

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>UNITED CRAFTS BENEFITS FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED CRAFTS BENEFITS FUND BOARD OF TRUSTEES</u></p> <p><u>415 WILLIS AVENUE</u> <u>WILLISTON PARK, NY 11596</u></p>	<p>1c Effective date of plan <u>08/22/1973</u></p> <p>2b Employer Identification Number (EIN) <u>11-2252603</u></p> <p>2c Plan Sponsor's telephone number <u>516-877-5008</u></p> <p>2d Business code (see instructions) <u>485410</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2025	BARBARA ALBERGO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2025	PHILIP CASTROGIOVANNI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2496
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)	2496
	6a(2)	2673
	6b	
	6c	
	6d	2673
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	24

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**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

2024

This Form is Open to Public Inspection

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

A Name of plan UNITED CRAFTS BENEFITS FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CRAFTS BENEFITS FUND BOARD OF TRUSTEES		D Employer Identification Number (EIN) 11-2252603

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	149921	2636	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 6062	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LABOR-FIRST **3000 MIDLANTIC DRIVE #101**
MT LAUREL, NJ 08054-1513

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6062			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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	62498
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan UNITED CRAFTS BENEFITS FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CRAFTS BENEFITS FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 11-2252603	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

OPTUM RX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	4953497	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	38657	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPIRE HEALTH CHOICE HMO, INC.

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	1302116	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEBORAH SCIORTINO

11-2252603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	206500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BARBARA ALBERGO

11-2252603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COLUMBIA THREADNEEDLE

41-1533211

(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?
51 68	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	95379	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SELE-DENT, INC.

11-3310187

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	83381	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALEJANDRO A. GONZALEZ

11-2252603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVESCO

91-2052098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	62722	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	61694	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ROSA CASTRO

11-2252603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60505	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASB CAPITAL MANAGEMENT LLC

27-0185492

(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?
51	NONE	58214	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

QUAN VEST

11-2559669

(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?
51	NONE	55992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(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?
15	NONE	43440	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BARNES, IACCARINO & SHEPHERD

26-3858697

(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	NONE	39000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LH ROSOFF & COMPANY, LLP

13-1239833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BANK OF AMERICA

94-1687665

(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	NONE	22790	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEWART ALTMAN & ASSOC.

11-2498164

(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	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>UNITED CRAFTS BENEFITS FUND</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED CRAFTS BENEFITS FUND BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>11-2252603</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO INST TR BAL-RISK ALLOCATION</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>27-3783895-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5102419</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASB REAL ESTATE INVESTMENTS</u>		
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5604374</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UNITED CRAFTS BENEFITS FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CRAFTS BENEFITS FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 11-2252603

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1762157	1950771
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	132656	123486
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5260299	5358895
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17546790	16932346
(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)	12030500	10706793
(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)	80540227	80528197
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	2003914	2261629
f Total assets (add all amounts in lines 1a through 1e).....	1f	119276543	117862117
Liabilities			
g Benefit claims payable.....	1g	3291300	3802900
h Operating payables.....	1h	128189	72523
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5300	5300
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3424789	3880723
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	115851754	113981394

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)	21820450	
(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)		21820450
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5822	
(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)	448402	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		454224
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	202889	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1882996	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2085885
(3) Rents.....	2b(3)		184440
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	20172473	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11915671	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		8256802
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	278629	
(B) Other.....	2b(5)(B)	-700009	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-421380

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2137580
(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)		465624
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		30708465

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	29945148	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		29945148
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)	471255	
(2) Contract administrator fees	2i(2)	1385497	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)	334132	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	30500	
(8) Legal fees	2i(8)	57130	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	325163	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2633677
j Total expenses. Add all expense amounts in column (b) and enter total	2j		32578825

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1870360
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: **L. H. ROSOFF & COMPANY, LLP**

(2) EIN: **13-1239833**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

UNITED CRAFTS BENEFITS FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

UNITED CRAFTS BENEFITS FUND

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
United Crafts Benefits Fund
Williston Park, New York

Opinion

We have audited the accompanying financial statements of United Crafts Benefits 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statements of accumulated plan benefits as of December 31, 2024 and December 31, 2023, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of United Crafts Benefits 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of United Crafts Benefits 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 United Crafts Benefits 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 schedule of administrative expenses is presented for the purpose of additional analysis. The supplemental schedule of assets held at end of year and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



L. H. Rosoff & Company, LLP
Great Neck, New York
July 28, 2025

UNITED CRAFTS BENEFITS FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2024	2023
<u>ASSETS</u>		
INVESTMENTS:		
AT FAIR VALUE:		
Equities	16,932,346	17,546,790
Common collective trusts	10,706,793	12,030,500
Mutual funds	80,528,197	80,540,227
	108,167,336	110,117,517
RECEIVABLES		
Accrued interest	117,069	116,701
Employers' contributions	1,950,771	1,762,157
	2,067,840	1,878,859
CASH		
	5,358,896	5,260,299
OTHER ASSETS:		
Property and equipment	788,296	809,210
Closing costs	5,062	5,519
Prepaid - Payroll	-	9,081
Security deposit	1,355	1,355
	794,714	825,165
Total Assets	116,388,785	118,081,840
<u>LIABILITIES</u>		
OTHER LIABILITIES		
Accounts payable for administrative expenses	72,523	128,189
Security deposit payable	5,300	5,300
	77,823	133,489
Total Liabilities	77,823	133,489
NET ASSETS AVAILABLE FOR BENEFITS	\$ 116,310,962	\$ 117,948,351

See accompanying notes.

UNITED CRAFTS BENEFITS FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31,

	2024	2023
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Employers' contributions	\$ 21,820,450	\$ 20,126,065
Rental income	184,440	178,461
	22,004,890	20,304,526
Investment Income		
Net appreciation (depreciation) in fair value of investments	5,884,837	9,139,178
Interest	1,733,536	1,685,919
Dividends	806,574	902,213
	8,424,946	11,727,309
Less: Investment expenses	334,132	380,383
Net Investment Income	8,090,815	11,346,926
Total Additions	30,095,705	31,651,452
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits paid on behalf of participants:		
Health care		
Medical claims	25,180,995	22,940,211
Prescription drugs	3,152,058	3,254,476
GME	434,535	515,578
Dental	573,488	574,004
Optical	29,975	32,240
Insurance premiums		
Life insurance	62,498	59,142
Total benefits and premiums paid	29,433,548	27,375,652
Administrative Expenses	2,299,546	2,167,199
Total Deductions	31,733,094	29,542,850
NET (DECREASE) INCREASE	(1,637,389)	2,108,602
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	117,948,351	115,839,750
End of Year	116,310,962	\$ 117,948,351

See accompanying notes.

UNITED CRAFTS BENEFITS FUND
STATEMENTS OF PLAN BENEFIT OBLIGATIONS

	DECEMBER 31,	
	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS:		
Health Claims Payable, claims incurred but not reported, and premiums due to insurers	\$ 3,802,900	\$ 3,291,300
Total Benefit Obligations	<u>\$ 3,802,900</u>	<u>\$ 3,291,300</u>

See accompanying notes.

UNITED CRAFTS BENEFITS FUND
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

	FOR THE YEARS ENDED DECEMBER 31,	
	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS:		
Balance at beginning of year	\$ 3,291,300	\$ 3,143,100
Claims reported and approved for payment	29,882,650	27,464,710
Claims paid	(29,371,050)	(27,316,510)
 PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	 \$ 3,802,900	 \$ 3,291,300

See accompanying notes.

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following brief description of the United Crafts Benefits Fund (“The Plan”) provides only general information. Participants should refer to the Plan agreement for more complete information.

General

The Plan was established under an agreement and declaration of trust dated January 10, 1972 pursuant to collective bargaining agreements between the United Crafts Benefits Fund and various employers operating in the New York metropolitan area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is exempt from Federal Income taxes under Section 501 (c)(9) of the Internal Revenue Code.

Benefits

The Plan provides hospital, surgical, medical, home health care, dental, drug, optical, and death benefits for eligible employees and dependents of contributing employers. The Plan also provides a continuation of health coverage under the Consolidated Omnibus Budget and Reconciliation Act (COBRA) to eligible employees and dependents upon loss of coverage under the Plan.

Contributions

Employers make contributions to the Plan on behalf of each covered employee in accordance with the terms of the applicable collective bargaining agreement. Former members covered under COBRA make contributions to the Plan for continuation of health coverage. The Plan is non contributory for employees and dependents and is funded primarily from contributions received from employers.

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Securities traded on the national securities exchanges are valued at the last reported sales price on the last business day of the plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices.

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

Concentration of Credit Risk

The Plan has concentrated its credit risk for cash by maintaining deposits in various banks, which may at time, exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (FDIC). The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk to cash.

All of the Plan's participants are employed by companies located in the New York metropolitan area. All of the Plan's employer contributions and contributions receivable are from contributing employers located within the New York metropolitan area.

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 2 – Summary of Significant Accounting Policies (cont'd)

Property and Equipment

Property and equipment are stated at cost. The costs of additions and betterments are capitalized and expenditures for repairs and maintenance are expensed when paid. When items of property or equipment are sold or retired, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is included in additions to or deductions from net assets.

Depreciation of property and equipment is provided utilizing the straight-line method over the estimated useful lives of the respective assets as follows:

Building	39 years
Improvements	7-10 years
Furniture, fixtures and equipment	5-10 years
Computer equipment	5 years

Closing costs incurred in acquiring the building are recorded at cost. Amortization is calculated by the straight-line method over the useful life of the building.

Benefits Obligations

Benefit claims currently payable include the Plan's liability for claims incurred as of the end of the year but not reported, and the Plan's liability for claims reported as of year-end but not yet processed. The Plan's liability for claims incurred but not reported, as well as claims that are known but not yet paid, were calculated based on formulas representative of reasonable levels of such claims as established by industry standards. These amounts are paid by the plan only if claims are submitted and approved for payment. Medical cost trends for 2025 are projected at 8%.

Employee Pension Fund

Employees of the Plan are covered by the Local 91 Pension Fund, to which the Plan makes monthly contributions on their behalf.

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 3 – Investments

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include

1. Quoted prices for similar assets or liabilities in active markets;
2. Quoted prices for identical or similar assets or liabilities in inactive markets;
3. Inputs other than quoted prices that are observable for the asset or liability;
4. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3

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

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

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

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

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 3 – Investments (cont'd)

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

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

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

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Equities	\$ 16,932,346	-	-	\$ 16,932,346
Mutual funds	\$ 80,258,197	-	-	\$ 80,258,197
Total Assets in the Fair Value Hierarchy	\$ 97,460,543	\$ -	-	\$ 97,460,543
Investments measured at Net asset value (a)				\$ 10,706,793
Investments at fair value	\$ 97,460,543	\$ -		\$ 108,167,336

Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Equities	\$ 17,546,790	-	-	\$ 17,546,790
Mutual funds	\$ 80,540,227	-	-	\$ 80,540,227
Total Assets in the Fair Value Hierarchy	\$ 98,087,017	\$ -	-	\$ 98,087,017
Investments measured at Net asset value (a)				\$ 12,030,500
Investments at fair value	\$ 98,087,018	\$ -		\$ 110,117,517

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 3 – Investments (cont'd)

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

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024, and 2023, respectively.

	Fair Value at 12/31/24	Unfunded Commitments	Redemptions Frequency (if currently eligible)	Redemption Notice Period
Common Collective Trusts:				
Invesco Ins Trust Balanced-Risk Allocation Fund	\$ 5,102,419	N/A	Daily	None
ASB Allegiance RE Fund	\$ 5,604,374	N/A	Daily	None
	<u>\$ 10,706,793</u>			

	Fair Value at 12/31/23	Unfunded Commitments	Redemptions Frequency (if currently eligible)	Redemption Notice Period
Common Collective Trusts:				
Invesco Ins Trust Balanced-Risk Allocation Fund	\$ 5,327,133	N/A	Daily	None
ASB Allegiance RE Fund	\$ 6,703,367	N/A	Daily	None
	<u>\$ 12,030,500</u>			

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 4 – Tax Status

The trust established under the Plan to hold the Plan’s assets is intended to qualify pursuant to Section 501(c)9 of the Internal Revenue Code and, accordingly, the Trust’s net investment income is exempt from income taxes. The Trust has obtained a favorable tax exemption letter from the Internal Revenue Service, and the Plan sponsor believes that the trust and the Plan, as amended, continue to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

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

Note 5 – Property and Equipment

Property and equipment are summarized as follows:

	<u>2024</u>	<u>2023</u>
Land and building	\$ 1,171,000	\$ 1,171,000
Improvements	132,800	132,800
Furniture, fixtures and equipment	48,953	48,953
Automobiles	13,570	13,570
Computer and office equipment	<u>119,900</u>	<u>119,900</u>
	1,486,223	1,486,223
Less: Accumulated depreciation	<u>697,927</u>	<u>677,013</u>
	<u>\$ 788,297</u>	<u>\$ 809,210</u>

Depreciation expense related to property and equipment amounted to \$21,371 and \$21,897 for the years ended December 31, 2024 and 2023, respectively.

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 5 – Property and Equipment (cont'd)

There exists a difference of reported value on the building and improvements as per the financial statement (at cost less accumulated depreciation) as opposed to the form 5500 Schedule H at fair value.

Fair value per appraisal dated August 19, 2024	\$2,300,000
Cost less accumulated depreciation	<u>826,668</u>
Existing difference	<u>\$1,473,332</u>

Note 6 – Related Party Disclosures

Certain Officers and Trustees of United Crafts Benefits Fund are also Officers and Trustees of the following related entities:

Local 91 Pension Fund
Union Local 91

These entities are also tenants of United Crafts Benefits Fund. On April 1, 2018 the Plan signed a lease with the related entities, to expire March 2026. Rent received from each entity is as follows:

	Local 91 Pension Fund	Union Local 91
04/01/23-03/31/24	\$ 5,213.08/month	\$ 4,639.63/month
04/01/24-03/31/25	\$ 5,421.60/month	\$ 4,825.22/month
04/01/25-03/31/26	\$ 5,638.46/month	\$ 5,018.23/month

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 7 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500.

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$116,310,962	\$117,948,351
Difference between fair market value and book value of building (see Note 5)	1,473,332	1,194,703
Benefit obligations currently payable (Health Claims)	<u>(3,802,900)</u>	<u>(3,291,300)</u>
Net assets available for benefits per Form 5500	<u>\$113,981,394</u>	<u>\$115,851,754</u>

The following is a reconciliation of benefits paid on behalf of participants per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid on behalf of participants (Health Care and Insurance Premiums) per financial statement	\$29,433,548	\$27,375,652
Amounts payable at end of year	3,802,900	3,291,300
Amounts payable at beginning of year	<u>(3,291,300)</u>	<u>(3,143,100)</u>
Benefits paid on behalf of participants per Form 5500	<u>\$29,945,148</u>	<u>\$27,523,852</u>

Note 8 – Risks and Uncertainties

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

UNITED CRAFTS BENEFITS FUND
NOTES TO FINANCIAL STATEMENTS

Note 8 – Risks and Uncertainties (cont'd)

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

Note 9 – Subsequent Events

The Plan has evaluated subsequent events and transactions for potential recognition or disclosure, through July 28, 2025, the date at which the financial statements became available for issuance. No events have occurred that would require adjustments to, or disclosure in, the financial statements. Subsequent to year-end, the United States and global markets experienced significant declines in value. The Plan is closely monitoring its investment portfolio and its liquidity and are actively working to minimize the impact of these declines. Adjustments to fair value that have resulted from these declines are not included in the financial statements.

Note 10 – Termination of the Plan

Although it has not expressed any intention to do so, the Plan may be terminated by the Board of Trustees, by unanimous vote, subject to collective bargaining agreements and applicable law. Upon termination of the trust, it shall be divided in accordance with the Board of Trustees determination and applicable law. In no event shall any assets of the Trust revert to any employer or union.

SUPPLEMENTARY INFORMATION

UNITED CRAFTS BENEFITS FUND
EIN - 11-2252603, PLAN NUMBER 501
FORM 5500 SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:			
	Vanguard Total Int'l Stock IX Index Fund		4,902,293	5,116,160
	Vanguard Inst Index Fund		8,894,711	15,834,502
	Invesco Core FI		16,000,000	15,744,940
	Western Asset US Intermediate Plus		16,000,000	15,805,182
	Columbia Bond Fund		33,642,989	28,027,414
			79,439,994	80,528,197
	Common Collective Trusts:			
	Invesco Ins Trust Bal-Risk Allocation		6,201,297	5,102,419
	ASB Allegiance Real Estate Fund		7,533,806	5,604,374
			13,735,103	10,706,793
	Equities:			
	Bank of America - <i>see attached</i>		10,584,236	16,932,346
	Total		\$ 103,759,333	\$ 108,167,336

See accompanying notes.

TRADE DATE

P O R T F O L I O D E T A I L

AS OF 12/31/24

ACCOUNT
41-22-221-3211216

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UNITED CRAFTS BENEFITS FD-COMB

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
CASH EQUIVALENTS									
MONEY MARKET FUNDS									
348,833.61	FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM CUSIP NO: 608919718	348,833.61	1.000	348,833.61		1,316.10		4.392	15,320.77
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY CUSIP NO: 992690478									
			1.000			.93			
TOTAL MONEY MARKET FUNDS									
		<u>348,833.61</u>		<u>348,833.61</u>		<u>1,317.03</u>		<u>4.392</u>	<u>15,320.77</u>
TOTAL CASH EQUIVALENTS									
		<u>348,833.61</u>		<u>348,833.61</u>		<u>1,317.03</u>		<u>4.392</u>	<u>15,320.77</u>
FIXED INCOME									
MUTUAL FUNDS-FIXED									
959,842.94	6 COLUMBIA BOND FUND CL INSTLS MOODYS: NOT RATED S&P: NOT RATED CUSIP NO: 19765Y274	33,642,989.18	29.200	28,027,414.02	-5,615,575.16	109,842.25		4.721	1,323,293.14
TOTAL MUTUAL FUNDS-FIXED									
		<u>33,642,989.18</u>		<u>28,027,414.02</u>	<u>-5,615,575.16</u>	<u>109,842.25</u>		<u>4.721</u>	<u>1,323,293.14</u>
TOTAL FIXED INCOME									
		<u>33,642,989.18</u>		<u>28,027,414.02</u>	<u>-5,615,575.16</u>	<u>109,842.25</u>		<u>4.721</u>	<u>1,323,293.14</u>
EQUITIES									
CONSUMER DISCRETIONARY									
4,068.000	AMAZON COM INC COM CUSIP NO: 023135106	428,454.62	219.390	892,478.52	464,023.90				



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UNITED CRAFTS BENEFITS FD-COMB

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
5,732.000	EBAY INC CUSIP NO: 278642103	282,147.00	61.950	355,097.40	72,950.40			1.743	6,190.56
191.000	LULULEMON ATHLETICA INC CUSIP NO: 550021109	57,056.68	382.410	73,040.31	15,983.63			.841	320.31
112.000	SHERWIN WILLIAMS CUSIP NO: 8243448106	31,548.06	339.930	38,072.16	6,524.10			2.143	3,509.81
2,507.000	TAPESTRY INC CUSIP NO: 876030107	87,476.14	65.330	163,782.31	76,306.17				
752.000	TESLA INC CUSIP NO: 88160R101	185,541.25	403.840	303,687.68	118,146.43				
	TOTAL CONSUMER DISCRETIONARY	1,072,223.75		1,826,158.38	753,934.63			.549	10,020.64
	CONSUMER STAPLES								
11,414.000	COTY INC CL A CUSIP NO: 222070203	98,281.86	6.960	79,441.44	-18,840.42			7.184	5,707.01
2,458.000	MONDELEZ INTERNATIONAL INC CUSIP NO: 609207105	165,246.66	59.730	146,816.34	-18,430.32	1,155.26		3.147	4,621.01
1,223.000	PROCTER & GAMBLE CO CUSIP NO: 742718109	185,702.45	167.650	205,035.95	19,333.50			2.401	4,923.81
2,210.000	SYSCO CORPORATION CUSIP NO: 871829107	168,713.97	76.460	168,976.60	262.63			2.668	4,508.41
1,045.000	TARGET CORP CUSIP NO: 87612E106	138,381.33	135.180	141,263.10	2,881.77			3.314	4,681.61
1,531.000	WALMART INC CUSIP NO: 931142103	83,798.78	90.350	138,325.85	54,527.07	528.71		.919	1,270.71

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UNITED CRAFTS BENEFITS FD-COMB

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
	TOTAL CONSUMER STAPLES	840,125.05		879,859.28	39,734.23	1,683.97		2.922	25,712.57
	ENERGY								
3,776.000	CANADIAN NATURAL RES LTD CUSIP NO: 136385101	58,395.18	30.870	116,565.12	58,169.94	1,247.60		4.924	5,740.06
1,762.000	CHEVRON CORP CUSIP NO: 166764100	194,067.68	144.840	255,208.08	61,140.40			4.502	11,488.24
1,208.000	EOG RESOURCES INC CUSIP NO: 26875P101	113,077.02	122.580	148,076.64	34,999.62			3.182	4,711.20
	TOTAL ENERGY	365,539.88		519,849.84	154,309.96	1,247.60		4.220	21,939.50
	FINANCIALS								
395.000	AON PLC REG SHS CUSIP NO: 60403H108	114,388.90	359.160	141,868.20	27,479.30			.752	1,066.50
631.000	AMER EXPRESS COMPANY CUSIP NO: 025816109	135,956.91	296.790	187,274.49	51,317.58			.943	1,766.80
4,747.000	BANK OF AMERICA CORP CUSIP NO: 060505104	162,347.07	43.950	208,630.65	46,283.58			2.366	4,936.88
290.000	BLACKROCK INC REG SHS CUSIP NO: 09290D101	183,465.50	1,025.110	297,281.90	113,816.40			1.990	5,916.00
1,447.000	JPMORGAN CHASE & CO CUSIP NO: 46625H100	186,777.69	239.710	346,860.37	160,082.68			2.086	7,235.00
477.000	MASTERCARD INC CUSIP NO: 57656Q104	105,382.46	526.570	251,173.89	145,791.43			.577	1,450.08



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UNITED CRAFTS BENEFITS FD-COMB

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
228.000	S&P GLOBAL INC CUSIP NO: 78409V104	85,658.77	498.030	113,550.84	27,892.07			.731	829.92
2,663.000	SCHMAB CHARLES CORP NEW CUSIP NO: 808513105	170,294.05	74.010	197,088.63	26,794.58			1.351	2,663.00
2,413.000	BLOCK INC CUSIP NO: 852234103	142,394.03	84.990	205,080.87	62,686.84				
946.000	VISA INC CL A SHRS CUSIP NO: 92826C839	201,196.31	316.040	298,973.84	97,777.53			.747	2,232.56
2,895.000	MELLS FARGO & CO CUSIP NO: 949746101	146,625.49	70.240	203,344.80	56,719.31			2.278	4,632.00
	TOTAL FINANCIALS	1,634,487.18		2,451,128.48	816,641.30			1.335	32,728.74
	HEALTH CARE								
1,478.000	ABBOTT LABS CUSIP NO: 002824100	159,859.81	113.110	167,176.58	7,316.77			2.086	3,488.00
1,283.000	ABBVIE INC SHS CUSIP NO: 00287109	199,738.22	177.700	227,989.10	28,250.88			3.692	8,416.44
628.000	ELEVANCE HEALTH INC CUSIP NO: 036752103	251,582.67	368.900	231,669.20	-19,913.47			1.767	4,094.51
1,682.000	BIOMARIN PHARMACEUTICALS CUSIP NO: 09061G101	136,969.37	65.730	110,557.86	-26,411.51				
2,006.000	BOSTON SCIENTIFIC CORP CUSIP NO: 101137107	114,854.35	89.320	179,175.92	64,321.57				
569.000	ILLUMINA INC COM CUSIP NO: 452327109	75,706.10	133.630	76,035.47	329.37				

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UNITED CRAFTS BENEFITS FD-COMB

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
466.000	IQVIA HLDGS INC CUSIP NO: 46266C105	103,756.45	196.510	91,573.66	-12,182.79				
409.000	ELI LILLY & CO CUSIP NO: 532457108	177,020.50	772.000	315,748.00	138,727.50			.777	2,454.00
2,079.000	PFIZER INC CUSIP NO: 717081103	58,261.14	26.530	55,155.87	-3,105.27			6.483	3,575.88
401.000	THERMO FISHER SCIENTIFIC INC CUSIP NO: 883556102	217,036.13	520.230	208,612.23	-8,423.90			.300	625.56
377.000	VERTEX PHARMCTLS INC CUSIP NO: 92532F100	114,160.33	402.700	151,817.90	37,657.57				
	TOTAL HEALTH CARE INDUSTRIALS	1,608,945.07		1,815,511.79	206,566.72			1.248	22,654.56
1,326.000	BOEING COMPANY CUSIP NO: 097023105	201,423.14	177.000	234,702.00	33,278.86				
588.000	COSTAR GROUP INC COM CUSIP NO: 22160N109	46,438.78	71.590	42,094.92	-4,343.86				
106.000	GE VERNOVA LLC CUSIP NO: 36828A101	5,215.39	328.930	34,866.58	29,651.19			.304	106.00
386.000	GE AEROSPACE CUSIP NO: 369604301	18,937.79	166.790	64,380.94	45,443.15			.672	432.32
1,324.000	HONEYWELL INTL INC DEL CUSIP NO: 438516106	246,272.36	225.890	299,078.36	52,806.00			2.001	5,984.48
77.000	PARKER HANIFIN CORP CUSIP NO: 701094104	21,364.92	636.030	48,974.31	27,609.39			1.025	502.04

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UNITED CRAFTS BENEFITS FD-COMB

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
771.000	RTX CORP CORP CUSIP NO: 75513E101	60,858.04	115.720	89,220.12	28,362.08			2.178	1,942.92
2,865.000	UBER TECHNOLOGIES INC CUSIP NO: 90353T100	138,646.08	60.320	172,816.80	34,170.72				
768.000	UNION PACIFIC CORP CUSIP NO: 907818108	161,726.07	228.040	175,134.72	13,408.65			2.350	4,116.44
991.000	UNITED AIRLINES HLDGS CUSIP NO: 910047109	45,248.23	97.100	96,226.10	50,977.87				
	TOTAL INDUSTRIALS	946,130.80		1,257,494.85	311,364.05			1.041	13,084.24
	INFORMATION TECHNOLOGY								
341.000	ACCENTURE PLC SHS CUSIP NO: 61151C101	101,972.45	351.790	119,960.39	17,987.94			1.683	2,018.71
1,337.000	TE CONNECTIVITY PLC CUSIP NO: 687052109	179,143.79	142.970	191,150.89	12,007.10				
484.000	ADOBE INC SHS CUSIP NO: 00724F101	227,985.06	444.680	215,225.12	-12,759.94				
522.000	ADVANCED MICRO D INC CUSIP NO: 007903107	64,817.12	120.790	63,052.38	-1,764.74				
4,549.000	APPLE INC CUSIP NO: 037833100	340,463.21	250.420	1,139,160.58	798,697.37			.399	4,549.00
655.000	AUTODESK INC DEL PV\$0.01 CUSIP NO: 052769106	148,638.58	295.570	193,598.35	44,959.77				

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UNITED CRAFTS BENEFITS FD-COMB

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
3449.000	CDW CORP CUSIP NO: 125146108	61,185.39	174.040	60,739.96	-445.43			1.436	872.50
1,175.000	ENTERIS INC MINNESOTA CUSIP NO: 29362UI04	116,442.89	99.060	116,395.50	-47.39			.404	470.00
317.000	INTUIT INC CUSIP NO: 461202103	155,395.01	628.500	199,234.50	43,839.49			.662	1,318.72
2,566.000	LAM RESH CORP CUSIP NO: 512807306	119,994.15	72.230	185,342.18	65,348.03	590.18		1.274	2,360.72
982.000	MARVELL TECH INC CUSIP NO: 573874104	59,750.64	110.450	108,461.90	48,711.26			.217	235.68
3,113.000	MICROSOFT CORP CUSIP NO: 594918104	403,530.04	421.500	1,312,129.50	908,599.46			.788	10,335.16
8,900.000	NVIDIA CUSIP NO: 67066G104	117,430.31	134.290	1,195,181.00	1,077,750.69			.030	356.00
1,069.000	OKTA INC REG SHS CL A CUSIP NO: 679295105	88,590.23	78.800	84,237.20	-4,353.03				
2,365.000	ON SEMICONDUCTOR CRP COM CUSIP NO: 682189105	177,845.18	63.050	149,113.25	-28,731.93				
659.000	PALO ALTO NETWORKS INC CUSIP NO: 697435105	48,529.97	181.960	119,911.64	71,381.67				
600.000	QUALCOMM INC CUSIP NO: 747525103	81,561.28	153.620	92,172.00	10,610.72			2.213	2,040.00
TOTAL INFORMATION TECHNOLOGY		2,493,275.30		5,545,066.34	3,051,791.04	590.18		.443	24,556.50



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PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
MATERIALS									
384.000	AVERY DENNISON CORP CUSIP NO: 053611109	72,726.47	187.130	71,857.92	-868.55			1.881	1,351.68
	TOTAL MATERIALS	72,726.47		71,857.92	-868.55			1.881	1,351.68
TELECOMMUNICATION SERVICES									
1,978.000	ALPHABET INC SHS CL C CUSIP NO: 02079K107	166,780.84	190.440	376,690.32	209,909.48			.420	1,582.40
2,057.000	ALPHABET INC SHS CL A CUSIP NO: 02079K305	159,937.44	189.300	389,390.10	229,452.66			.423	1,645.61
1,576.000	DISNEY (WALT) CO COM STK CUSIP NO: 254687106	148,380.31	111.350	175,487.60	27,107.29	788.00		.898	1,576.01
841.000	META PLATFORMS INC CLASS A COMMON STOCK CUSIP NO: 30303M102	168,124.27	585.510	492,413.91	324,289.64			.342	1,662.01
4,665.000	PINTEREST INC REG SHS CL A CUSIP NO: 72352L106	141,652.44	29.000	135,285.00	-6,367.44				
1,031.000	T-MOBILE US INC SHS CUSIP NO: 872590104	104,495.82	220.730	227,572.63	123,076.81			1.386	3,154.8
1,719.000	TAKE TWO INTER SOFTWARE CUSIP NO: 874054109	248,183.10	184.080	316,433.52	68,250.42				
	TOTAL TELECOMMUNICATION SERVICES	1,137,554.22		2,113,273.08	975,718.86	788.00		.456	9,640.8
UTILITIES									

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PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
1,201.000	DTE ENERGY COMPANY CUSIP NO: 233331107	132,238.17	120.750	145,020.75	12,782.58	1,309.09		3.611	5,236.36
1,944.000	PUB SVC ENTERPRISE GRP CUSIP NO: 744573106	123,769.74	84.490	164,248.56	40,478.82			2.841	4,665.60
	TOTAL UTILITIES	256,007.91		309,269.31	53,261.40	1,309.09		3.202	9,901.96
	TOTAL EQUITIES	10,427,015.63		16,789,469.27	6,362,453.64	5,909.81		1.022	171,591.29
	ALTERNATIVE INVESTMENTS								
	REAL ESTATE								
779.000	AMERICAN TOWER REIT INC (HLDS CO) SHS CUSIP NO: 03027X100	157,220.23	183.410	142,876.39	-14,343.84	1,261.98		3.533	5,047.92
	TOTAL REAL ESTATE	157,220.23		142,876.39	-14,343.84	1,261.98		3.533	5,047.92
	TOTAL ALTERNATIVE INVESTMENTS	157,220.23		142,876.39	-14,343.84	1,261.98		3.533	5,047.92
	TOTAL INVESTMENTS	44,576,058.65		45,308,593.29	732,534.64	118,331.07		3.344	1,515,253.12
	TOTAL CASH								
	ACCRUED INCOME	118,331.07		118,331.07					
	PENDING PURCHASES	-118,224.07		-118,224.07					
	PENDING SALES	15,930.23		15,930.23					
	TOTAL ASSETS	44,592,095.88		45,324,630.52					
	TOTAL EQUITIES	\$ 10,584,236		\$ 16,932,346					



UNITED CRAFTS BENEFITS FUND
 SUPPLEMENTARY INFORMATION
 SCHEDULES OF ADMINISTRATIVE EXPENSES

FOR THE YEARS ENDING DECEMBER 31,

	2024		2023
Accounting fees	\$ 30,000		\$ 30,000
Actuary fees	30,500		30,500
Amortization expense	457		457
Alarm & security	2,531		2,543
Auto expense	2,708		6,727
Bank charges	1,290		1,353
Computer expenses	28,856		23,344
Data Consulting	74,634		
Depreciation expense	20,914		21,440
Dues and subscriptions	1,226		1,196
Federal excise tax	9,934		9,762
Insurance	41,121		44,731
Legal fees	57,130		60,000
Office expense	9,556		17,902
Other Professional Fees	2,950		
Payroll processing	3,096		3,196
Payroll taxes	34,701		31,742
Printing, stationary and postage	20,199		14,575
Real estate taxes	20,992		54,864
Repairs and maintenance	31,482		62,561
Salaries and employee benefits	471,256		427,761
Telephone	6,575		6,416
Third party administrator - Medical	1,302,116		1,224,453
Third party administrator - Dental	83,381		78,980
Utilities	11,941		12,696
	\$ 2,299,546		\$ 2,167,199

See accompanying notes.

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PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
CASH EQUIVALENTS									
MONEY MARKET FUNDS									
348,833.61	FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM CUSIP NO: 608919718	348,833.61	1.000	348,833.61		1,316.10		4.392	15,320.77
	BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY CUSIP NO: 992490478		1.000			.93			
	TOTAL MONEY MARKET FUNDS	<u>348,833.61</u>		<u>348,833.61</u>		<u>1,317.03</u>		<u>4.392</u>	<u>15,320.77</u>
	TOTAL CASH EQUIVALENTS	<u>348,833.61</u>		<u>348,833.61</u>		<u>1,317.03</u>		<u>4.392</u>	<u>15,320.77</u>
FIXED INCOME									
MUTUAL FUNDS-FIXED									
959,842.94	6 COLUMBIA BOND FUND CL INSTLS MOODYS: NOT RATED S&P: NOT RATED CUSIP NO: 19765Y274	33,642,989.18	29.200	28,027,414.02	-5,615,575.16	109,842.25		4.721	1,323,293.14
	TOTAL MUTUAL FUNDS-FIXED	<u>33,642,989.18</u>		<u>28,027,414.02</u>	<u>-5,615,575.16</u>	<u>109,842.25</u>		<u>4.721</u>	<u>1,323,293.14</u>
	TOTAL FIXED INCOME	<u>33,642,989.18</u>		<u>28,027,414.02</u>	<u>-5,615,575.16</u>	<u>109,842.25</u>		<u>4.721</u>	<u>1,323,293.14</u>
EQUITIES									
CONSUMER DISCRETIONARY									
4,068.000	AMAZON COM INC COM CUSIP NO: 023135106	428,454.62	219.390	892,478.52	464,023.90				



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PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
5,732.000	EBAY INC COM CUSIP NO: 278642103	282,147.00	61.950	355,097.40	72,950.40			1.743	6,190.56
191.000	LJLULEMON ATHLETICA INC CUSIP NO: 550021109	57,056.68	382.410	73,040.31	15,983.63				
112.000	SHERWIN WILLIAMS CUSIP NO: 824348106	31,548.06	339.930	38,072.16	6,524.10			.841	320.31
2,507.000	TAPESTRY INC CUSIP NO: 876030107	87,476.14	65.330	163,782.31	76,306.17			2.143	3,509.81
752.000	TESLA INC CUSIP NO: 88160R101	185,541.25	403.840	303,687.68	118,146.43				
	TOTAL CONSUMER DISCRETIONARY	1,072,223.75		1,826,158.38	753,934.63			.549	10,020.61
	CONSUMER STAPLES								
11,414.000	COTY INC CL A CUSIP NO: 222070203	98,281.86	6.960	79,441.44	-18,840.42			7.184	5,707.01
2,458.000	MONDELEZ INTERNATIONAL INC CUSIP NO: 609207105	165,246.66	59.730	146,816.34	-18,430.32	1,155.26		3.147	4,621.01
1,223.000	PROCTER & GAMBLE CO CUSIP NO: 742718109	185,702.45	167.650	205,035.95	19,333.50			2.401	4,923.81
2,210.000	SYSCO CORPORATION CUSIP NO: 871829107	168,713.97	76.460	168,976.60	262.63			2.668	4,508.41
1,045.000	TARGET CORP COM CUSIP NO: 87612E106	138,381.33	135.180	141,263.10	2,881.77			3.314	4,681.61
1,531.000	MALMART INC CUSIP NO: 931142103	83,798.78	90.350	138,325.85	54,527.07	528.71		.919	1,270.71

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	TOTAL CONSUMER STAPLES	840,125.05		879,859.28	39,734.23	1,683.97		2.922	25,712.57
	ENERGY								
3,776.000	CANADIAN NATURAL RES LTD CUSIP NO: 136385101	58,395.18	30.870	116,565.12	58,169.94	1,247.60		4.924	5,740.06
1,762.000	CHEVRON CORP CUSIP NO: 166764100	194,067.68	144.840	255,208.08	61,140.40			4.502	11,488.24
1,208.000	EOG RESOURCES INC CUSIP NO: 26875P101	113,077.02	122.580	148,076.64	34,999.62			3.182	4,711.20
	TOTAL ENERGY	365,539.88		519,849.84	154,309.96	1,247.60		4.220	21,939.50
	FINANCIALS								
395.000	AON PLC REG SHS CUSIP NO: 60403H108	114,388.90	359.160	141,868.20	27,479.30			.752	1,066.50
631.000	AMER EXPRESS COMPANY CUSIP NO: 025816109	135,956.91	296.790	187,274.49	51,317.58			.943	1,766.80
4,747.000	BANK OF AMERICA CORP CUSIP NO: 060505104	162,347.07	43.950	208,630.65	46,283.58			2.366	4,936.88
290.000	BLACKROCK INC REG SHS CUSIP NO: 092900101	183,465.50	1,025.110	297,281.90	113,816.40			1.990	5,916.00
1,447.000	JPMORGAN CHASE & CO CUSIP NO: 46625H100	186,777.69	239.710	346,860.37	160,082.68			2.086	7,235.00
477.000	MASTERCARD INC CUSIP NO: 57636Q104	105,382.46	526.570	251,173.89	145,791.43			.577	1,450.08



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228.000	S&P GLOBAL INC CUSIP NO: 78409V104	85,658.77	498.030	113,550.84	27,892.07			.731	829.92
2,663.000	SCHWAB CHARLES CORP NEW CUSIP NO: 808513105	170,294.05	74.010	197,088.63	26,794.58			1.351	2,663.00
2,413.000	BLOCK INC CUSIP NO: 852234103	142,394.03	84.990	205,080.87	62,686.84				
946.000	VISA INC CL A SHRS CUSIP NO: 92826C839	201,196.31	316.040	298,973.84	97,777.53			.747	2,232.54
2,895.000	WELLS FARGO & CO CUSIP NO: 949746101	146,625.49	70.240	203,344.80	56,719.31			2.278	4,632.00
	TOTAL FINANCIALS	1,634,487.18		2,451,128.48	816,641.30			1.335	32,728.74
	HEALTH CARE								
1,478.000	ABBOTT LABS CUSIP NO: 002824100	159,859.81	113.110	167,176.58	7,316.77			2.086	3,488.04
1,285.000	ABBVIE INC SHS CUSIP NO: 00287Y109	199,738.22	177.700	227,989.10	28,250.88			3.692	8,416.44
628.000	ELEVANCE HEALTH INC CUSIP NO: 036752103	251,582.67	368.900	231,669.20	-19,913.47			1.767	4,094.51
1,682.000	BIOMARIN PHARMACEUTICALS CUSIP NO: 09061G101	136,969.37	65.730	110,557.86	-26,411.51				
2,006.000	BOSTON SCIENTIFIC CORP CUSIP NO: 101137107	114,854.35	89.320	179,175.92	64,321.57				
569.000	ILLUMINA INC COM CUSIP NO: 452327109	75,706.10	133.630	76,035.47	329.37				

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466.000	IQVIA HLDGS INC CUSIP NO: 46266C105	103,756.45	196.510	91,573.66	-12,182.79				
409.000	ELI LILLY & CO CUSIP NO: 532457108	177,020.50	772.000	315,748.00	138,727.50			.777	2,454.00
2,079.000	PFIZER INC CUSIP NO: 717081103	58,261.14	26.530	55,155.87	-3,105.27			6.483	3,575.88
401.000	THERMO FISHER SCIENTIFIC INC CUSIP NO: 883556102	217,036.13	520.230	208,612.23	-8,423.90	156.39		.300	625.56
377.000	VERTEX PHARMCTLS INC CUSIP NO: 92532F100	114,160.33	402.700	151,817.90	37,657.57				
	TOTAL HEALTH CARE	1,608,945.07		1,815,511.79	206,566.72	156.39		1.248	22,654.56
	INDUSTRIALS								
1,526.000	BOEING COMPANY CUSIP NO: 097023105	201,423.14	177.000	234,702.00	33,278.86				
588.000	COSTAR GROUP INC COM CUSIP NO: 22160N109	46,438.78	71.590	42,094.92	-4,343.86				
106.000	GE VERNOVA LLC CUSIP NO: 36828A101	5,215.39	328.930	34,866.58	29,651.19	26.50		.304	106.00
386.000	GE AEROSPACE CUSIP NO: 369604301	18,937.79	166.790	64,380.94	45,443.15	108.08		.672	432.32
1,524.000	HONEYWELL INTL INC DEL CUSIP NO: 439516106	246,272.36	225.890	299,078.36	52,806.00			2.001	5,984.48
77.000	PARKER HANNIFIN CORP CUSIP NO: 701094104	21,364.92	636.030	48,974.31	27,609.39			1.025	502.04



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771.000	RTX CORP CORP CUSIP NO: 75513E101	60,858.04	115.720	89,220.12	28,362.08			2.178	1,942.92
2,865.000	UBER TECHNOLOGIES INC CUSIP NO: 90353T100	138,646.08	60.320	172,816.80	34,170.72				
768.000	UNION PACIFIC CORP CUSIP NO: 907818108	161,726.07	228.040	175,134.72	13,408.65			2.350	4,116.44
991.000	UNITED AIRLINES HLDGS CUSIP NO: 910047109	45,248.23	97.100	96,226.10	50,977.87				
	TOTAL INDUSTRIALS	946,130.80		1,257,494.85	311,364.05			1.041	13,084.22
	INFORMATION TECHNOLOGY								
341.000	ACCENTURE PLC SHS CUSIP NO: 61151C101	101,972.45	351.790	119,960.39	17,987.94			1.683	2,018.71
1,337.000	TE CONNECTIVITY PLC CUSIP NO: 687052109	179,143.79	142.970	191,150.89	12,007.10				
484.000	ADOBE INC SHS CUSIP NO: 00724F101	227,985.06	444.680	215,225.12	-12,759.94				
522.000	ADVNC D MICRO D INC CUSIP NO: 007903107	64,817.12	120.790	63,052.38	-1,764.74				
4,549.000	APPLE INC CUSIP NO: 037833100	340,463.21	250.420	1,139,160.58	798,697.37			.399	4,549.00
655.000	AUTODESK INC DEL PV\$0.01 CUSIP NO: 052769106	148,638.58	295.570	193,598.35	44,959.77				

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3449.000	CDW CORP CUSIP NO: 125146108	61,185.39	174.040	60,739.96	-445.43			1.436	872.50
1,175.000	ENTEGRIS INC MINNESOTA CUSIP NO: 29362U104	116,442.89	99.060	116,395.50	-47.39			.404	470.00
317.000	INTUIT INC CUSIP NO: 461202103	155,395.01	628.500	199,234.50	43,839.49			.662	1,318.72
2,566.000	LAM RESH CORP CUSIP NO: 512807306	119,994.15	72.230	185,342.18	65,348.03	590.18		1.274	2,360.72
982.000	MARVELL TECH INC CUSIP NO: 573874104	59,750.64	110.450	108,461.90	48,711.26			.217	235.68
3,113.000	MICROSOFT CORP CUSIP NO: 594918104	403,530.04	421.500	1,312,129.50	908,599.46			.788	10,335.16
8,900.000	NVIDIA CUSIP NO: 670666104	117,430.31	134.290	1,195,181.00	1,077,750.69			.030	356.00
1,069.000	OKTA INC REG SHS CL A CUSIP NO: 679295105	88,590.23	78.800	84,237.20	-4,353.03				
2,365.000	ON SEMICONDUCTOR CRP COM CUSIP NO: 682189105	177,845.18	63.050	149,113.25	-28,731.93				
659.000	PALO ALTO NETWORKS INC CUSIP NO: 697435105	48,529.97	181.960	119,911.64	71,381.67				
600.000	QUALCOMM INC CUSIP NO: 747525103	81,561.28	153.620	92,172.00	10,610.72			2.213	2,040.00
TOTAL INFORMATION TECHNOLOGY		2,493,275.30		5,545,066.34	3,051,791.04	590.18		.443	24,556.50



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MATERIALS									
384.000	AVERY DENNISON CORP CUSIP NO: 053611109	72,726.47	187.130	71,857.92	-868.55			1.881	1,351.68
	TOTAL MATERIALS	72,726.47		71,857.92	-868.55			1.881	1,351.68
TELECOMMUNICATION SERVICES									
1,978.000	ALPHABET INC SHS CL C CUSIP NO: 02079K107	166,780.84	190.440	376,690.32	209,909.48			.420	1,582.40
2,057.000	ALPHABET INC SHS CL A CUSIP NO: 02079K305	159,937.44	189.300	389,390.10	229,452.66			.423	1,645.60
1,576.000	DISNEY (WALT) CO COM STK CUSIP NO: 256687106	148,380.51	111.350	175,487.60	27,107.29	788.00		.898	1,576.00
841.000	META PLATFORMS INC CLASS A COMMON STOCK CUSIP NO: 30303H102	168,124.27	585.510	492,413.91	324,289.64			.342	1,682.00
4,665.000	PINTEREST INC REG SHS CL A CUSIP NO: 72352L106	141,652.44	29.000	135,285.00	-6,367.44				
1,031.000	T-MOBILE US INC SHS CUSIP NO: 872590104	104,495.82	220.730	227,572.63	123,076.81			1.386	3,154.8
1,719.000	TAKE TWO INTER SOFTWARE CUSIP NO: 874054109	248,183.10	184.080	316,433.52	68,250.42				
	TOTAL TELECOMMUNICATION SERVICES	1,137,554.22		2,113,273.08	975,718.86	788.00		.456	9,640.8
UTILITIES									

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1,201.000	DTE ENERGY COMPANY CUSIP NO: 233331107	132,238.17	120.750	145,020.75	12,782.58	1,309.09		3.611	5,236.36
1,944.000	PUB SVC ENTERPRISE GRP CUSIP NO: 744573106	123,769.74	84.490	164,248.56	40,478.82			2.841	4,665.60
	TOTAL UTILITIES	256,007.91		309,269.31	53,261.40	1,309.09		3.202	9,901.96
	TOTAL EQUITIES	10,427,015.63		16,789,469.27	6,362,453.64	5,909.81		1.022	171,591.29
	ALTERNATIVE INVESTMENTS								
	REAL ESTATE								
779.000	AMERICAN TOWER REIT INC (HLDG CO) SHS CUSIP NO: 03027X100	157,220.23	183.410	142,876.39	-14,343.84	1,261.98		3.533	5,047.92
	TOTAL REAL ESTATE	157,220.23		142,876.39	-14,343.84	1,261.98		3.533	5,047.92
	TOTAL ALTERNATIVE INVESTMENTS	157,220.23		142,876.39	-14,343.84	1,261.98		3.533	5,047.92
	TOTAL INVESTMENTS	44,576,058.65		45,308,593.29	732,534.64	118,331.07		3.344	1,515,253.12
	TOTAL CASH								
	ACCRUED INCOME	118,331.07		118,331.07					
	PENDING PURCHASES	-118,224.07		-118,224.07					
	PENDING SALES	15,930.23		15,930.23					
	TOTAL ASSETS	44,592,095.88		45,324,630.52					
	TOTAL EQUITIES	\$ 10,584,236		\$ 16,932,346					

