

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>12/01/1961</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND BOARD OF T</u> <u>2010 NW 150TH AVE, SUITE 200</u> <u>PEMBROKE PINES, FL 33028</u>	2b Employer Identification Number (EIN) <u>95-6047046</u>
	2c Plan Sponsor's telephone number <u>800-842-5899</u>
	2d Business code (see instructions) <u>424400</u>

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

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

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

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

Form 5500 (2023)
v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	145
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	145
	6a(2)	152
	6b	
	6c	1
	6d	153
	6e	
	6f	153
	6g(1)	0
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND BOARD OF T	D Employer Identification Number (EIN) 95-6047046

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	2499674	152	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	96528
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND BOARD OF T	D Employer Identification Number (EIN) 95-6047046

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

1 Coverage Information:

(a) Name of insurance carrier
BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
63-0202590	22276	47-MSL-000363	152	01/01/2024	01/01/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	226750
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND BOARD OF T	D Employer Identification Number (EIN) 95-6047046	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NATIONAL EMPLOYEE BENEFITS ADMIN (N

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	60000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LAPADULA CARLSON & CO.

65-0292391

(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	22538	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CRUMP CONSULTING

48-1222156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	48000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

MORGAN STANLEY SMITH BARNEY LCC

11-3658445

(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 99 49 27 72 50 33 71	NONE	33587	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WKC HALFORD ROSENFELD & LEVY

83-2856417

(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	6180	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024	
A Name of plan UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND BOARD OF T	D Employer Identification Number (EIN) 95-6047046

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 382056	216101
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 107704	110230
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 9214	63075
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28904
(2) U.S. Government securities	1c(2) 149902	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 84713	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 228700	781257
(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) 1858726	2246736
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 5935	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2826950	3446303
Liabilities			
g Benefit claims payable	1g	81000	140000
h Operating payables	1h	772	71251
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	81772	211251
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2745178	3235052

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)	1283037	
(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)		1283037
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	40	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12831	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12871
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	52399	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	31084	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		83483
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	3906707	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3829372	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		77335
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	181430	
(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)		-29476
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1608680

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	504329	
(2) To insurance carriers for the provision of benefits.....	2e(2)	408185	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		912514
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)	60000	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	22538	
(5) Investment advisory and investment management fees	2i(5)	33587	
(6) Bank or trust company trustee/custodial fees	2i(6)	621	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6180	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2424	
(11) Other expenses	2i(11)	80942	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		206292
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1118806

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		489874
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LAPADULA CARLSON & CO.

(2) EIN: 65-0292391

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**UNITED FOOD AND COMMERCIAL WORKERS
ALLIED TRADES TRUST FUND
FINANCIAL STATEMENTS
NOVEMBER 30, 2024 AND 2023
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

LAPADULA CARLSON+CO.
CERTIFIED PUBLIC ACCOUNTANTS

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
United Food and Commercial Workers
Allied Trades Trust Fund
Buena Park, California

Opinion

We have audited the financial statements of the **United Food and Commercial Workers Allied Trades Trust Fund** (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and benefit obligations as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of November 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("United States").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended November 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States.

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.

LaParula, Carlson + Co.

Coral Gables, Florida
March 18, 2025

UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AND BENEFIT OBLIGATIONS

AS OF NOVEMBER 30, 2024 AND 2023

	ASSETS	
	<u>2024</u>	<u>2023</u>
INVESTMENTS, at fair value		
Common stocks	\$ 781,257	\$ 228,700
Mutual funds	1,492,981	824,753
Exchange traded and closed-end funds	753,755	1,033,973
Corporate bonds	-	84,713
U.S. Government securities	-	40,727
Government sponsored enterprises	-	109,175
Money market fund	28,904	28,399
Total investments	<u>3,056,897</u>	<u>2,350,440</u>
RECEIVABLES:		
Contributions	110,230	107,704
Interest and dividends	-	1,414
Stop-loss reimbursement	30,769	-
Prescription rebate	26,626	7,800
Total receivables	<u>167,625</u>	<u>116,918</u>
DUE FROM BROKER	<u>1,242</u>	<u>-</u>
PREPAID EXPENSE	<u>4,438</u>	<u>5,935</u>
CASH	<u>216,101</u>	<u>353,657</u>
Total assets	<u>3,446,303</u>	<u>2,826,950</u>
	LIABILITIES AND NET ASSETS	
ACCOUNTS PAYABLE	71,251	-
DUE TO BROKER	-	772
Total liabilities	<u>71,251</u>	<u>772</u>
Net assets available for benefits	<u>3,375,052</u>	<u>2,826,178</u>
	BENEFIT OBLIGATIONS	
OBLIGATIONS FOR CURRENT BENEFIT		
COVERAGE, at present value of estimated amounts:		
Claims payable	35,000	7,000
Claims incurred but not reported	12,000	4,000
Estimated future eligibility	93,000	70,000
Total current benefit obligations	<u>140,000</u>	<u>81,000</u>
NET ASSETS AVAILABLE FOR BENEFITS		
OVER BENEFIT OBLIGATION	<u>\$ 3,235,052</u>	<u>\$ 2,745,178</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

UNITED FOOD AND COMMERCIAL WORKERS ALLIED TRADES TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AND BENEFIT OBLIGATIONS

FOR THE YEARS ENDED NOVEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Employer contributions	\$ 1,283,037	\$ 1,176,508
Investment income -		
Net appreciation in fair value of investments	229,289	12,759
Interest and dividends	96,354	79,351
Less: Investment expenses	<u>(33,587)</u>	<u>(29,974)</u>
Net investment income	<u>292,056</u>	<u>62,136</u>
Total additions	<u>1,575,093</u>	<u>1,238,644</u>
DEDUCTIONS:		
Benefits paid directly to or for participants	853,514	580,642
Change in benefit obligations for current benefit coverage:		
Increase (decrease) in claims payable	28,000	(20,000)
Increase (decrease) in claims incurred but not reported	8,000	(69,000)
Increase in estimated future eligibility	<u>23,000</u>	<u>10,000</u>
Net benefit expense	912,514	501,642
Administrative expenses	<u>172,705</u>	<u>179,890</u>
Total deductions	<u>1,085,219</u>	<u>681,532</u>
Increase in net assets available for benefits	489,874	557,112
NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATION		
Beginning of year	<u>2,745,178</u>	<u>2,188,066</u>
End of year	<u><u>\$ 3,235,052</u></u>	<u><u>\$ 2,745,178</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

(1) DESCRIPTION OF THE FUND

The following description of the **United Food and Commercial Workers Allied Trades Trust Fund** (the “Fund” or “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Fund's provisions. Copies are available from National Employee Benefit Administrators, Inc. (“NEBA”), the Fund’s third-party administrator.

General

The Fund is a defined benefit plan established pursuant to a Collective Bargaining Agreement (“CBA”) between the contributing employers and the Local Unions affiliated with the United Food and Commercial Workers International Union, AFL-CIO-CLC (“UFCW Locals”). The Fund provides health and welfare benefits to eligible participants and their dependents. The Fund is subject to and conforms with the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Operations of the Fund are under the joint control of labor and management trustees.

Plan amendment

The Plan was amended to comply with the applicable requirements of the Patient Protection and Affordable Care Act (“ACA”).

Benefits

The Fund provides comprehensive medical, dental, prescription drug, life, accidental death, and dismemberment benefits. These benefits are provided either on a self-funded basis or through the purchase of insurance coverage.

Initial eligibility

Participants become eligible for benefits upon the first day of the first calendar month following the month in which employer contributions for one full month has been paid, i.e. December contributions provide eligibility for coverage on the first day of January.

Participant and dependent eligibility for benefits terminates on the first day of the first month following the month the participant is terminated, deceased or retired.

Continuing Eligibility

Once the initial eligibility requirements are met, coverage continues on a month-to-month basis, i.e. December contributions provide eligibility for coverage on the first day of January.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Funding policy

Funding is provided through contributions by employers and Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) participants and income earned on Fund investments. Monthly contribution rates vary among employers and employee coverage according to the individual collective bargaining or participant agreements in effect.

COBRA

A participant and covered dependent or spouse whose coverage is terminated due to a “qualifying event” shall be eligible to elect continuation of coverage through self-contributions, as required by COBRA, as amended.

Termination

Although there is no intent to do so, the Trust Agreement provides for termination of the Fund subject to the provisions of the agreement and ERISA. Should the Fund be terminated, the remaining assets would be used for the exclusive purpose of providing benefits to eligible participants.

No covered participant or dependent has a vested right in, or would receive any portion of the assets of the Fund, except in the form of benefits. A written plan exists for all medical and other benefits, and for the qualifications required to receive such benefits.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Fund is presented to assist in understanding the Fund's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America (“United States” or “U.S.”) and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of NEBA. The administrator performs the various administrative functions necessary for the operation of the Fund, including the collection of contributions, processing of benefit claims, payment of administrative expenses and insurance premiums.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, as well as disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments, which potentially expose the Fund to concentrations of risk, consist primarily of cash and investment securities. The Fund maintains its cash in bank deposit accounts and frequently maintains balances in excess of the federally insured limit of \$250,000.

The Fund invests in various types of 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 reasonably possible that changes in the value of the investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements. The Fund's exposure to concentration risk is mitigated by the diversification of investments across a variety of financial instruments and investment strategies.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to the claims payment lag, interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

During the years ended November 30, 2024 and 2023, one employer accounted for 100% and 95% of total employer contributions, respectively.

Valuation of investments and income recognition

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 6)

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of investments and income recognition (continued)

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits and benefit obligations as net appreciation in the fair value of investments. Investment transactions are recognized on a trade date basis. Interest income is recognized when earned and dividend income is recognized on the ex-dividend date.

Contributions receivable

Contributions receivable at November 30 represent contributions earned but not received at year-end as determined by subsequent collections. Since these contributions were received in a subsequent period, an allowance for doubtful accounts is unnecessary. Delinquent accounts, if any, are not recognized as income until received.

Pursuant to the CBA, the Trustees implemented a policy of auditing the payroll records of the contributing employers on a systematic rotation basis.

Current benefit obligations

These obligations are presented in the accompanying financial statements at present value.

Claims payable - represents the estimated amount of claims reported but unpaid at year end.

Claims incurred but not reported - represents the estimated obligation for claims incurred but unreported at year end. This estimate is based on statistical information concerning the average amount of unreported claims incurred and outstanding as of November 30 as well as the claims payment lag.

Estimated future eligibility - represents the obligation for estimated future benefits to participants who are eligible for subsequent month coverage.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income taxes

In accordance with a determination letter received from the Internal Revenue Service, the Fund meets the requirements of Internal Revenue Code (“IRC”) Section 501(c)(9). The Fund has been amended since receiving the determination letter. The Trustees and legal counsel believe the Fund, as amended, continues to qualify and operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Fund and have concluded that as of November 30, 2024, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or asset or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2023 amounts have been reclassified to conform to the 2024 presentation.

(3) BENEFITS PAID DIRECTLY TO OR FOR PARTICIPANTS

Benefits paid directly to or for participants for the years ended November 30, 2024 and 2023 consisted of the following:

Description	2024	2023
Health claims	\$ 349,215	\$ 144,318
Prescriptions	96,114	88,022
Preferred provider fees	180,949	84,495
Stop-loss insurance premiums	226,750	263,441
PCORI fees	486	366
Total benefits paid to or for participants	<u>\$ 853,514</u>	<u>\$ 580,642</u>

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(4) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of November 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 3,375,052	\$ 2,826,178
Less: Obligations for current benefit coverage	<u>(140,000)</u>	<u>(81,000)</u>
Net assets available for benefits per Form 5500	<u>\$ 3,235,052</u>	<u>\$ 2,745,178</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the years ended November 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants per financial statements	\$ 853,514	\$ 580,642
Add: Current benefit obligation - end of year	140,000	81,000
Less: Current benefit obligation - beginning of year	<u>(81,000)</u>	<u>(160,000)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 912,514</u>	<u>\$ 501,642</u>

(5) INVESTMENTS

The assets of the Fund are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Fund's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index.

The Fund's investments are held by Morgan Stanley Smith Barney LLC. The Trustees have established a formal investment policy that includes selecting a professional investment advisor to manage investments, diversifying the investment portfolio and making short-term and long-term investments.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(5) INVESTMENTS (CONTINUED)

During the years ended November 30, 2024 and 2023, the Fund's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Description	2024	2023
Common stocks	\$ 281,828	\$ 10,606
Mutual funds	(69,786)	(26,288)
Exchange traded funds	44,255	36,968
Corporate and municipal bonds	(31,159)	79
U.S. Government and GSE securities	4,151	(8,606)
Net appreciation in fair value	\$ 229,289	\$ 12,759

(6) FAIR VALUE MEASUREMENT

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

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

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

The 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 November 30, 2024 and 2023.

Common stocks – The value is calculated using quoted market prices and documented trade history in the security.

Mutual funds and exchange traded & closed-end funds – The value is calculated at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-end mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Corporate bonds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

U.S. Government Securities – The value is calculated using quoted market prices and documented trade history in the security.

Government, agency and state and local securities (“Government sponsored enterprises” or “GSE”) – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Money market fund – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

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

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with these securities.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of November 30, 2024 and 2023:

Description	2024			Total
	Level 1	Level 2	Level 3	
Equities -				
Common stocks	\$ 781,257	\$ -	\$ -	\$ 781,257
Mutual funds	1,492,981	-	-	1,492,981
Exchange traded and closed-end funds	753,755	-	-	753,755
Fixed income -				
Money market fund	-	28,904	-	28,904
Total investments	<u>\$ 3,027,993</u>	<u>\$ 28,904</u>	<u>\$ -</u>	<u>\$ 3,056,897</u>

Description	2023			Total
	Level 1	Level 2	Level 3	
Equities -				
Common stocks	\$ 228,700	\$ -	\$ -	\$ 228,700
Mutual funds	824,753	-	-	824,753
Exchange traded and closed-end funds	1,033,973	-	-	1,033,973
Fixed income -				
Corporate bonds	-	84,713	-	84,713
U.S. Government securities	40,727	-	-	40,727
Government sponsored enterprises	-	109,175	-	109,175
Money market fund	-	28,399	-	28,399
Total investments	<u>\$ 2,128,153</u>	<u>\$ 222,287</u>	<u>\$ -</u>	<u>\$ 2,350,440</u>

Changes in fair value levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information				
For calendar plan year 2023 or fiscal plan year beginning		12/1/2023	and ending	11/30/2024
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 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		1b Three-digit plan number (PN) ▶	501
United Food and Commercial Workers Allied Trades Trust Fund		1c Effective date of plan	12/1/1961
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)		2b Employer Identification Number (EIN)	95-6047046
United Food and Commercial Workers Allied Trades Trust Fund ¹ Board of Trustees		2c Plan Sponsor's telephone number	(800) 842-5899
2010 NW 150th Ave, Suite 200 Pembroke Pines FL 33028		2d Business code (see instructions)	424400

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	<i>Greg Conger</i>	6/26/25	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED NOVEMBER 30, 2024

EIN: 95-6047046

(a) Identity of Party	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Morgan Stanley Money Market	Money Market	\$ 4,417,763	\$ -	\$ -	\$4,417,763	\$ 4,417,763	\$ -
Morgan Stanley Money Market	Money Market	-	4,417,258	-	4,417,258	4,417,258	-
Allspring Core Plus Bond	Mutual Fund	615,624	-	-	615,624	615,624	-
Blackrock Low Duration Bond Inst	Mutual Fund	378,834	-	-	378,834	378,834	-
Blackrock Low Duration Bond Inst	Mutual Fund	-	380,757	-	378,834	380,757	1,923
Doubleline Total Return I	Mutual Fund	13,706	-	-	13,706	13,706	-
Doubleline Total Return I	Mutual Fund	-	176,303	-	197,938	176,303	(21,635)
Federated Hrms Total Return Bond	Mutual Fund	627,198	-	-	627,198	627,198	-
Federated Hrms Total Return Bond	Mutual Fund	-	1,172	-	1,221	1,172	(49)
Invesco Conservative Inc	Mutual Fund	172,652	-	-	172,652	172,652	-
Invesco Conservative Inc	Mutual Fund	-	82,934	-	82,755	82,934	179
Ishares 20+ Year	Exchange Traded & Close-end Fund	141,573	-	-	141,573	141,573	-
Ishares 20+ Year	Exchange Traded & Close-end Fund	-	141,574	-	159,482	141,574	(17,908)

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE SCHEDULES.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED NOVEMBER 30, 2024

EIN: 95-6047046

(a) Identity of Party	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
JPMorgan Value Advantage I	Mutual Fund	192,085	-	-	192,085	192,085	-
JPMorgan Value Advantage I	Mutual Fund	-	220,557	-	192,085	220,557	28,472
Metropolitan West Total Return Bond	Mutual Fund	175,196	-	-	175,196	175,196	-
Metropolitan West Total Return Bond	Mutual Fund	-	513,268	-	563,830	513,268	(50,562)
Morgan Stanley Money Market	Money Market	285,180	-	-	285,180	285,180	-
Morgan Stanley Money Market	Money Market	-	285,180	-	285,180	285,180	-
Pimco Enhanced Short Market Exec	Exchange Traded & Close-end Fund	74,823	-	-	74,823	74,823	-
Pimco Enhanced Short Market Exec	Exchange Traded & Close-end Fund	-	147,610	-	149,265	147,610	(1,655)
Spdr Bloomberg 1-3 Month T-B	Exchange Traded & Close-end Fund	34,477	-	-	34,477	34,477	-
Spdr Bloomberg 1-3 Month T-B	Exchange Traded & Close-end Fund	-	393,221	-	392,829	393,221	392
Vanguard Russell 1000 Growth	Exchange Traded & Close-end Fund	372	-	-	372	372	-
Vanguard Russell 1000 Growth	Exchange Traded & Close-end Fund	-	156,175	-	112,091	156,175	44,084
Vanguard Total Bond Market	Exchange Traded & Close-end Fund	635,116	-	-	635,116	635,116	-
Vanguard Total Bond Market	Exchange Traded & Close-end Fund	-	98,383	-	100,565	98,383	(2,182)

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE SCHEDULES.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED NOVEMBER 30, 2024

EIN: 95-6047046

(a) Identity of Party	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Western Asset Core Plus Bond I	Mutual Fund	165,349	-	-	165,349	165,349	-
Western Asset Core Plus Bond I	Mutual Fund	-	166,368	-	165,006	166,368	1,362

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE SCHEDULES.

UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF NOVEMBER 30, 2024

EIN: 95-6047046

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
COMMON STOCKS:			
ABBVIE INC	30 SHARES COMMON STOCK	\$ 5,731	\$ 5,519
ACCENTURE PLC IRELAND	32 SHARES COMMON STOCK	10,299	11,449
ADOBE INC	9 SHARES COMMON STOCK	4,816	4,690
AIA GROUP LTD	101 SHARES COMMON STOCK	2,912	3,019
AIRBNB INC	16 SHARES COMMON STOCK	2,112	2,131
AKZO NOBEL NV ADR	186 SHARES COMMON STOCK	4,685	3,621
ALCON INC	107 SHARES COMMON STOCK	8,320	9,507
ALPHABET INC	27 SHARES COMMON STOCK	4,457	4,635
AMAZON COM INC	112 SHARES COMMON STOCK	17,731	23,284
AMERICAN EXPRESS CO	11 SHARES COMMON STOCK	3,148	3,500
AMERICAN HOMES 4 RENT	56 SHARES COMMON STOCK	2,119	2,151
ANALOG DEVICES INC	6 SHARES COMMON STOCK	1,301	1,237
APPLE INC	58 SHARES COMMON STOCK	10,466	13,774
APPLE HOSPITALITY REIT INC	58 SHARES COMMON STOCK	884	933
ARCH CAPITAL GROUP LTD	12 SHARES COMMON STOCK	1,326	1,212
ASHTEAD GROUP PLC	25 SHARES COMMON STOCK	6,435	8,287
ASML HOLDING NV	6 SHARES COMMON STOCK	4,830	4,473
ASSA ABLOY AB	364 SHARES COMMON STOCK	4,782	5,582
AUTOZONE INC	1 SHARES COMMON STOCK	2,095	2,127
AXALTA COATING SYSTEMS LTD	70 SHARES COMMON STOCK	2,631	2,819
BANK OF AMERICA CORP	137 SHARES COMMON STOCK	5,690	6,509
BATH & BODY WORKS INC	48 SHARES COMMON STOCK	1,496	1,741
BERKLEY WR CORP	30 SHARES COMMON STOCK	1,783	1,955
BERKSHIRE HATHAWAY	16 SHARES COMMON STOCK	7,693	8,083
BEST BUY CO	13 SHARES COMMON STOCK	1,263	1,183
BLOCK INC	14 SHARES COMMON STOCK	1,123	1,278
BOOKING HOLDINGS INC	1 SHARES COMMON STOCK	1,317	1,576
BRISTOL MYERS SQUIBB CO	98 SHARES COMMON STOCK	5,209	5,790
BROOKFIELD CORP	167 SHARES COMMON STOCK	6,539	10,252
CAMECO CORP	159 SHARES COMMON STOCK	7,847	9,453
CAPITAL ONE FINANCIAL CORP	39 SHARES COMMON STOCK	6,305	7,580
CARLISLE CO INC	6 SHARES COMMON STOCK	2,762	2,752
CBRE GROUP INC	11 SHARES COMMON STOCK	1,384	1,596
CENCORA INC	15 SHARES COMMON STOCK	3,373	3,742
CHARLES SCHWAB	33 SHARES COMMON STOCK	2,353	2,796
CHEVRON CORP	33 SHARES COMMON STOCK	5,104	5,423
CHUBB LTD	7 SHARES COMMON STOCK	2,115	2,120
CISCO SYS INC	26 SHARES COMMON STOCK	1,410	1,539
COCA COLA EUROPACIFIC PARTNERS	82 SHARES COMMON STOCK	4,888	6,334

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UNITED FOOD AND COMMERCIAL WORKERS

ALLIED TRADES TRUST FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF NOVEMBER 30, 2024

EIN: 95-6047046

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
COMMON STOCKS (CONTINUED):			
COGNIZANT TECH SOLUTIONS	26 SHARES COMMON STOCK	2,048	2,100
COLUMBIA SPORTSWEAR CO	11 SHARES COMMON STOCK	849	930
CONCOPHILLIPS	43 SHARES COMMON STOCK	4,744	4,621
CORPAY INC	5 SHARES COMMON STOCK	1,658	1,859
COTERRA ENERGY INC	47 SHARES COMMON STOCK	1,186	1,265
CREDICORP LTD	34 SHARES COMMON STOCK	4,957	6,218
CVS HEALTH CORP	33 SHARES COMMON STOCK	2,119	1,962
DAIKIN INDS LTD	324 SHARES COMMON STOCK	5,421	3,904
DBS GROUP HOLDINGS LTD	56 SHARES COMMON STOCK	4,055	7,093
DIAGEO PLC	45 SHARES COMMON STOCK	6,041	5,397
DICKS SPORTING GOODS INC	6 SHARES COMMON STOCK	1,218	1,256
DOVER CORP	15 SHARES COMMON STOCK	2,849	3,067
DSM FIRMENICH AG ADR	509 SHARES COMMON STOCK	5,773	5,645
EASTGROUP PROPERTIES INC	3 SHARES COMMON STOCK	622	606
EATON CORP PLC	18 SHARES COMMON STOCK	3,579	6,871
EDISON INTERNATIONAL	18 SHARES COMMON STOCK	1,528	1,608
ELI LILLY & CO	5 SHARES COMMON STOCK	3,547	4,277
ENERGY CORP	6 SHARES COMMON STOCK	824	959
EOG RESOURCES INC	27 SHARES COMMON STOCK	3,533	3,561
EQT CORPORATION	21 SHARES COMMON STOCK	795	957
EQUINIX INC	6 SHARES COMMON STOCK	4,502	5,592
ERSTE GROUP BANK	270 SHARES COMMON STOCK	5,704	7,400
EXPEDIA GROUP INC	10 SHARES COMMON STOCK	1,550	1,829
EXPERIAN GP LTD	118 SHARES COMMON STOCK	4,777	5,626
FANUC CORPORATION UNSP ADR	296 SHARES COMMON STOCK	4,425	3,831
FEDERAL RLTY INVT TR	19 SHARES COMMON STOCK	2,080	2,168
FEDEX CORP	10 SHARES COMMON STOCK	2,764	3,117
FIFTH 3RD BANCORP	32 SHARES COMMON STOCK	1,410	1,531
FIRST CITIZ BANCSHARES	2 SHARES COMMON STOCK	3,962	4,494
FORTUNE BRANDS INNOVATIONS INC	28 SHARES COMMON STOCK	2,368	2,199
GENL DYNAMICS CORP	8 SHARES COMMON STOCK	2,423	2,339
GRAPHIC PACKAGING HOLDING CO	74 SHARES COMMON STOCK	2,127	2,234
GSK PLC	124 SHARES COMMON STOCK	4,972	4,232
HALEON PLC	615 SHARES COMMON STOCK	5,206	5,941
HCA HEALTHCARE INC	9 SHARES COMMON STOCK	3,329	2,851
HEINEKEN NV SPN ADR	96 SHARES COMMON STOCK	4,860	3,549
HENRY SCHEIN INC	41 SHARES COMMON STOCK	2,848	3,137
HEWLETT PACKARD ENTERPRISE	112 SHARES COMMON STOCK	2,331	2,377
HOME DEPOT INC	4 SHARES COMMON STOCK	1,826	1,910

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COMMON STOCKS (CONTINUED):			
HONEYWELL INTL INC	7 SHARES COMMON STOCK	1,427	1,547
HOST HOTELS & RESORTS INC	34 SHARES COMMON STOCK	610	635
IAC INC	32 SHARES COMMON STOCK	1,631	1,516
ING GROEP NV ADR	506 SHARES COMMON STOCK	7,113	7,818
INTERCONTINENTAL EXCHANGE INC	10 SHARES COMMON STOCK	993	1,548
INTERNATIONAL PAPER CO	27 SHARES COMMON STOCK	1,323	1,568
INTL BUSINESS MACHINES CORP	6 SHARES COMMON STOCK	1,328	1,310
INTUIT INC	8 SHARES COMMON STOCK	4,704	4,963
INTUITIVE SURGICAL INC	10 SHARES COMMON STOCK	3,656	5,462
JOHNSON & JOHNSON	18 SHARES COMMON STOCK	2,864	2,765
KEURIG DR PEPPER INC	81 SHARES COMMON STOCK	2,905	2,650
KIMCO REALTY CORP	61 SHARES COMMON STOCK	1,419	1,557
KINDER MORGAN INCORP	90 SHARES COMMON STOCK	2,211	2,544
KUBOTA CP ADR	56 SHARES COMMON STOCK	4,242	3,470
LABCORP HOLDINGS INC	10 SHARES COMMON STOCK	2,220	2,438
LAMAR ADVERTISING CO	14 SHARES COMMON STOCK	1,861	1,904
LOEWS CORPORATION	51 SHARES COMMON STOCK	4,074	4,415
LOWES COMPANIES INC	11 SHARES COMMON STOCK	3,051	3,033
LPL FINL HOLDINGS INC	3 SHARES COMMON STOCK	724	933
LVMH MOET HENNESSY LOUIS VUITTON	37 SHARES COMMON STOCK	5,416	4,610
M&T BANK CORP	32 SHARES COMMON STOCK	6,079	7,142
MAGNA INTERNATIONAL INC	76 SHARES COMMON STOCK	4,195	3,427
MARSH & MCLENNAN COS INC	20 SHARES COMMON STOCK	3,972	4,754
MARTIN MARIETTA MATERIALS	4 SHARES COMMON STOCK	1,944	2,150
MCDONALDS CORP	11 SHARES COMMON STOCK	3,349	3,283
MCKESSON CORP	1 SHARES COMMON STOCK	781	930
MEDTRONIC PLC	14 SHARES COMMON STOCK	1,245	1,212
MERCK & CO INC	21 SHARES COMMON STOCK	2,309	2,177
META PLATFORMS INC	31 SHARES COMMON STOCK	12,277	17,973
MGIC INVT CORP	86 SHARES COMMON STOCK	2,192	2,249
MICHELIN COMPAGNIE GENERAL	351 SHARES COMMON STOCK	6,014	5,700
MICROCHIP TECHNOLOGY INC	18 SHARES COMMON STOCK	1,379	1,251
MICROSOFT CORP	45 SHARES COMMON STOCK	17,495	19,112
MID AMER APART COMM INC	17 SHARES COMMON STOCK	2,642	2,826
MOHAWK INDUSTRIES INC	15 SHARES COMMON STOCK	2,344	2,085
MONOTARO CO LTD	416 SHARES COMMON STOCK	5,938	7,391
MONSTER BEVERAGE CORP	70 SHARES COMMON STOCK	4,003	3,855
MORGAN STANLEY	22 SHARES COMMON STOCK	2,550	2,895
MUENCHENER RUECK-UNSPONS ADR	578 SHARES COMMON STOCK	4,826	6,035

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COMMON STOCKS (CONTINUED):			
MURPHY USA INC	3 SHARES COMMON STOCK	1,698	1,872
NETFLIX INC	11 SHARES COMMON STOCK	5,514	9,885
NEXSTAR MEDIA GROUP INC	9 SHARES COMMON STOCK	1,523	1,561
NEXTERA ENERGY INC	59 SHARES COMMON STOCK	4,001	4,622
NIDEC CORP	472 SHARES COMMON STOCK	2,411	2,165
NISOURCE INC	17 SHARES COMMON STOCK	566	637
NORTHERN TRUST CORP	34 SHARES COMMON STOCK	3,250	3,790
NORTHROP GRUMMAN CP	1,805 SHARES COMMON STOCK	938	884
NVIDIA CORPORATION	189 SHARES COMMON STOCK	10,326	26,129
NXP SEMICONDUCTORS NV	4 SHARES COMMON STOCK	923	925
OTSUKA HOLDINGS CO LTD	235 SHARES COMMON STOCK	4,715	6,795
PACKAGING CORP	9 SHARES COMMON STOCK	1,980	2,226
PALO ALTO NETWORKS INC	14 SHARES COMMON STOCK	4,197	5,329
PAN PAC INTL HOLDINGS CORP	271 SHARES COMMON STOCK	6,351	6,870
PAYLOCITY HOLDING CORP	6 SHARES COMMON STOCK	1,032	1,216
PAYPAL HOLDINGS INC	56 SHARES COMMON STOCK	3,488	4,872
PG&E CORP	114 SHARES COMMON STOCK	2,260	2,466
PHILIP MORRIS INTL INC	21 SHARES COMMON STOCK	2,563	2,812
PHILLIPS 66	5 SHARES COMMON STOCK	607	612
PNC FINANCIAL SERVICES	19 SHARES COMMON STOCK	3,599	4,041
POST HOLDINGS INC	19 SHARES COMMON STOCK	2,197	2,356
PROCTER & GAMBLE	18 SHARES COMMON STOCK	3,056	3,230
PROGRESSIVE CORP	7 SHARES COMMON STOCK	1,777	1,886
PUBLIC SERVICE ENTERPRISE	17 SHARES COMMON STOCK	1,516	1,631
PUBLIC STORAGE	6 SHARES COMMON STOCK	2,178	2,210
RAYMOND JAMES FINANCIAL INC	7 SHARES COMMON STOCK	1,049	1,273
RAYONIER INC	30 SHARES COMMON STOCK	956	968
REGENCY CENTERS CORP	37 SHARES COMMON STOCK	2,609	2,780
REGENERON PHARMACEUTICALS INC	2 SHARES COMMON STOCK	1,839	1,443
REGIONS FINANCIAL CORP	114 SHARES COMMON STOCK	2,721	3,108
RENTTOKIL INITIAL PLC ADR	142 SHARES COMMON STOCK	3,833	3,627
ROCHE HOLDINGS ADR	175 SHARES COMMON STOCK	5,576	6,342
RTX CORPORATION	58 SHARES COMMON STOCK	5,821	7,131
S&P GLOBAL INC	10 SHARES COMMON STOCK	4,296	5,237
SAFRAN SA	142 SHARES COMMON STOCK	6,572	8,268
SALEFORCE INC	17 SHARES COMMON STOCK	4,608	5,691
SBA COMMUNICATIONS CORP	3 SHARES COMMON STOCK	643	624
SHERWIN WILLIAMS CO	12 SHARES COMMON STOCK	3,711	4,937
SILGAN HOLDINGS INC	28 SHARES COMMON STOCK	1,452	1,606

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COMMON STOCKS (CONTINUED):			
SIRIUS XM HOLDINGS INC	44 SHARES COMMON STOCK	1,099	1,201
SMURFIT WESTROCK LTD	42 SHARES COMMON STOCK	1,958	2,317
SONY GROUP CORP	391 SHARES COMMON STOCK	7,350	7,840
SOUTHWEST AIRLINES	37 SHARES COMMON STOCK	1,209	1,202
STARBUCKS CORP	15 SHARES COMMON STOCK	1,429	1,564
STATE STREET CORP	35 SHARES COMMON STOCK	3,184	3,464
STRYKER CORP	12 SHARES COMMON STOCK	3,693	4,620
SYMRISE AG UNSPONS ADT	177 SHARES COMMON STOCK	4,447	4,884
T-MOBILE US INC	7 SHARES COMMON STOCK	1,626	1,876
TAIWAN SMCNDCTR MFG CO LTD ADR	27 SHARES COMMON STOCK	4,188	5,014
TD SYNEX CORP	26 SHARES COMMON STOCK	3,114	3,096
TESLA INC	13 SHARES COMMON STOCK	3,009	4,596
TEXAS INSTRUMENTS	16 SHARES COMMON STOCK	3,251	3,231
TEXAS ROADHOUSE INC	4 SHARES COMMON STOCK	817	932
THE CIGNA GROUP	5 SHARES COMMON STOCK	1,925	1,884
THERMO FISHER SCIENTIFIC	12 SHARES COMMON STOCK	6,443	6,281
TIMKEN CO	12 SHARES COMMON STOCK	988	933
TOTALENERGIES SE SPONSORED ADS	80 SHARES COMMON STOCK	5,259	4,619
TRAVELERS COMPANIES INC	19 SHARES COMMON STOCK	4,493	4,995
UBER TECHNOLOGIES INC	76 SHARES COMMON STOCK	4,930	5,458
ULTA BEAUTY INC	2 SHARES COMMON STOCK	566	608
UNILEVER PLC	73 SHARES COMMON STOCK	3,600	4,394
UNION PACIFIC CORP	28 SHARES COMMON STOCK	6,648	6,878
UNITED PARCEL SERVICE INC	16 SHARES COMMON STOCK	2,128	2,156
UNITEDHEALTH GP INC	17 SHARES COMMON STOCK	7,379	10,529
VERIZON COMMUNICATIONS	37 SHARES COMMON STOCK	1,574	1,633
VERTEX PHARMACEUTICALS	2 SHARES COMMON STOCK	893	874
VISA INC	42 SHARES COMMON STOCK	11,079	13,231
W W GRAINGER INC	5 SHARES COMMON STOCK	4,755	6,787
WALT DISNEY CO	14 SHARES COMMON STOCK	1,338	1,620
WELLS FARGO & CO	144 SHARES COMMON STOCK	8,966	10,968
WESTERN DIGITAL CORP	28 SHARES COMMON STOCK	1,880	2,066
WEYERHAUSER CO	49 SHARES COMMON STOCK	1,579	1,573
WILLIAMS CO INC	60 SHARES COMMON STOCK	3,035	3,487
WILLSCOT HOLDINGS CORP	52 SHARES COMMON STOCK	1,859	1,975
WORKDAY INC	14 SHARES COMMON STOCK	3,855	3,604

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COMMON STOCKS (CONTINUED):			
XCEL ENERGY INC	22 SHARES COMMON STOCK	1,380	1,585
ZOETIS INC	22 SHARES COMMON STOCK	4,115	3,927
	Total common stocks	680,243	781,257
MUTUAL FUNDS:			
ALLSPRING CORE PLUS BD	55,235 SHARES MUTUAL FUND	615,624	625,262
ALLSPRING SPECIAL MDCP VL	563 SHARES MUTUAL FUND	25,550	31,061
FEDERATED HRMS TTL	65,687 SHARES MUTUAL FUND	625,977	625,999
INVESCO CONSERVATIVE INC	8,947 SHARES MUTUAL FUND	89,897	90,101
INVESCO EQV EM MARKET ALL CAP	3,617 SHARES MUTUAL FUND	119,004	120,558
	Total mutual funds	1,476,052	1,492,981
EXCHANGE-TRADED & CLOSED-END FUNDS:			
ISHARES CORE S&P 500	500 SHARES EXCHANGE TRADE FUND	100,343	121,014
ISHARES RUSSELL MIDCAL ETF	697 SHARES EXCHANGE TRADE FUND	81,072	94,283
VANGUARD TOTAL BOND MARKET	7,316 SHARES EXCHANGE TRADE FUND	534,552	538,458
	Total exchange-traded & closed-end funds	715,967	753,755
MONEY MARKET FUND,			
MORGAN STANLEY MONEY MARKET	28,904 MONEY MARKET	28,904	28,904
	Total investments	\$ 2,901,166	\$ 3,056,897

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