

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ROOFERS LOCAL 149 DEFINED CONTRIBUTION PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ROOFERS LOCAL 149 DC PENSION PLAN</u></p> <p><u>700 TOWER DRIVE SUITE 300</u> <u>TROY, MI 48098-2808</u></p>	<p>1c Effective date of plan <u>06/01/2021</u></p> <p>2b Employer Identification Number (EIN) <u>86-3826499</u></p> <p>2c Plan Sponsor's telephone number <u>248-813-9800</u></p> <p>2d Business code (see instructions) <u>238100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/09/2026	BRIAN GREGG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/09/2026	BRIAN MOORE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	1417
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)	1044
a(2) Total number of active participants at the end of the plan year		6a(2)	1016
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	599
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1615
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1615
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)	1417
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	1590
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	30

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan ROOFERS LOCAL 149 DEFINED CONTRIBUTION PENSION FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 149 DC PENSION PLAN	D Employer Identification Number (EIN) 86-3826499	

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

MORGAN STANLEY	1585 BROADWAY AVE. NEW YORK, NY 10036
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK	200 BERKELEY STREET BOSTON, MA 02116
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK FUNDS	P.O.BOX 9819 PROVIDENCE, RI 02940
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GQG PARTNERS	UNIT # 1 AND 2 14TH FLOOR NEW YORK, NY 10171
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(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)

BENESYS, INC

38-6058023

(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 12 13 15 36 38 49 50	NONE KNOWN	48135	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)

MORGAN STANLEY

1300 THAMES STREET WHARF
4TH FLOOR
BALTIMORE, MD 21231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 51 70	NONE KNOWN	24665	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)

ASHER KELLY

25800 NORTHWESTERN HIGHWAY
SUITE 1100
SOUTHFIELD, MI 48075

(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 KNOWN	7687	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)

WRUBEL, WESLEY & CO CPAS

38-2574238

(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 KNOWN	5200	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

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

(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:	WRUBEL WESLEY & COMPANY CPAS	b EIN:	38-2574238
c Position:	AUDITOR		
d Address:	320 E. BIG BEAVER RD SUITE 185 TROY, MI 48085	e Telephone:	248-855-0337

Explanation: FIRM PURCHASED BY CURRENT AUDIT FIRM

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 06/01/2024 and ending 05/31/2025	
A Name of plan ROOFERS LOCAL 149 DEFINED CONTRIBUTION PENSION FUND	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 149 DC PENSION PLAN	D Employer Identification Number (EIN) 86-3826499

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	17866	46194
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	224980	200419
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		14086
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	75293	213012
(2) U.S. Government securities	1c(2)	1374106	1997545
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	302318	291046
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1262649	1811611
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2002312	2839149
(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	3026	3476
f Total assets (add all amounts in lines 1a through 1e).....	1f	5262550	7416538
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	4477	5860
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4477	5860
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5258073	7410678

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)	1923022	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1923022
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2529	
(B) U.S. Government securities.....	2b(1)(B)	80207	
(C) Corporate debt instruments.....	2b(1)(C)	10994	
(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)		93730
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	60667	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	130463	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		191130
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	11007	
(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)		110567
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2329456

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74597	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		74597
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)	48000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	5200	
(5) Investment advisory and investment management fees	2i(5)	37912	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7687	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2411	
(11) Other expenses	2i(11)	1044	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		102254
j Total expenses. Add all expense amounts in column (b) and enter total	2j		176851

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2152605
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **WESLEY, HADDAD & COMPANY LLC**

(2) EIN: **39-2254216**

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.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan ROOFERS LOCAL 149 DEFINED CONTRIBUTION PENSION FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROOFERS LOCAL 149 DC PENSION PLAN	D Employer Identification Number (EIN) 86-3826499	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	15

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Wesley, Haddad & Company, L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

320 E. Big Beaver Rd., Suite 185
Troy, Michigan 48083

(248) 855-0337 - FAX (248) 855-1601

Board of Trustees
Roofers Local #149 Defined Contribution Pension Plan
P.O. Box 396
Troy, MI. 48099-0396

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees:

Opinion

We have audited the financial statements of Roofers Local #149 Defined Contribution Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024 and statements of changes in net assets available for benefits for the years ended May 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Roofers Local #149 Defined Contribution Pension Plan as of May 31, 2025 and 2024 and the changes in its net assets available for benefits for the years ended May 31, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Roofers Local #149 Defined Contribution Pension Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

Responsibilities of Management for the Financial Statements, continued

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Local #149 Defined Contribution Pension Plan's ability to continue as a going concern for twelve months beyond the issuance of the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Roofers Local #149 Defined Contribution Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Local #149 Defined Contribution Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and transactions in excess of 5 percent of the current value of plan assets are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental 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.

Wesley Haddad & Co.

Troy, MI

February 4, 2026

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning	06/01/2024	and ending	05/31/2025
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)		
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>		

Part II	Basic Plan Information—enter all requested information
----------------	---

1a Name of plan Roofers Local 149 Defined Contribution Pension Fund	1b Three-digit plan number (PN) ▶ 002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Roofers Local 149 DC Pension Plan 700 Tower Drive Suite 300 Troy MI 48098-2808	1c Effective date of plan 06/01/2021 2b Employer Identification Number (EIN) 86-3826499 2c Plan Sponsor's telephone number (248) 813-9800 2d Business code (see instructions) 238100

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

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

SIGN HERE		12/9/25	Brian Gregg
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/9/25	Brian Moore
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

ROOFERS LOCAL #149 DEFINED CONTRIBUTION PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

YEARS ENDED MAY 31, 2025 and 2024

Wesley, Haddad & Company, L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

320 E. Big Beaver Rd., Suite 185
Troy, Michigan 48083

(248) 855-0337 - FAX (248) 855-1601

Board of Trustees
Roofers Local #149 Defined Contribution Pension Plan
P.O. Box 396
Troy, MI. 48099-0396

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees:

Opinion

We have audited the financial statements of Roofers Local #149 Defined Contribution Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024 and statements of changes in net assets available for benefits for the years ended May 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Roofers Local #149 Defined Contribution Pension Plan as of May 31, 2025 and 2024 and the changes in its net assets available for benefits for the years ended May 31, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Roofers Local #149 Defined Contribution Pension Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

Responsibilities of Management for the Financial Statements, continued

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Local #149 Defined Contribution Pension Plan's ability to continue as a going concern for twelve months beyond the issuance of the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Roofers Local #149 Defined Contribution Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Roofers Local #149 Defined Contribution Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and transactions in excess of 5 percent of the current value of plan assets are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental 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.

Wesley Haddad & Co.

Troy, MI

February 4, 2026

Roofers Local #149 Defined Contribution Pension Plan

Statements of Net Assets Available for Benefits

	<u>May 31,</u>	
	<u>2025</u>	<u>2024</u>
<u>ASSETS</u>		
Investments at fair value (notes 2 & 3)	<u>\$ 7 152 363</u>	<u>\$ 5 006 545</u>
Receivables		
Employer contributions	200 419	224 980
Accrued income on investments	<u>14 086</u>	<u>10 133</u>
Total receivables	<u>214 505</u>	<u>235 133</u>
Prepaid items	<u>3 476</u>	<u>3 026</u>
Cash	<u>46 194</u>	<u>17 866</u>
Total assets	<u>7 416 538</u>	<u>5 262 550</u>
<u>LIABILITIES</u>		
Accounts payable	<u>5 860</u>	<u>4 477</u>
Net assets available for benefits	<u>\$ 7 410 678</u>	<u>\$ 5 258 073</u>

Roofers Local #149 Defined Contribution Pension Plan

Statements of Changes in Net Assets Available For Benefits

	Years Ended May 31,	
	2025	2024
Additions:		
Investment income		
Net realized & unrealized appreciation in fair value of investments	\$ 121 574	\$ 283 584
Interest	93 730	24 923
Dividends	191 130	112 578
	<u>406 434</u>	<u>421 085</u>
Less: investment expenses	<u>37 912</u>	<u>28 688</u>
Net investment income	368 522	392 397
Employer contributions	1 923 022	2 135 016
LD funding refund	-	4 258
Total additions	<u>2 291 544</u>	<u>2 531 671</u>
Deductions:		
Benefits Paid	<u>74 597</u>	<u>13 081</u>
Administrative expenses		
Third party administrative fees	48 000	48 000
Legal	7 687	10 584
Insurance	771	501
Office, postage, printing & copying	273	339
Meeting & fringe benefits	2 411	-
Audit fee	5 200	5 000
Cyber security review	-	584
Total administrative expenses	<u>64 342</u>	<u>65 008</u>
Total deductions	<u>138 939</u>	<u>78 089</u>
Net increase	2 152 605	2 453 582
Net assets available for benefits		
Beginning of year	<u>5 258 073</u>	<u>2 804 491</u>
End of year	<u>\$ 7 410 678</u>	<u>\$ 5 258 073</u>

Roofers Local #149 Defined Contribution Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Roofers Local #149 Defined Contribution Pension Plan, (Plan), provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer defined contribution pension plan established effective June 1, 2021, covering all members of the union employed under the terms of the collective bargaining agreement which require employer contributions to the plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the plan is the responsibility of the Board of Trustees and is governed by a joint board consisting of equal representation from the participating employers and Local Union #149.

Contributions

The participating employers make monthly contributions to the plan on behalf of covered employees in amounts determined by the collective bargaining agreement. Hourly contribution rates at May 31, 2025 and 2024 were \$1.69. Contributions by participants are not permitted under the plan. Participants may also contribute amounts representing distributions from other qualified defined contributions (rollover).

Participation and Participant Accounts

Any employee, on whose behalf contributions are required to be made under a collective bargaining agreement, shall be eligible to participate in accordance with the terms of the agreement. Any employee employed in covered employment, who has accrued one hour of service, will automatically participate.

Each participant's account is credited with employer contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the plan. Allocations are based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their individual account balances.

Payment of Benefits

On termination of service due to death, disability, or retirement, at age 55 or a break in service, and upon written application, a participant will receive a lump sum amount equal to the value of the participant's vested interest in his or her account.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan and charged directly to the participant's account. These expenses are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Employer Contributions Receivable

The plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on employees' hours worked payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of May 31, 2025 and 2024 all were deemed to be collectible.

Subsequent Events

The Plan has evaluated subsequent events through the date of the independent auditor's report, the date the financial statements were available to be issued.

Roofers Local #149 Defined Contribution Pension Plan

Notes to Financial Statements

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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant 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 at May 31, 2025 and 2024.

Cash equivalents

Valued at quoted market prices.

Corporate Bonds

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

Roofers Local #149 Defined Contribution Pension Plan

Notes to Financial Statements

3. Fair Value Measurements -continued

U.S. Government Securities

Valued using pricing models maximizing the use of observable inputs for similar securities.

Common Stocks

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

Mutual Funds

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value.

Assets at Fair Value as of May 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash equivalents	\$ 213 012	\$ -	\$ 213 012
Corporate bonds & notes	-	291 046	291 046
U.S. Government & Agencies Obligations	-	1 997 545	1 997 545
Common Stocks	1 811 611	-	1 811 611
Mutual funds	<u>2 839 149</u>	<u>-</u>	<u>2 839 149</u>
	<u>\$ 4 863 772</u>	<u>\$ 2 288 591</u>	<u>\$ 7 152 363</u>

Assets at Fair Value as of May 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash equivalents	\$ 75 293	\$ -	\$ 75 293
Corporate bonds & notes	-	299 068	299 068
U.S. Government & Agencies Obligations	-	1 367 223	1 367 223
Common Stocks	1 262 649	-	1 262 649
Mutual funds	<u>2 002 312</u>	<u>-</u>	<u>2 002 312</u>
	<u>\$ 3 340 254</u>	<u>\$ 1 666 291</u>	<u>\$ 5 006 545</u>

Roofers Local #149 Defined Contribution Pension Plan

Notes to Financial Statements

4. Party in Interest Transactions

As described in note 2, the Plan paid certain expenses related to plan operations, and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

5. Plan Termination

Although it has not expressed any intent to do so, the Plan's Board of Trustees has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

6. Tax Status

Legal counsel has applied for a favorable tax determination letter from the Internal Revenue Service, however, it has not been received as of the audit date. However, the Plan sponsor and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and believes that the related trust, therefore, is not subject to tax under present income tax law.

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

7. 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 statement of net assets available for benefits.

8. Reconciliation of Financial Statements To Form 5500

The following is a reconciliation of changes in net assets per the financial statements to the Form 5500.

	<u>Year Ended May 31, 2025</u>	
	<u>Per Financial Statement</u>	<u>Per Form 5500</u>
Realized appreciation in fair value of investments	<u>\$ 121 574</u>	<u>\$ -</u>
Unrealized appreciation in fair value of investments	<u>\$ -</u>	<u>\$ 11 012</u>
Net investment gain from registered investment companies	<u>\$ -</u>	<u>\$ 110 567</u>

Roofers Local #149 Defined Contribution Pension Plan

Notes to Financial Statements

8. Reconciliation of Financial Statements To Form 5500 -continued

The following is a reconciliation of changes in net assets per the financial statements to the Form 5500.

	<u>Year Ended May 31, 2024</u>	
	<u>Per Financial Statement</u>	<u>Per Form 5500</u>
Realized appreciation in fair value of investments	<u>\$ 283 584</u>	<u>\$ 61 055</u>
Unrealized appreciation in fair value of investments	<u>\$ -</u>	<u>\$ 63 864</u>
Net investment gain from registered investment companies	<u>\$ -</u>	<u>\$ 158 665</u>

Roofers Local #149 Defined Contribution Pension Plan

Supplemental Information

EIN 86-3826499

Plan 002

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

Schedule Attached

May 31, 2025

Roofers Local 149 Defined Contribution Pension Fund
 EIN 86-3826499
 Plan 002
 Schedule H - line 4i - Schedule of Assets (Held at End of Year)
 31-May-25

a)	b & c)	d)	e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest	<u>Cost</u>	<u>Market Value</u>
<u>collateral, par or maturity value</u>			
	CASH	90157.69	90,157.69
	MORGAN STANLEY PRIVATE BANK	122854.30	122,854.30
	A O SMITH CORP (AOS)	10,436.45	8,746.16
	ACCENTURE PLC IRELAND CL A (ACN)	17,991.63	17,160.24
	ADOBE INC (ADBE)	22,557.36	17,955.13
	AIA GROUP LTD SPON ADR (AAGIY)	8,894.85	9,510.59
	AIR PROD & CHEM INC (APD)	17,810.97	16,187.66
	AKAMAI TECHNOLOGIES INC (AKAM)	8,119.24	5,862.71
	AKZO NOBEL NV ADR (AKZOY)	12,379.02	11,617.28
	ALBANY INTL A NEW (AIN)	4,991.96	3,809.27
	ALBEMARLE CORPORATION (ALB)	6,416.91	3,030.17
	ALCON INC (ALC)	27,693.15	29,993.06
	ALPHABET INC CL C (GOOG)	18,376.24	19,013.50
	AMER INTL GP INC NEW (AIG)	15,135.83	17,351.20
	AMERICAN WATER WORKS CO (AWK)	14,868.26	16,441.55
	AMERIPRISE FINCL INC (AMP)	24,240.29	30,148.03
	AMGEN INC (AMGN)	18,887.49	18,035.46
	ANSYS INC (ANSS)	29,472.56	28,927.56
	ARCHROCK INC (AROC)	10,044.08	14,118.30
	ARROW ELECTRONICS (ARW)	7,372.32	7,543.29

ASSTEAD GROUP PLC ADR (ASHTY)	17,914.74	15,710.52
ASSA ABLOY AB UNSP ADR (ASAZY)	12,971.38	14,775.88
ATMOS ENERGY CP (ATO)	15,350.92	19,644.36
AVANTOR INC (AVTR)	4,838.31	5,189.82
BIO RAD LAB A (BIO)	7,777.36	5,841.18
BLACKSTONE INC (BX)	15,000.08	15,957.40
BORG WARNER INC (BWA)	6,247.48	6,220.92
BOX,INC. CL A (BOX)	7,950.09	11,194.72
BROOKFIELD CORP CL A (BN)	18,375.46	25,800.84
BXP INC (BXP)	7,212.01	7,271.64
CABOT CORP (CBT)	6,813.92	6,159.61
CAMECO CORP (CCJ)	18,351.47	24,231.42
CAPITAL ONE FINANCIAL CORP (COF)	16,863.74	23,832.90
CBRE GROUP INC - A (CBRE)	11,227.18	14,252.28
CENTENE CORPORATION (CNC)	7,590.02	6,208.40
CF INDUSTRIES HOLDINGS,INC (CF)	10,813.48	12,336.56
CHARLES RIVER LABS INTL INC (CRL)	9,413.18	6,214.02
CIRRUS LOGIC INC (CRUS)	6,644.36	7,473.39
COCA COLA CO (KO)	14,008.27	16,366.70
COCA-COLA EUROPACIFIC PARTNERS (CCEP)	14,897.50	19,826.64
COMMERCE BANCSHARES (CBSH)	8,009.06	9,451.50
COMMED CORP (CNMD)	7,649.72	5,143.93
CONSTELLATION BRANDS INC CL A (STZ)	12,341.26	9,130.23
COPT DEFENSE PROPERTIES SH BEN (CDP)	5,019.94	5,297.85
CORTEVA INC (CTVA)	19,849.89	28,107.60
COTERRA ENERGY INC (CTRA)	15,135.39	14,464.45
CREDICORP LTD (BAP)	14,075.38	19,209.26
CULLEN FROST BANKERS INC (CFR)	12,292.64	14,094.78
D R HORTON INC (DHI)	7,162.92	5,779.86
DAIKIN INDS LTD UNSPON ADR (DKILY)	12,754.03	9,804.38
DANAHER CORPORATION (DHR)	17,894.58	14,935.26
DARDEN RESTAURANTS (DRI)	7,716.82	9,902.29
DBS GROUP HOLDINGS LTD SP (DBSDY)	13,856.79	19,974.24

DIAGEO PLC SPON ADR NEW (DEO)	16,007.49	13,082.40
DSM FIRMENICH AG ADR (DSFIY)	15,879.55	15,744.33
EAST WEST BANCORP (EWBC)	6,460.18	6,603.24
EASTMAN CHEMICAL COMPANY (EMN)	7,295.12	6,388.41
ECOLAB INC (ECL)	15,984.04	20,372.26
EQUITY LIFESTYLE PROPERTIES (ELS)	12,277.85	11,251.89
ERSTE GROUP BANK AG SPONS ADR (EBKDY)	15,859.76	28,553.36
EXPERIAN GP LTD ADR (EXPGY)	12,639.54	15,488.42
FANUC CORPORATION UNSP ADR (FANUY)	11,324.66	10,883.24
FAST RETAILING LTD UNSPON ADR (FRCOY)	15,957.42	16,619.97
FIRSTCASH HLDGS INC (FCFS)	6,367.49	7,474.42
FORMFACTOR INC (FORM)	6,514.07	4,865.55
GATX CORP (GATX)	11,057.55	13,718.05
GENL DYNAMICS CORP (GD)	15,152.80	15,823.52
GSK PLC ADR (GSK)	13,220.86	14,032.26
HALEON PLC ADR (HLN)	14,234.52	18,738.85
HEINEKEN NV SPN ADR (HEINY)	11,946.66	11,261.79
HEXCEL CORP NEW (HXL)	8,225.07	6,505.47
HOLOGIC INC (HOLX)	8,775.73	7,584.74
HOULIHAN LOKEY INC CL A (HLI)	7,180.98	10,403.24
HUNTINGTON INGALLS INDUSTRIES (HII)	8,911.05	9,060.25
ING GROEP NV ADR (ING)	20,287.54	28,701.00
INSPERITY INC COM (NSP)	8,343.73	5,121.23
KUBOTA CP ADR (KUBTY)	10,522.52	8,531.02
LENNAR CORPORATION (LEN)	26,143.71	18,457.92
LOWES COMPANIES INC (LOW)	14,476.01	14,701.79
LVMH MOET HENNESSY LOUIS VUITT (LVMUY)	14,405.24	10,444.22
MARTIN MARIETTA MATERIALS (MLM)	19,688.29	21,693.93
MEDTRONIC PLC SHS (MDT)	11,414.86	11,285.28
MERCK & CO INC NEW COM (MRK)	18,091.46	12,371.24
MICHELIN COMPAGNIE GENERALE DE (MGDDY)	16,018.23	17,684.15
MICROCHIP TECHNOLOGY INC (MCHP)	14,544.89	13,059.00
MICROSOFT CORP (MSFT)	23,106.59	28,228.35

MIDDLEBY CORP DEL (MIDD)	8,324.65	8,983.78
MITSUBISHI UFJ FINCL GRP ADS (MUFG)	12,609.73	18,892.56
MONOLITHIC PWR SYSTEMS INC (MPWR)	7,493.61	8,531.89
MONOTARO CO LTD ADR (MONOY)	17,096.12	23,269.92
MOOG INC CL A (MOG'A)	10,342.37	12,574.40
MUENCHENER RUECK-UNSPONS ADR (MURGY)	13,668.89	20,096.73
NIDEC CORP (NIDCY)	5,889.38	5,716.21
ON SEMICONDUCTOR CORP (ON)	7,337.99	4,328.06
OSHKOSH CORP (OSK)	11,487.98	11,109.28
OTSUKA HOLDINGS	13,188.98	16,300.16
PAN PAC INTL HLDGS CORP ADR (DQJCY)	17,391.84	23,876.13
PAPA JOHNS IMTL INC (PZZA)	3,988.52	4,071.96
PARKER HANNIFIN CORP (PH)	25,569.48	35,091.51
PENN ENTERTAINMENT INC (PENN)	3,541.44	2,402.46
PNC FINL SVCS GP (PNC)	14,947.57	16,288.26
PROCTER & GAMBLE (PG)	13,980.38	15,382.52
QIAGEN NV (QGEN)	7,428.08	7,491.58
QUALCOMM INC (QCOM)	19,640.81	19,747.20
R P M INC (RPM)	15,815.10	17,303.68
RAYMOND JAMES FINCL INC (RJF)	9,638.65	11,771.04
REINSURANCE GROUP OF AMERICA (RGA)	10,458.45	12,251.68
RENTOKIL INITIAL PLC ADR (RTO)	9,963.53	8,889.98
REPUBLIC SERVICES INC (RSG)	7,939.53	11,229.42
ROCHE HOLDINGS ADR (RHHBY)	15,936.48	19,424.60
RYDER SYSTEMS INC (R)	9,771.91	11,823.66
SAFRAN SA (SAFRY)	17,705.78	27,598.31
SBA COMMUNICATNS CORP NEW CL A (SBAC)	8,693.88	8,726.25
SNAP-ON INC (SNA)	9,850.77	10,772.71
SONOCO PRODUCTS CO (SON)	7,121.93	5,965.74
SONY GROUP CORPORATION ADR (SONY)	35,439.13	50,781.50
SYMRISE AG UNSPONS ADR (SYIEY)	12,920.86	14,221.76
TELEDYNE TECH INC (TDY)	26,170.82	29,441.22
TOTALENERGIES SE SPONSORED ADS (TTE)	30,660.47	27,638.28

U S BANCORP COM NEW (USB)	18,167.30	18,351.39
UBER TECHNOLOGIES INC (UBER)	14,964.07	15,737.39
UNILEVER PLC (NEW) ADS (UL)	10584.58	13,087.20
VALMONT INDUSTRIES (VMI)	7,235.12	8,227.06
VERIZON COMMUNICATIONS (VZ)	15,585.34	16,397.08
WEBSTER FINCL CORP (WBS)	7,293.84	7,567.56
WEC ENERGY GROUP INC COM (WEC)	6,712.21	8,245.38
WEX INC COM (WEX)	7,896.58	5,460.90
WINTRUST FIN CORP (WTFC)	7,680.88	7,232.66
WOODWARD INC COM (WWD)	9,623.00	14,106.01
XCEL ENERGY INC (XEL)	13,743.31	15,211.70
ISHARES CORE MSCI EAFE ETF (IEFA)	525,251.60	680,129.28
ISHARES CORE S&P 500 ETF (IVV)	427,483.85	580,307.00
GOLDMAN SACHS GROUP INC/THE FX D TO	56,294.27	58,171.74
AMGEN INC Coupon Rate 5.250%; Matures 03/02/2033	34,770.72	34,260.10
WELLS FARGO & CO FXD TO 032032 VAR THRAFRTR 3.35%	43,434.58	44,789.00
T-MOBILE USA INC Coupon Rate 5.050%;	34,268.20	33,668.50
BANK OF AMERICA CORP FXD TO 072032 VAR THRAFRTR 5.0150%	48,886.69	49,788.00
JPMORGAN CHASE & CO FXD TO 072032 VAR THRAFRTR 4.9120%	65,375.42	66,289.13
UNITED STATES TREASURY NOTE Coupon Rate 4.125%;	66204.85	66,168.87
UNITED STATES TREASURY NOTE Coupon Rate 3.625%;	163,007.18	162,873.05
UNITED STATES TREASURY NOTE Coupon Rate 4.000%;	116,032.58	116,602.38
UNITED STATES TREASURY NOTE Coupon Rate 4.250%;	79,240.31	80,044.45
UNITED STATES TREASURY BOND Coupon Rate 2.375%;	99,363.68	95,181.88
UNITED STATES TREASURY BOND Coupon Rate 2.875%;	136,050.78	125,188.13
FEDERAL NATIONAL MTG ASSN POOL FP0044	32,014.03	29,782.24
FEDERAL NATIONAL MTG ASSN POOL FS4346	366,794.85	313,037.68
FHLMC 30 YR GOLD SD1549	43,864.17	39,993.36
FEDERAL NATIONAL MTG ASSN POOL CB3760	5,835.88	5,109.03
FEDERAL NATIONAL MTG ASSN POOL CB3841	28,292.98	27,550.66
FHLMC 30 YR GOLD SD5196	31,297.30	29,043.30
FEDERAL NATIONAL MTG ASSN POOL CB4112	102,293.85	99,429.76
FEDERAL NATIONAL MTG ASSN POOL CB4212	56,061.46	51,333.42

FHLMC 30 YR GOLD RA7672	70,202.33	65,604.27
FHLMC 30 YR GOLD RA7779	22,184.43	19,702.30
FEDERAL NATIONAL MTG ASSN POOL CB4555	106,799.02	100,726.70
FHLMC 30 YR GOLD SD1641	74,082.32	71,683.86
FHLMC 30 YR GOLD SD2563	392,002.69	337,193.58
FEDERAL NATIONAL MTG ASSN POOL FS5869	47,015.23	44,126.86
FEDERAL NATIONAL MTG ASSN POOL CB9630	121,805.62	121,248.86
GQG PARTNERS EMRG MKTS EQ INS (GQGIX)	473,207.82	487,692.12
JH MGD ACCTSH INV GD CRPBD SMA (JMABX)	708,694.96	709,127.59
JH MGD ACCTSH SEC DBT SMA (JMAEX)	371,166.08	<u>381,893.74</u>

Total

7,152,362.38

Roofers Local #149 Defined Contribution Pension Plan

Supplemental Information

EIN 86-3826499

Plan 002

Schedule H - line 4j - Schedule of Reportable Transactions

Schedule attached

May 31, 2025

Roofers Local 149 Defined Contribution Pension Fund
 EIN 86-3826499
 PLAN 002
 Schedule H – Line 4j – Schedule of Reportable Transactions
 MAY 31, 2025

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>	<u>f</u>	<u>g</u>	<u>h</u>	<u>i</u>
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	LEASE RENTAL	Expense INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN OR (LOSS)
<u>SERIES OF TRANSACTIONS</u>								
ISHARES	ISHARES MSCI EAFE							
	13 PURCHASES	\$201,580.48	-	-	-	\$ 201,580.48	\$ 201,580.48	-
	3 SALES	-	\$ 58,523.55	-	-	\$ 57,345.08	\$ 58,523.55	\$1,178.47
UNITED STATES TREASURY	UNITED STATES TREASURY BOND							
	8 PURCHASES	\$ 260,673.56	-	-	-	\$ 260,673.56	\$ 260,673.56	-
UNITED STATES TREASURY	UNITED STATES TREASURY BOND							
	5 PURCHASES	\$ 126,888.00	-	-	-	\$ 126,888.00	\$ 126,888.00	-
	2 SALES	-	\$ 127,276.12	-	-	\$ 128,000.00	\$ 127,276.12	\$(723.88)
JH MGD	JH MGD ACCTSH INV GD							
	CRPBD SMAEC DBT SMA							
	5 PURCHASES	\$ 230,980.43	-	-	-	\$ 230,980.43	\$ 230,980.43	-
	2 SALES	-	\$ 24,630.76	-	-	\$ 24,339.46	\$ 24,630.76	\$291.30

Roofers Local 149 Defined Contribution Pension Fund
 EIN 86-3826499
 Plan 002
 Schedule H - line 4i - Schedule of Assets (Held at End of Year)
 31-May-25

a)	b & c)	d)	e)
	Identity of issue, borrower, lessor, or similar party	Cost	Market Value
	Description of investment including maturity date, rate of interest		
	<u>collateral, par or maturity value</u>		
	CASH	90157.69	90,157.69
	MORGAN STANLEY PRIVATE BANK	122854.30	122,854.30
	A O SMITH CORP (AOS)	10,436.45	8,746.16
	ACCENTURE PLC IRELAND CL A (ACN)	17,991.63	17,160.24
	ADOBE INC (ADBE)	22,557.36	17,955.13
	AIA GROUP LTD SPON ADR (AAGIY)	8,894.85	9,510.59
	AIR PROD & CHEM INC (APD)	17,810.97	16,187.66
	AKAMAI TECHNOLOGIES INC (AKAM)	8,119.24	5,862.71
	AKZO NOBEL NV ADR (AKZOY)	12,379.02	11,617.28
	ALBANY INTL A NEW (AIN)	4,991.96	3,809.27
	ALBEMARLE CORPORATION (ALB)	6,416.91	3,030.17
	ALCON INC (ALC)	27,693.15	29,993.06
	ALPHABET INC CL C (GOOG)	18,376.24	19,013.50
	AMER INTL GP INC NEW (AIG)	15,135.83	17,351.20
	AMERICAN WATER WORKS CO (AWK)	14,868.26	16,441.55
	AMERIPRISE FINCL INC (AMP)	24,240.29	30,148.03
	AMGEN INC (AMGN)	18,887.49	18,035.46
	ANSYS INC (ANSS)	29,472.56	28,927.56
	ARCHROCK INC (AROC)	10,044.08	14,118.30
	ARROW ELECTRONICS (ARW)	7,372.32	7,543.29

ASSTEAD GROUP PLC ADR (ASHTY)	17,914.74	15,710.52
ASSA ABLOY AB UNSP ADR (ASAZY)	12,971.38	14,775.88
ATMOS ENERGY CP (ATO)	15,350.92	19,644.36
AVANTOR INC (AVTR)	4,838.31	5,189.82
BIO RAD LAB A (BIO)	7,777.36	5,841.18
BLACKSTONE INC (BX)	15,000.08	15,957.40
BORG WARNER INC (BWA)	6,247.48	6,220.92
BOX,INC. CL A (BOX)	7,950.09	11,194.72
BROOKFIELD CORP CL A (BN)	18,375.46	25,800.84
BXP INC (BXP)	7,212.01	7,271.64
CABOT CORP (CBT)	6,813.92	6,159.61
CAMECO CORP (CCJ)	18,351.47	24,231.42
CAPITAL ONE FINANCIAL CORP (COF)	16,863.74	23,832.90
CBRE GROUP INC - A (CBRE)	11,227.18	14,252.28
CENTENE CORPORATION (CNC)	7,590.02	6,208.40
CF INDUSTRIES HOLDINGS,INC (CF)	10,813.48	12,336.56
CHARLES RIVER LABS INTL INC (CRL)	9,413.18	6,214.02
CIRRUS LOGIC INC (CRUS)	6,644.36	7,473.39
COCA COLA CO (KO)	14,008.27	16,366.70
COCA-COLA EUROPACIFIC PARTNERS (CCEP)	14,897.50	19,826.64
COMMERCE BANCSHARES (CBSH)	8,009.06	9,451.50
CONMED CORP (CNMD)	7,649.72	5,143.93
CONSTELLATION BRANDS INC CL A (STZ)	12,341.26	9,130.23
COPT DEFENSE PROPERTIES SH BEN (CDP)	5,019.94	5,297.85
CORTEVA INC (CTVA)	19,849.89	28,107.60
COTERRA ENERGY INC (CTRA)	15,135.39	14,464.45
CREDICORP LTD (BAP)	14,075.38	19,209.26
CULLEN FROST BANKERS INC (CFR)	12,292.64	14,094.78
D R HORTON INC (DHI)	7,162.92	5,779.86
DAIKIN INDS LTD UNSPON ADR (DKILY)	12,754.03	9,804.38
DANAHER CORPORATION (DHR)	17,894.58	14,935.26
DARDEN RESTAURANTS (DRI)	7,716.82	9,902.29
DBS GROUP HOLDINGS LTD SP (DBSDY)	13,856.79	19,974.24

DIAGEO PLC SPON ADR NEW (DEO)	16,007.49	13,082.40
DSM FIRMENICH AG ADR (DSFIY)	15,879.55	15,744.33
EAST WEST BANCORP (EWBC)	6,460.18	6,603.24
EASTMAN CHEMICAL COMPANY (EMN)	7,295.12	6,388.41
ECOLAB INC (ECL)	15,984.04	20,372.26
EQUITY LIFESTYLE PROPERTIES (ELS)	12,277.85	11,251.89
ERSTE GROUP BANK AG SPONS ADR (EBKDY)	15,859.76	28,553.36
EXPERIAN GP LTD ADR (EXPGY)	12,639.54	15,488.42
FANUC CORPORATION UNSP ADR (FANUY)	11,324.66	10,883.24
FAST RETAILING LTD UNSPON ADR (FRCOY)	15,957.42	16,619.97
FIRSTCASH HLDGS INC (FCFS)	6,367.49	7,474.42
FORMFACTOR INC (FORM)	6,514.07	4,865.55
GATX CORP (GATX)	11,057.55	13,718.05
GENL DYNAMICS CORP (GD)	15,152.80	15,823.52
GSK PLC ADR (GSK)	13,220.86	14,032.26
HALEON PLC ADR (HLN)	14,234.52	18,738.85
HEINEKEN NV SPN ADR (HEINY)	11,946.66	11,261.79
HEXCEL CORP NEW (HXL)	8,225.07	6,505.47
HOLOGIC INC (HOLX)	8,775.73	7,584.74
HOULIHAN LOKEY INC CL A (HLI)	7,180.98	10,403.24
HUNTINGTON INGALLS INDUSTRIES (HII)	8,911.05	9,060.25
ING GROEP NV ADR (ING)	20,287.54	28,701.00
INSPERITY INC COM (NSP)	8,343.73	5,121.23
KUBOTA CP ADR (KUBTY)	10,522.52	8,531.02
LENNAR CORPORATION (LEN)	26,143.71	18,457.92
LOWES COMPANIES INC (LOW)	14,476.01	14,701.79
LVMH MOET HENNESSY LOUIS VUITT (LVMUY)	14,405.24	10,444.22
MARTIN MARIETTA MATERIALS (MLM)	19,688.29	21,693.93
MEDTRONIC PLC SHS (MDT)	11,414.86	11,285.28
MERCK & CO INC NEW COM (MRK)	18,091.46	12,371.24
MICHELIN COMPAGNIE GENERALE DE (MGDDY)	16,018.23	17,684.15
MICROCHIP TECHNOLOGY INC (MCHP)	14,544.89	13,059.00
MICROSOFT CORP (MSFT)	23,106.59	28,228.35

MIDDLEBY CORP DEL (MIDD)	8,324.65	8,983.78
MITSUBISHI UFJ FINCL GRP ADS (MUFG)	12,609.73	18,892.56
MONOLITHIC PWR SYSTEMS INC (MPWR)	7,493.61	8,531.89
MONOTARO CO LTD ADR (MONOY)	17,096.12	23,269.92
MOOG INC CL A (MOG'A)	10,342.37	12,574.40
MUENCHENER RUECK-UNSPONS ADR (MURGY)	13,668.89	20,096.73
NIDEC CORP (NJDCY)	5,889.38	5,716.21
ON SEMICONDUCTOR CORP (ON)	7,337.99	4,328.06
OSHKOSH CORP (OSK)	11,487.98	11,109.28
OTSUKA HOLDINGS	13,188.98	16,300.16
PAN PAC INTL HLDGS CORP ADR (DQJCY)	17,391.84	23,876.13
PAPA JOHNS IMTL INC (PZZA)	3,988.52	4,071.96
PARKER HANIFIN CORP (PH)	25,569.48	35,091.51
PENN ENTERTAINMENT INC (PENN)	3,541.44	2,402.46
PNC FINL SVCS GP (PNC)	14,947.57	16,288.26
PROCTER & GAMBLE (PG)	13,980.38	15,382.52
QIAGEN NV (QGEN)	7,428.08	7,491.58
QUALCOMM INC (QCOM)	19,640.81	19,747.20
R P M INC (RPM)	15,815.10	17,303.68
RAYMOND JAMES FINCL INC (RJF)	9,638.65	11,771.04
REINSURANCE GROUP OF AMERICA (RGA)	10,458.45	12,251.68
RENTOKIL INITIAL PLC ADR (RTO)	9,963.53	8,889.98
REPUBLIC SERVICES INC (RSG)	7,939.53	11,229.42
ROCHE HOLDINGS ADR (RHHBY)	15,936.48	19,424.60
RYDER SYSTEMS INC (R)	9,771.91	11,823.66
SAFRAN SA (SAFRY)	17,705.78	27,598.31
SBA COMMUNICATNS CORP NEW CL A (SBAC)	8,693.88	8,726.25
SNAP-ON INC (SNA)	9,850.77	10,772.71
SONOCO PRODUCTS CO (SON)	7,121.93	5,965.74
SONY GROUP CORPORATION ADR (SONY)	35,439.13	50,781.50
SYMRISE AG UNSPONS ADR (SYIEY)	12,920.86	14,221.76
TELEDYNE TECH INC (TDY)	26,170.82	29,441.22
TOTALENERGIES SE SPONSORED ADS (TTE)	30,660.47	27,638.28

U S BANCORP COM NEW (USB)	18,167.30	18,351.39
UBER TECHNOLOGIES INC (UBER)	14,964.07	15,737.39
UNILEVER PLC (NEW) ADS (UL)	10584.58	13,087.20
VALMONT INDUSTRIES (VMI)	7,235.12	8,227.06
VERIZON COMMUNICATIONS (VZ)	15,585.34	16,397.08
WEBSTER FINCL CORP (WBS)	7,293.84	7,567.56
WEC ENERGY GROUP INC COM (WEC)	6,712.21	8,245.38
WEX INC COM (WEX)	7,896.58	5,460.90
WINTRUST FIN CORP (WTFC)	7,680.88	7,232.66
WOODWARD INC COM (WWD)	9,623.00	14,106.01
XCEL ENERGY INC (XEL)	13,743.31	15,211.70
ISHARES CORE MSCI EAFE ETF (IEFA)	525,251.60	680,129.28
ISHARES CORE S&P 500 ETF (IUV)	427,483.85	580,307.00
GOLDMAN SACHS GROUP INC/THE FX D TO	56,294.27	58,171.74
AMGEN INC Coupon Rate 5.250%; Matures 03/02/2033	34,770.72	34,260.10
WELLS FARGO & CO FXD TO 032032 VAR THRAFRTR 3.35%	43,434.58	44,789.00
T-MOBILE USA INC Coupon Rate 5.050%;	34,268.20	33,668.50
BANK OF AMERICA CORP FXD TO 072032 VAR THRAFRTR 5.0150%	48,886.69	49,788.00
JPMORGAN CHASE & CO FXD TO 072032 VAR THRAFRTR 4.9120%	65,375.42	66,289.13
UNITED STATES TREASURY NOTE Coupon Rate 4.125%;	66204.85	66,168.87
UNITED STATES TREASURY NOTE Coupon Rate 3.625%;	163,007.18	162,873.05
UNITED STATES TREASURY NOTE Coupon Rate 4.000%;	116,032.58	116,602.38
UNITED STATES TREASURY NOTE Coupon Rate 4.250%;	79,240.31	80,044.45
UNITED STATES TREASURY BOND Coupon Rate 2.375%;	99,363.68	95,181.88
UNITED STATES TREASURY BOND Coupon Rate 2.875%;	136,050.78	125,188.13
FEDERAL NATIONAL MTG ASSN POOL FP0044	32,014.03	29,782.24
FEDERAL NATIONAL MTG ASSN POOL FS4346	366,794.85	313,037.68
FHLMC 30 YR GOLD SD1549	43,864.17	39,993.36
FEDERAL NATIONAL MTG ASSN POOL CB3760	5,835.88	5,109.03
FEDERAL NATIONAL MTG ASSN POOL CB3841	28,292.98	27,550.66
FHLMC 30 YR GOLD SD5196	31,297.30	29,043.30
FEDERAL NATIONAL MTG ASSN POOL CB4112	102,293.85	99,429.76
FEDERAL NATIONAL MTG ASSN POOL CB4212	56,061.46	51,333.42

FHLMC 30 YR GOLD RA7672	70,202.33	65,604.27
FHLMC 30 YR GOLD RA7779	22,184.43	19,702.30
FEDERAL NATIONAL MTG ASSN POOL CB4555	106,799.02	100,726.70
FHLMC 30 YR GOLD SD1641	74,082.32	71,683.86
FHLMC 30 YR GOLD SD2563	392,002.69	337,193.58
FEDERAL NATIONAL MTG ASSN POOL FS5869	47,015.23	44,126.86
FEDERAL NATIONAL MTG ASSN POOL CB9630	121,805.62	121,248.86
GQG PARTNERS EMRG MKTS EQ INS (GQGIX)	473,207.82	487,692.12
JH MGD ACCTSH INV GD CRPBD SMA (JMABX)	708,694.96	709,127.59
JH MGD ACCTSH SEC DBT SMA (JMAEX)	371,166.08	<u>381,893.74</u>

Total 7,152,362.38

Roofers Local 149 Defined Contribution Pension Fund

EIN 86-3826499

PLAN 002

Schedule H – Line 4j – Schedule of Reportable Transactions

MAY 31, 2025

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>	<u>f</u>	<u>g</u>	<u>h</u>	<u>i</u>
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN PURCHASE PRICE)	SELLING PRICE	LEASE RENTAL	EXPENSE INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN OR (LOSS)	
	ISHARES							
	ISHARES MSCI EAFE							
	13 PURCHASES	\$ 201,580.48	-	-	\$ 201,580.48	\$ 201,580.48	-	
	3 SALES	-	-	-	\$ 57,345.08	\$ 58,523.55	\$ 1,178.47	
	UNITED STATES TREASURY							
	UNITED STATES TREASURY BOND							
	8 PURCHASES	\$ 260,673.56	-	-	\$ 260,673.56	\$ 260,673.56	-	
	UNITED STATES TREASURY							
	UNITED STATES TREASURY BOND							
	5 PURCHASES	\$ 126,888.00	-	-	\$ 126,888.00	\$ 126,888.00	-	
	2 SALES	-	-	-	\$ 128,000.00	\$ 127,276.12	\$(723.88)	
	JH MGD							
	JH MGD ACCTSH INV GD							
	CRPBD SMAEC DBT SMA							
	5 PURCHASES	\$ 230,980.43	-	-	\$ 230,980.43	\$ 230,980.43	-	
	2 SALES	-	-	-	\$ 24,339.46	\$ 24,630.76	\$ 291.30	

SERIES OF TRANSACTIONS