, based on its past write-offs, collections, and economic conditions. As of June 30, 2025 and 2024, an allowance for uncollectible receivables was not considered necessary.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as held during the year.

Investment Fees

Net investment returns include certain fees paid by the various investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

Refunds

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported in other receivables on the statements of net assets available for benefits and totaled \$12,529 and \$7,319 at June 30, 2025 and 2024, respectively. Total pharmacy rebates revenue totaled \$44,589 and \$32,616 for the years ended June 30, 2025 and 2024, respectively and are recorded net of claims paid on the statements of changes in net assets available for benefits.

Equipment, Net

Equipment purchased is recorded at cost and depreciated using the straight-line method over the estimated useful lives of the assets. Estimated useful lives range from 3-7 years. Depreciation expense was \$12,937 and \$14,438 for the years ended June 30, 2025 and 2024, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Reciprocals

Reciprocals represent either monies collected from other locals for participants working in another jurisdiction (reciprocal contributions), or monies paid to other locals for their participants working in the Local jurisdiction (reciprocal payments netted against employer contributions) pursuant to reciprocal agreements.

Plan Benefits

Plan obligations as of June 30, 2025 and 2024 for claims incurred by active participants but not reported as of that date are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of benefit obligations at present value. The Plan does not provide benefits to retirees.

Leases

The Plan determines if an arrangement is a lease at inception. For all underlying classes of assets, the Plan has elected to not recognize right-of-use assets and lease liabilities for short-term leases that have a lease term of twelve months or less at lease commencement and do not include an option to purchase the underlying asset that the Plan is reasonably certain to exercise.

Administrative Expenses

All administrative expenses are paid by the Plan.

3. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the years ended June 30, 2025 and 2024.

3. FAIR VALUE MEASUREMENTS (Continued)

Level 1 Fair Value Measurements

The fair value of the money market fund and the mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The Plan has an investment in Beacon Associates LLC II (partnership), a New York Limited Liability Company, that was formed for the purpose of pooling its members' capital in order to have such capital invested through trading and investment strategies, both directly and indirectly through other private investment funds with the objective of providing above-average rates of return, while attempting to minimize risk. Such strategies include securities strategies involving stocks (common and preferred), bonds (corporate and government), stock and index options and other financial instruments including derivatives, forward contracts, futures contracts and options. Under the original offering memorandum, the minimum initial investment is \$500,000 and withdrawals can be made at the end of each calendar quarter upon at least sixty days prior written notice. There are no unfunded commitments. Fair value represents the Plan's proportionate share of Beacon Associates LLC II's underlying assets, which approximates estimated fair value of the partnership based on information provided by the investment managers using the audited financial statements of the partnership at year-end. Further information concerning the partnership may be obtained from its separate audited financial statements.

The preceding methods 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 the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain investments 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 June 30:

	<u>2025</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,974,331	\$ -	\$ -	\$ 1,974,331
Money market fund	384	-	-	384
Partnership	<u>-</u>	<u>-</u>	<u>283</u>	<u>283</u>
	<u>\$ 1,974,715</u>	<u>\$ -</u>	<u>\$ 283</u>	<u>\$ 1,974,998</u>

	<u>2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,843,366	\$ -	\$ -	\$ 1,843,366
Money market fund	322	-	-	322
Partnership	<u>-</u>	<u>-</u>	<u>241</u>	<u>241</u>
	<u>\$ 1,843,688</u>	<u>\$ -</u>	<u>\$ 241</u>	<u>\$ 1,843,929</u>

3. FAIR VALUE MEASUREMENTS (Continued)

Level 3 Fair Value Measurements (Continued)

The following table sets forth a summary of the changes in the fair value of the Plan's Level 3 investments for the years ended June 30:

	<u>Partnership</u>
Balance, July 1, 2023	\$ 153
Sales	(412)
Unrealized gain relating to investments held at reporting date	<u>500</u>
Balance, June 30, 2024	241
Sales	(849)
Unrealized gain relating to investments held at reporting date	<u>891</u>
Balance, June 30, 2025	<u>\$ 283</u>

The unrealized gains on the limited partnership for the years ended June 30, 2025 and 2024 are included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

For Level 3 assets, Plan management determines the fair value measurement valuation policies and procedures. Annually, Plan management determines if the current valuation techniques used in the fair value measurements are still appropriate and evaluates and adjusts the unobservable inputs as it deems appropriate. The Plan's Board of Trustees approves the fair value measurement policies and procedures on an annual basis. There were no changes in the valuations techniques during the current year.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

	Fair Value	Valuation Techniques	Unobservable Inputs	Range (Weighted Average)
June 30, 2025				
Partnership	\$ 283	Fair value of investment in affiliated partnerships	Fair value information from investment funds	100%
June 30, 2024				
Partnership	\$ 241	Fair value of investment in affiliated partnerships	Fair value information from investment funds	100%

4. EQUIPMENT, NET

Equipment consists of the following as of June 30:

	<u>2025</u>	<u>2024</u>
Computer equipment (estimated lives 3-5 years)	\$ 127,782	\$ 127,782
Office equipment (estimated lives 5-7 years)	<u>77,790</u>	<u>84,726</u>
	205,572	212,508
Accumulated depreciation	<u>(192,805)</u>	<u>(186,804)</u>
	<u>\$ 12,767</u>	<u>\$ 25,704</u>

5. LINE OF CREDIT

The Plan has a \$5,000 overdraft line of credit associated with their checking account. There was no balance owed on the line of credit as of June 30, 2025 and 2024. The interest rate on the line of credit was 14.4% and 15.4%, respectively, at June 30, 2025 and 2024.

6. NET ASSETS AVAILABLE FOR BENEFITS

The total net assets available for benefits as of June 30, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Allocated amount, Personal Account Program	\$ 2,539,350	\$ 2,578,066
Unallocated amounts	<u>98,057</u>	<u>(206,775)</u>
Net assets available for benefits	<u>\$ 2,637,407</u>	<u>\$ 2,371,291</u>

7. RELATED PARTY TRANSACTIONS

The Plan and the affiliated Roofers Local 195 Pension Fund, Roofers Local 195 Joint Apprenticeship Training Fund, and the Roofers Local 195 Annuity Fund are served by a common administration. These administrative expenses are allocated as per a written agreement among the Plans. Effective July 1, 2023, the allocation for common expenses is as follows: Joint Apprenticeship Training Fund 20%, Annuity Fund 7%, Health and Accident Fund 48% and Pension Fund 25%.

7. RELATED PARTY TRANSACTIONS (Continued)

The Plan rents office space from the Joint Apprenticeship Training Fund under a lease agreement among the parties which calls for an annual office rent of the following as of October 1, 2024: Local \$13,286, Annuity Fund \$2,856, Health and Accident Fund \$19,582, and Pension Fund \$10,199. Prior to October 1, 2024, the annual office rent was as follows: Local \$12,337, Annuity Fund \$2,652, Health and Accident Fund \$18,183, and Pension Fund \$9,471. The lease may be terminated by either party at any time without penalty upon giving written notice to the other party. Unless terminated, the agreement is automatically renewed on the anniversary date. For the years ended June 30, 2025 and 2024 total rent expense amounted to \$19,232 and \$18,183, respectively. As part of this agreement building overhead costs are paid by the Plan and reimbursed by the other funds on their pro-rata share. Effective July 1, 2023, the allocation for building overhead costs is as follows: Local 12%, Joint Apprenticeship Training Fund 20%, Annuity Fund 7%, Health and Accident Fund 36% and Pension Fund 25%. The total amounts paid to the Plan for common expenses, building overhead and computer expenses by the affiliated plans were \$293,699 and \$289,628, respectively, for the years ended June 30, 2025 and 2024.

The following amounts are due from (to) the Plan at June 30:

	<u>2025</u>	<u>2024</u>
Roofers Local 195 Pension Fund	\$ (1,895)	\$ 7,418
Roofers Local 195 Annuity Fund	(530)	2,077
Roofers Local 195 Joint Apprenticeship Training Fund	(1,516)	5,934
Roofers Local 195	<u>815</u>	<u>929</u>
	<u>\$ (3,126)</u>	<u>\$ 16,358</u>

Certain Plan investments are shares of a money market fund that are held and managed by the investment custodian and, therefore, qualify as a party-in-interest transactions. Investment fees are paid by the Plan in relation to the agreement with the investment custodian.

8. INCOME TAX STATUS

The Plan obtained its latest determination letter on June 5, 1974, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified and the related trust is tax-exempt.

9. RISKS AND UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare 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.

10. PLAN AMENDMENTS

The following significant Plan amendments were adopted during the year ended June 30, 2025.

Effective July 1, 2024, contributions of \$0.38 (thirty-eight cents) per hour worked were distributed to the administration account. The remaining hourly contribution amount will be distributed to the individual personal accounts. As of July 1, 2024, the contribution amount is \$12.40 per hour worked.

Effective July 1, 2024, an annual administrative charge will be deducted from all active and inactive IAP/personal accounts in an amount of \$175, regardless of eligibility status.

Effective July 1, 2024, there are three level premium options for the two healthcare coverage plan choices: employee only, employee and spouse, and family. Participants can choose between the two health insurance benefit plans: Plan A - Option 1, and Plan B - Option 2. The monthly premium for Plan A - Option 1 is \$1,180 for single, \$1,925 for employee and spouse, or \$2,140 for family with a \$500 individual/\$1,000 family deductible per calendar year. The monthly premium for Plan B - Option 2 is \$944 for single, \$1,694 for employee and spouse, or \$1,976 for family with a \$5,000 individual/\$10,000 family deductible per calendar year.

The following significant Plan amendments were adopted during the year ended June 30, 2024.

Effective May 12, 2023, the Section "Novel Coronavirus (COVID-19) ("Coronavirus") is deleted from the SPD. The Plan will cover medically necessary COVID-19 diagnostic tests, vaccines, and treatment subject to Plan terms and conditions. Additionally, the paragraph preceding the Subsection "Well Child Benefit" will be deleted and replaced with, effective April 7, 2020, telehealth services with a medical provider will be covered. Participants will not be responsible for copayments, coinsurance, or deductibles for covered telehealth visits.

Effective July 1, 2023, there are three level premium options for the two healthcare coverage plan choices: employee only, employee and spouse, and family. Participants can choose between the two health insurance benefit plans: Plan A - Option 1, and Plan B - Option 2. The monthly premium for Plan A - Option 1 is \$1,073 for single, \$1,925 for employee and spouse, or \$2,246 for family with a \$500 individual/\$1,000 family deductible per calendar year. The monthly premium for Plan B - Option 2 is \$858 for single, \$1,540 for employee and spouse, or \$1,797 for family with a \$5,000 individual/\$10,000 family deductible per calendar year.

11. EMPLOYEE BENEFIT PLANS

The Plan currently participates in three multiemployer pension plans in the United States of America: the Roofers Local 195 Pension Fund which is a defined benefit plan, the Roofers Local 195 Annuity Fund which is a defined contribution plan and the National Roofing Industry Pension Fund (NRIPF). The Plan contributes to these plans based on a participation agreement covering union-represented employees. The Plan does not directly manage these multiemployer plans, which are generally managed by boards of trustees, half of whom are appointed by the unions and the other half by other employers contributing to the Plan. The NRIPF is managed by a board of trustees put in place by the United Union of Roofers, Waterproofers and Allied Workers.

The risks of participating in these multiemployer plans are different from single-employer plans in the following aspects: (1) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (2) if a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers; (3) if the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay multiemployer plans an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability. If the multiemployer plan were to terminate, if participants voluntarily withdrew, or there was a mass withdrawal, the Plan may also be required to make additional payments to the multiemployer plan for its proportionate share of underfunded liabilities.

The Pension Protection Act (PPA) requires underfunded pension plans to improve their funding ratios based on the level of their underfunding. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The Multiemployer Pension Reform Act of 2014 created a new zone status of “critical and declining” for those plans 1) projected to be insolvent in the current year or any of the 14 succeeding plan years; or 2) projected to be insolvent in the current year or any of the 19 succeeding plan years and a) the ratio of inactive to active participants exceeds 2 to 1, or b) the plan is less than 80% funded.

The following table presents the Plan’s participation in these plans:

Trust Fund	Employer Identification Number	Pension Protection Act (“PPA”) Certified Zone Status	FIP/RP Status Pending/ Implemented (2)	Contributions For the Year Ended June 30, 2025	Contributions For the Year Ended June 30, 2024	Surcharge Imposed	Expiration Date of Collective Bargaining Agreement (3)
National Roofing Industry Pension Fund	36-61570719-001	Green 1/1/2024, 1/1/2023 (5)	No	\$ 18,342	\$ 23,879	No	N/A
Roofers Local 195 Pension	16-6158018-001	N/A (1)	N/A (1)	10,912	13,236	No	5/31/2028
Roofers Local 195 Annuity Fund (4)	14-1721374-002	N/A	N/A	<u>20,282</u>	<u>23,998</u>	No	5/31/2028
Total Contributions				<u>\$ 49,536</u>	<u>\$ 61,113</u>		

11. EMPLOYEE BENEFIT PLANS (Continued)

1. This information is unavailable as the Plan's valuation was completed under Pension Benefit Guarantee Corporation Regulation 4219 due to a plan termination by mass withdrawal that occurred as of June 30, 2010 where employers had been assessed withdrawal liability.
2. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. As part of the "FIP" or "RP" changes to the plan such as rate increases or benefit reductions might have occurred.
3. Lists the expiration date(s) of the collective bargaining agreement(s) to which the plans are subject.
4. This plan is a defined contribution multiemployer pension plan; therefore, PPA zone status disclosures in the table above are not applicable.
5. The most recent PPA zone status available is for the plan's year-end as noted in the table above. The zone status is based on information received from the plan and is certified by the Plan's actuary.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per financial statements	\$ 2,637,407	\$ 2,371,291
Benefit obligations (health claims, death and disability benefits)	<u>(166,000)</u>	<u>(132,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,471,407</u>	<u>\$ 2,239,291</u>
Benefits paid to participants per the financial statements	\$ 2,228,262	
Amounts payable at end of year	166,000	
Amounts payable at beginning of year	<u>(132,000)</u>	
Benefits paid to participants per the Form 5500	<u>\$ 2,262,262</u>	

13. CONTINGENCIES RELATING TO MADOFF INVESTMENTS

On December 11, 2008, the founder of Bernard L. Madoff Investment Securities LLC (Madoff), Bernard L. Madoff, was arrested for alleged fraud in running a \$50 billion "Ponzi scheme." The Plan had investments in Beacon Associates LLC II of which a portion was invested in the Madoff investments. The Board of Trustees had determined as of June 30, 2008 to write-off any amounts associated with the Madoff investments. Any subsequent recoveries of this money or assessments as a result of the clawback provisions through the legal process will be recorded in the year received. On December 18, 2008, Beacon Associates LLC I and II informed investors of their intent to liquidate. The methodology of the liquidation was finalized by the United States District Court, Southern District of New York in a ruling dated July 27, 2010. Under the court ruling, liquidation is to occur in proportion to each member's capital accounts as of the date of the discovery of the losses. The date of final liquidation has not been finalized. Due to the uncertainty surrounding the allocation methodology to be used and the amount of liquidated assets to be disbursed, the Trustees believe the Plan's final disbursements may be different from amounts reported and that difference may be material. On August 28, 2024 and August 1, 2023, the Plan received \$849 and \$412, respectively, from Beacon Associates LLC II as a partial distribution of the investment.

13. CONTINGENCIES RELATING TO MADOFF INVESTMENTS (Continued)

On January 15, 2025 and December 12, 2023, the Plan received \$6,778 and \$4,981, respectively, from the Madoff Victim Fund which is recorded in other income on the statements of changes in net assets available for benefits.

14. SUBSEQUENT EVENTS

On August 20, 2025, the Plan received \$640 from Beacon Associates LLC II as a partial distribution of the investment.

The Plan has evaluated subsequent events as of February 17, 2026, which is the date the financial statements were available to be issued.

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Joint administrative expenses:		
Salaries	\$ 206,875	\$ 223,491
Payroll taxes	16,948	18,445
Fringe benefits	115,660	139,355
Advertising	1,093	-
Computer	95,673	70,643
Contractor audits	55,033	9,875
Depreciation	5,769	8,084
Office expense, printing and other expenses	31,216	52,858
Repairs and maintenance	26,721	22,119
Telephone	6,430	9,714
Trustee meetings	3,216	2,133
Utilities	<u>10,694</u>	<u>9,368</u>
	575,328	566,085
Less: Reimbursements from other funds	<u>(293,699)</u>	<u>(289,628)</u>
 Total joint administrative expenses	 <u>281,629</u>	 <u>276,457</u>
Direct administrative expenses:		
Accounting fees	18,965	17,400
Actuaries fees	12,800	12,050
Consulting fees	9,000	-
Depreciation	7,168	6,354
Insurance	13,340	13,345
Legal fees	29,785	19,314
Rent expense	<u>19,232</u>	<u>18,183</u>
 Total direct administrative expenses	 <u>110,290</u>	 <u>86,646</u>
 Total administrative expenses	 <u>\$ 391,919</u>	 <u>\$ 363,103</u>

The accompanying notes are an integral part of these statements.

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

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

EIN: 16-6148181 Plan Number: 501

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue		Description of Investment	Cost	Current Value
	Wilmington US Govt Money Market			
*	CI Inst	Money Market Fund	\$ 384	\$ 384
	Beacon Associates LLC II	Partnership	-	283
	Carillion TR Chartwell S/D High Yield-I	Mutual Fund	768,088	790,131
	Baird Intermediate Bond Fd CI-Inst	Mutual Fund	1,176,709	<u>1,184,200</u>
				<u>\$ 1,974,998</u>

* Indicates a party-in-interest as defined by ERISA

The accompanying notes are an integral part of these statements.

ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 16-6148181 Plan Number: 501

For the Year Ended June 30, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
Single Transactions:						
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	\$ 150,000	\$ -	\$ 150,000	\$ 150,000	\$ -
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	-	280,000	276,420	280,000	3,580
Carillion TR Chartwell S/D High Yield-I	Mutual Fund	180,000	-	180,000	180,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	200,000	-	200,000	200,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	200,000	200,000	200,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	150,000	-	150,000	150,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	150,000	150,000	150,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	150,000	-	150,000	150,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	150,000	150,000	150,000	-
Series of Transactions:						
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	304,374	-	304,374	304,374	-
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	-	430,000	425,302	430,000	4,698
Carillion TR Chartwell S/D High Yield-I	Mutual Fund	314,016	-	314,016	314,016	-
Carillion TR Chartwell S/D High Yield-I	Mutual Fund	-	100,000	99,473	100,000	527
Wilmington US Govt Money Market CI Inst	Money Market Fund	700,061	-	700,061	700,061	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	700,000	700,000	700,000	-

The accompanying notes are an integral part of these statements.

5500 EFILE AUTHORIZATION


PLAN NAME: ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND
PLAN NUMBER: 501
PLAN YEAR: 06/30/2025
PLAN SPONSOR: ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND
PLAN ADMINISTRATOR: ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND

On behalf of the above named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one and two of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.



SIGNATURE (PLAN ADMINISTRATOR)
Charles Gratton

2/17/2026
DATE



SIGNATURE (PLAN SPONSOR)
Richard Anderson

2/17/2026
DATE

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] 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 [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program
[] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information - enter all requested information

1a Name of plan: ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): ROOFERS LOCAL 195 HEALTH & ACCIDENT FUND
Mailing address (include room, apt., suite no. and street, or P.O. Box): 7706 MALTLAGE DRIVE, LIVERPOOL, NY 13090
2b Employer Identification Number (EIN): 16-6148181
2c Plan Sponsor's telephone number: 315-699-1388
2d Business code (see instructions): 238100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Charles Gratton (plan administrator), Richard Anderson (employer/plan sponsor), and a blank row for 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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	193
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	183
a (2) Total number of active participants at the end of the plan year	6a(2)	202
b Retired or separated participants receiving benefits	6b	11
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	213
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	19

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

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

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)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 2 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 16-6148181 Plan Number: 501

For the Year Ended June 30, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
Single Transactions:						
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	\$ 150,000	\$ -	\$ 150,000	\$ 150,000	\$ -
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	-	280,000	276,420	280,000	3,580
Carillion TR Chartwell S/D High Yield-I	Mutual Fund	180,000	-	180,000	180,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	200,000	-	200,000	200,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	200,000	200,000	200,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	150,000	-	150,000	150,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	150,000	150,000	150,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	150,000	-	150,000	150,000	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	150,000	150,000	150,000	-
Series of Transactions:						
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	304,374	-	304,374	304,374	-
Baird Intermediate Bond Fd CI-Inst	Mutual Fund	-	430,000	425,302	430,000	4,698
Carillion TR Chartwell S/D High Yield-I	Mutual Fund	314,016	-	314,016	314,016	-
Carillion TR Chartwell S/D High Yield-I	Mutual Fund	-	100,000	99,473	100,000	527
Wilmington US Govt Money Market CI Inst	Money Market Fund	700,061	-	700,061	700,061	-
Wilmington US Govt Money Market CI Inst	Money Market Fund	-	700,000	700,000	700,000	-

The accompanying notes are an integral part of these statements.