

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - an amended return/report
 - the final 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
 - special extension (enter description)
 - automatic extension
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>UNITED BENEFIT FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED BENEFIT FUND</u> <u>40-26 235TH ST.</u> <u>DOUGLASTON, NY 11363</u>	1c Effective date of plan <u>01/01/2004</u> 2b Employer Identification Number (EIN) <u>56-2423802</u> 2c Plan Sponsor's telephone number <u>718-513-2477</u> 2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2025	JEANNA TALAMO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2581
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)	2581
	6a(2)	2621
	6b	0
	6c	0
	6d	2621
	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	165

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 4D 4E 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 1
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan UNITED BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNITED BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 56-2423802</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HCC 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
35-1817054	92711	HCL31031	2617	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(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.
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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. Specify nature of costs ▶	6d	

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	605184
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED BENEFIT FUND	D Employer Identification Number (EIN) 56-2423802	

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)

FIRST ACTUARIAL CONSULTING

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	36000	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)

CASTIGLIA LLP

46-2725636

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

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

GORLICK, KRAVITZ & LISTHAUS PC

13-3790827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	108650	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)

CROWLEY CONSULTANTS

68-0638179

(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 50	NONE	23100	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)

SYNTONICS SYSTEMS, INC.

111 JOHN STREET
NEW YORK, NY 10011

(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?
49 50	NONE	44500	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)

MAUREEN BARRETT

56-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	29293	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)

OWEN&BRUCE, LLC

105 BENTON RD
PARAMUS, NJ 07652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	59337	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)

IT ON DEMAND

1350 6TH AVENUE
NEW YORK, NY 10019

(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?
49 50	NONE	87371	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)

DEAN DELUCIA

56-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	109322	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)

DANIELLE PARCO

56-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67275	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)

JEANNA TALAMO

56-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	RELATED TO TRUSTEE	133273	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)

ROBERT ALLGIER

145 PLITT AVENUE
FARMINGDALE, NY 11735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6000	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)

SUNNY MEDICAL

243 MANHATTAN AVENUE
TUCKAHOE, NY 10707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	373259	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)

MERITAIN

300 CORPORATE PARKWAY
AMHERST, NY 14226

(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	NONE	1330749	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)

WILMINGTON TRUST

PO BOX 4623
BUFFALO, NY 14240

(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 51	NONE	5010	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)

RITA DELUCIA

56-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	78994	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)

DAISY LEAL GARCIA

56-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50270	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)

ALAN HERWECK

56-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	37428	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)

HILB GROUP

2000 CHAPEL VIEW BLVD
CRANSTON, RI 02920

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	37063	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)

FANGAP LLC

40-26 235TH STREET
DOUGLSTON, NY 11363

(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 50	NONE	24000	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)

SELE-DENT INC

1 HUNTINGTON QUADRANGLE
MELVILLE, NY 11747

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	17983	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)

GENERAL VISION SERVICES

575 8TH AVENUE SUITE 701
NEW YORK, NY 10018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	10626	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)

MARINER

531 WEST MORSE BLVD
WINTER PARK, FL 32789

(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?
27 51	NONE	33000	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)

BUCK GLOBAL LLC

420 LEXINGTON AVENUE
NEW YORK, NY 10170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	45000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 BENEFIT FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED BENEFIT FUND	D Employer Identification Number (EIN) 56-2423802

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1434577	3071589
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1817068	1503965
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	780570	533935
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1008993	1784416
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31920313	35694498
(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	168008	65869
f Total assets (add all amounts in lines 1a through 1e).....	1f	37129529	42654272
Liabilities			
g Benefit claims payable.....	1g	6187000	6521000
h Operating payables.....	1h	160365	79169
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6347365	6600169
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	30782164	36054103

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)	35043525	
(B) Participants.....	2a(1)(B)	346181	
(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)		35389706
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1535992	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1535992
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	29658934	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	31223111	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1564177
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1830163	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		37191684

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	28245987	
(2) To insurance carriers for the provision of benefits	2e(2)	605184	
(3) Other.....	2e(3)	28500	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		28879671
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)	532692	
(2) Contract administrator fees	2i(2)	1359358	
(3) Recordkeeping fees	2i(3)	30000	
(4) IQPA audit fees	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)	33000	
(6) Bank or trust company trustee/custodial fees	2i(6)	5010	
(7) Actuarial fees	2i(7)	36000	
(8) Legal fees	2i(8)	110400	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	903614	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3040074
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		31919745

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5271939
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: **CASTIGLIA, LLP**

(2) EIN: **46-2725636**

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

UNITED BENEFIT FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

UNITED BENEFIT FUND

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CASTIGLIA, LLP
Certified Public Accountants
134 Burr Road
East Northport, NY 11731
Phone: (631) 486-7830

INDEPENDENT AUDITOR'S REPORT

To The Board of Trustees
United Benefit Fund

Opinion

We have audited the financial statements of United Benefit Fund an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and the plan benefit obligation as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligation for the years then, and related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are required to be independent of United Benefit 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

Plan 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 Benefit Fund's ability to continue as a going concern one year after the date the financial statements were available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the United Benefit 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the United Benefit 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 20 through 28, together referred to as "supplemental information", are presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information, the schedules of assets held for investment and transactions in excess of 5% are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Certiglia, 22P

East Northport, N.Y.
October 10, 2025

UNITED BENEFIT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31,

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments - at fair value	<u>\$37,478,914</u>	<u>\$32,929,306</u>
Receivables		
Participating employers' contributions, net	1,503,965	1,817,068
Pharmacy rebates receivable	457,431	736,572
Due from related parties	50,286	9,896
Miscellaneous receivables	<u>14,580</u>	<u>14,603</u>
Total receivables	<u>2,026,262</u>	<u>2,578,139</u>
Cash and cash equivalents	<u>3,071,589</u>	<u>1,434,577</u>
Fixed assets, net of accumulated depreciation	<u>22,528</u>	<u>31,630</u>
Right of Use Asset	<u>43,341</u>	<u>136,378</u>
Other assets		
Prepaid expenses and other assets	2,927	10,788
Security deposit	<u>8,711</u>	<u>8,711</u>
Total other assets	<u>11,638</u>	<u>19,499</u>
Total assets	<u>42,654,272</u>	<u>37,129,529</u>
<u>LIABILITIES</u>		
Lease liability	46,275	136,184
Accounts payable for administrative expenses	<u>32,894</u>	<u>24,181</u>
Total liabilities	<u>79,169</u>	<u>160,365</u>
Net assets available for benefits	<u>\$42,575,103</u>	<u>\$36,969,164</u>

See accompanying notes to financial statements.

UNITED BENEFIT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Additions:		
Additions to net assets attributed to Contributions		
Participating employers	\$35,043,525	\$31,976,671
COBRA	<u>346,181</u>	<u>293,266</u>
Total contributions	<u>35,389,706</u>	<u>32,269,937</u>
Investment income		
Net appreciation (depreciation) in fair value of investments	265,986	1,631,293
Dividends and interest	<u>1,535,992</u>	<u>1,209,821</u>
	1,801,978	2,841,114
Less: investment expenses	<u>5,010</u>	<u>5,010</u>
Net investment income (loss)	<u>1,796,968</u>	<u>2,836,104</u>
ERC credit	<u>--</u>	<u>125,575</u>
Total additions	<u>37,186,674</u>	<u>35,231,616</u>
Deductions:		
Deductions from net assets attributed to		
Benefits paid	29,299,845	28,560,067
Administrative expenses	1,675,706	1,621,327
Stop-loss insurance expense	<u>605,184</u>	<u>650,616</u>
Total deductions	<u>31,580,735</u>	<u>30,832,010</u>
Net increase (decrease)	5,605,939	4,399,606
Net assets available for benefits		
Beginning of year	<u>36,969,164</u>	<u>32,569,558</u>
End of year	<u>\$42,575,103</u>	<u>\$36,969,164</u>

See accompanying notes to financial statements.

UNITED BENEFIT FUND
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
AS OF DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Plan's total benefit obligations		
Claims payable and claims incurred but not reported	<u>\$6,521,000</u>	<u>\$6,187,000</u>

See accompanying notes to financial statements.

UNITED BENEFIT FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Plan's total benefit obligations at beginning of year	\$ 6,187,000	\$ 5,285,000
Claims reported and approved for payment including benefits reclassified from benefit obligations	29,633,845	29,462,067
Claims paid	<u>(29,299,845)</u>	<u>(28,560,067)</u>
Plan's total benefit obligations at end of year	<u>\$ 6,521,000</u>	<u>\$ 6,187,000</u>

See accompanying notes to financial statements.

UNITED BENEFIT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. Description of Plan

The following description of the United Benefit Fund (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan provides health and other benefits covering all participants in multiple industries. The Plan and related trust were established on January 2, 2004, pursuant to a collective bargaining agreement between the United Benefit Fund and various unions. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. Management of the Plan determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Plan's Board of Trustees.

Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, vision, prescription, dental, death benefits, and legal) to full-time participants and to their beneficiaries and covered dependents. On the first day of the month in which the initial employer contribution is received on the employee's behalf, the employee will become eligible for these benefits. Benefits are self-insured and paid in accordance with plan provisions. Claim payments are recorded when reimbursed by the plan to the third-party claims processor.

Eligibility

Employees become eligible when they work in full-time employment, which means a job covered by a collective bargaining agreement or a participation agreement that requires participating employers to contribute to the Plan on its employees' behalf and the employee meets the waiting period requirement for benefits coverage.

Termination of Benefit Coverage

All benefit coverage for both employees and covered dependents terminates as of the last day of the month the employer ceases to make contributions on behalf of the employee. All benefits coverage ends immediately if the Plan is terminated or if the employer ceases to be a contributing employer to the Plan. Upon the termination of an employee all benefits will cease for that particular employee. Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events as mandated by COBRA (Consolidated Omnibus Budget Reconciliation Act) has been adopted by the plan.

Contributions

All contributions to the Plan are made by employers pursuant to the terms of collective bargaining agreements between the unions and various employers or under written agreements with the Plan. These agreements set forth the condition under which employers are required to contribute to the Plan and the rate(s) of contribution.

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

1. Description of Plan (continued)

Stop Loss

Effective January 1, 2015, the plan purchased stop-loss insurance to protect against unanticipated claims. Stop-loss insurance permits the Plan to reduce its exposure to excessive losses resulting from large covered claims. Although stop-loss insurance permits recovery of a portion of such losses from the insurance carrier, it does not discharge the Plan's responsibility for payment of the claim. Premiums for stop loss insurance are included in the accompanying statements of changes in plan net assets. Recoveries for the year ended December 31, 2024 totaled \$122,358 and stop loss recoveries for the year ended December 31, 2023 totaled \$302,630.

Other

The Plan's board of trustees, as sponsor, has the right under the Plan to modify the benefits provided to active employees. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations claims incurred but not reported ("IBNR"), claims payable and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Fair Value of Financial Instruments

The Plan's financial instruments, other than investments, include cash and cash equivalents, receivables, and accounts payable. The recorded values of cash and cash equivalents, receivables and accounts payable approximate their fair value due to their short-term duration.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the valuation policies utilizing information provided by the Plan's investment advisor and custodian. See Note 3 for discussion of fair value measurements.

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

UNITED BENEFIT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. Summary of Significant Accounting Policies (continued)

Concentration of Credit Risk

Concentrations of credit risk with respect to contributions receivable are limited due to the large number of participating employers. The Plan routinely assesses the financial strength of its participating employers and, as a consequence, believes that their contributions receivable credit risk exposure is limited. Management does not believe significant risk exists in connection with the Plan's concentrations of credit at December 31, 2024 and 2023.

Cash and Cash Equivalents

The Plan maintains cash balances at banks in the New York metropolitan area. Cash accounts at banks are insured by the Federal Deposit Insurance Corporation subject to certain limits. At times, such cash balances may exceed the insured limits. The Plan has not experienced any losses in such accounts. The Plan considers highly liquid instruments readily convertible to known amounts of cash with original maturities of three months or less measured from their acquisition date to be cash and cash equivalents.

Receivables

Receivables are recorded at net realizable value, representing the amount management expects to collect from outstanding balances.

Accounts are considered past due once the unpaid balance is 90 days or more outstanding, unless payment terms are extended by contract. When an account balance is past due and attempts have been made to collect the receivable through legal or other means, the amount is considered uncollectible and is written off.

The Plan's policy is not to charge interest on employers' account balances.

Other Plan Benefits

Plan obligations at December 31 for health claims incurred by active participants but not reported at that date at December 31 are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported at present value in the accompanying statements of the plan's benefit obligations.

Leases

The Plan determines if a contract is a leasing arrangement and the classification of that lease, if applicable, upon inception. Operating lease assets represent the right to control the use of an identified asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease. Lease assets and lease liabilities are recognized based on the present value of lease payments over the lease term at commencement date. Because the Plan's lease does not provide an implicit rate of return, the plan used the risk-free rate, based on the information available, in determining the present value of lease payments. Operating lease assets are included within "Operating Right of Use Assets", and the corresponding lease liabilities are recorded as "Operating Leases Payable" on the Plan's Statement of Net Assets Available for Benefits. Operating leases will result in a straight-line expense over the lease term.

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

3. Fair Value Measurements

The Plan's investments are recorded at fair value in the accompanying statement of assets, liabilities and fund balances.

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Plan has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the asset or liability, either directly or indirectly.
 - quoted prices for similar assets or liabilities in active markets.
 - quoted prices for identical or similar assets or liabilities in inactive markets.
 - inputs other than quoted prices that are observable for the asset or liability.
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 inputs are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

3. Fair Value Measurements (continued)

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

Cash and cash equivalents: Valued at carrying amount which represents fair value based on their short-term maturity or at cost.

Money market fund: Valued at fair value based on current market values of the underlying assets of the fund.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	<u>Fair Value Measurements at Reporting Date Using:</u>			
	<u>Fair Value</u>	<u>Quoted Prices In Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2024</u>				
Money Market Fund	\$ 1,784,416	\$ --	\$ 1,784,416	\$ --
Mutual Funds	<u>35,694,498</u>	<u>35,694,498</u>	<u>--</u>	<u>--</u>
Total:	<u>\$37,478,914</u>	<u>\$35,694,498</u>	<u>\$ 1,784,416</u>	<u>\$ --</u>
<u>December 31, 2023</u>				
Money Market Fund	\$ 1,008,993	\$ --	\$ 1,008,993	\$ --
Mutual Funds	<u>31,920,313</u>	<u>31,920,313</u>	<u>--</u>	<u>--</u>
Total:	<u>\$32,929,306</u>	<u>\$31,920,313</u>	<u>\$ 1,008,993</u>	<u>\$ --</u>

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

3. Fair Value Measurements (continued)

Changes in Fair Value Levels

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

4. Refundable Tax Credits – Employer Retention Credit

In 2023, the Plan earned \$125,575 of refundable tax credits in accordance with the Employer Retention Credit (ERC) program, authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, as amended by subsequent legislative changes.

In accordance with the ERC program, an entity is eligible for an ERC if, due to the COVID-19 pandemic, there has been a significant decline in gross receipts in the current year as compared with 2019 gross receipts, or a full or partial shutdown based on a governmental order. The ERC is computed based on a percentage of qualified wages (including qualified health insurance expenses) incurred during the year, with a maximum annual credit per employee.

The Plan's policy is to account for the ERC as a grant using guidance analogous to a conditional contribution found in ASC Subtopic 958-605, *Not-for-Profit Entities, Revenue Recognition*. In accordance with ASC Subtopic 958-605, the ERC is recognized and recorded as income in the Statement of Changes in Net Assets Available for Benefits when the conditions required for the ERC are substantially met.

In its 2023 financial statement, the Plan has presented \$125,575 of grant income, \$15,526 of interest income, and \$26,534 as a reduction of payroll taxes from the receipt of the ERC credits.

5. Claims Incurred but Not Reported

First Actuarial Consulting, Inc., the Plan's actuary, provides the Plan with an aggregate estimation of the claims which have been incurred but not reported to the Plan as of December 31, 2024 and 2023. These amounts are paid by the plan only if claims are submitted and approved for payment.

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

6. Related Party Transactions

The Plan subleases an office to related parties United Construction Trades and Industrial Employees Union Local 621 A (Local 621), United Construction Trades and Industrial Employees Union (UCTIE), and UCTIE Local 621 401k (401k) on a month-to-month basis. Amounts received were as follows:

	<u>2024</u>	<u>2023</u>
Local 621	\$ 6,606	\$ 3,670
401k	<u>2,202</u>	<u>3,670</u>
	<u>\$ 8,808</u>	<u>\$ 7,340</u>

In 2024 and 2023, the Plan had common trustees and shared office staff and facilities with UCTIE Local 621 401k Plan. Salaries and payroll taxes incurred by the Plan were allocated between the entities on the basis of staff utilized in amounts approved by the trustees. For the years ended December 31, 2024 and 2023, respectively, \$135,541 and \$107,711 was allocated to UCTIE Local 621 401k Plan. UCTIE Local 621 401k Plan owed the Plan \$50,286 and \$9,896 at December 31, 2024 and 2023, respectively.

The Plan paid \$29,758 and \$27,577 for the years ended December 31, 2024 and 2023, respectively to UCTIE Local 621 401k for employer contributions for its employees.

The Plan received \$47,102 and \$46,304 in contributions for the years ended December 31, 2024 and 2023, respectively from UCTIE Local 621A. There were no contributions receivable from Local 621A at December 31, 2024 and 2023.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

7. Third Party Administrators

Effective June 1, 2018, the Plan entered into an administrative services agreement with Meritain Heath, Inc. to provide various services including medical claims administration, claim fiduciary, network access to the selected preferred provider network and reporting of claims data and eligibility and statistical reporting. The agreement requires monthly payments to Meritain of \$31.94 per employee enrolled in the plan. Effective January 1, 2023 the monthly rate increased to \$45.30 per employee enrolled in the plan.

Payments made to Meritain Health, Inc. for the years ended December 31, 2024 and 2023 totaled \$1,330,749 and \$1,288,210, respectively.

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

8. Lease Obligations

Effective July 1, 2018, the Plan began leasing office space in Douglaston, New York under a non-cancelable lease expiring on June 30, 2023 which was renewed for an additional period expiring on June 30, 2025. The lease is categorized as an operating lease and the Plan recognizes operating lease expense on a straight-line basis over the lease term.

	<u>2024</u>	<u>2023</u>
Operating Leases		
Right-of-use asset	\$ 43,341	\$ 136,378
Lease liability:		
Current Operating lease liability	46,275	89,909
Noncurrent operating lease liability	--	46,275
Total operating lease liabilities	<u>\$ 46,275</u>	<u>\$ 136,184</u>

The future lease payments below summarize the remaining future undiscounted cash flows for operating leases as of December 31, 2024, and a reconciliation to operating lease liabilities reported on the consolidated statement of financial position:

12-31-25	\$ 46,800
Less interest:	<u>(525)</u>
Present value of lease liability	<u>\$ 46,275</u>

Operating lease terms and discount rate at December 31, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Remaining lease term (months)	6	18
Discount rate	3.875%	3.875%

The Plan subleases two offices and offsets rent expense by the amounts received. Rental Income for the years ended December 31, 2024 and 2023 was \$11,648 and \$11,772, respectively.

Rent expense (net) for the years ended December 31, 2024 and 2023 was \$79,714 and \$76,904, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

9. Tax Status

The Internal Revenue Service has advised that the Plan qualifies under Section 501(c)(9) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code to maintain its qualification. Although the Plan has been amended since receiving the determination, letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified and the related trust is tax exempt. The Fund is not aware of any action that has occurred that might affect its status.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, no uncertain positions are taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2021.

10. Reconciliation of Plan Financial Statements to the Form 5500

For financial statement purposes, claims payable, claims incurred but not reported, and premiums due to insurers are presented on the Statement of Plan's Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$42,577,103	\$36,969,164
Less: claims payable and claims incurred but not reported	<u>6,523,000</u>	<u>6,187,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$36,054,103</u>	<u>\$30,782,164</u>

The net increase (decrease) in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations. For financial statement purposes the change in benefit liabilities between two years is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes this change is included in benefits paid.

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

10. Reconciliation of Plan Financial Statements to the Form 5500 (continued)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income (loss)	\$ 1,796,968	\$ 5,010	\$ 1,801,978
Contributions	<u>35,389,706</u>	<u>--</u>	<u>35,389,706</u>
Total additions	<u>37,186,674</u>	<u>5,010</u>	<u>37,191,684</u>
Benefits paid to or for participants	29,299,845	(1,053,858)	28,245,987
Other benefits paid	--	28,500	28,500
Administrative expenses	1,675,706	1,364,368	3,040,074
Stop loss insurance	<u>605,184</u>	<u>--</u>	<u>605,184</u>
Total deductions	<u>31,580,735</u>	<u>339,010</u>	<u>31,919,745</u>
Net increase (decrease)	<u>\$ 5,605,939</u>	<u>\$ (334,000)</u>	<u>\$ 5,271,939</u>

11. Risks and Uncertainties

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

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

12. Contingencies and Litigations

The plan is unaware of any material litigation that would require disclosure in these financial statements under US GAAP at this time.

UNITED BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

13. Fixed Assets and Accumulated Depreciation

All fixed assets are initially recognized at cost and subsequently carried at cost less accumulated depreciation.

Depreciation is calculated using the straight-line method of depreciation over the estimated useful life of the fixed assets as follows:

Software	3 years
Office equipment	5 years
Computers	5 years
Leasehold improvements	5 years

Fixed assets and the related accumulated depreciation are as follows:

	<u>2024</u>	<u>2023</u>
Furniture and fixtures	\$ 40,022	\$ 40,021
Computer equipment	39,639	39,639
Software	249,301	243,820
Leasehold improvements	<u>2,900</u>	<u>2,900</u>
	331,862	326,380
Less: accumulated depreciation	<u>309,334</u>	<u>294,750</u>
	<u>\$ 22,528</u>	<u>\$ 31,630</u>

Depreciation expense for the years ended December 31, 2024 and 2023 was \$14,583 and \$20,698, respectively.

14. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the trustees. In the event of termination, the trustees shall first satisfy or make provisions to satisfy the obligations of the Fund. Any remaining fund assets will be distributed in such a manner as will in the opinion of the trustees bring about the purpose of the Plan. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than the exclusive benefit of the participants.

15. Subsequent Events

In accordance with FASB Accounting Standards Codification Topic 855, Subsequent Events, the Fund has evaluated events and transactions that occurred after the balance sheet date for potential recognition and disclosure through October 10, 2025 which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of October 10, 2025 have been incorporated into these financial statements herein.

SUPPLEMENTARY INFORMATION

UNITED BENEFIT FUND
SCHEDULE OF BENEFITS PAID
FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Medical claims paid	\$ 24,764,541	\$ 23,946,934
Meritain administrative fees	1,330,749	1,288,210
Dental claims paid	150,752	240,922
Dental administrative fees	17,983	-
Vision benefits	12,965	36,108
Vision administrative fees	10,626	-
Prescription benefits paid	2,953,129	2,966,876
Legal benefits	28,500	28,500
Death benefits	20,000	15,000
Settlement paid	-	27,546
Other benefits paid	10,600	9,971
	<u> </u>	<u> </u>
Total Benefits Paid	<u>\$ 29,299,845</u>	<u>\$ 28,560,067</u>

UNITED BENEFIT FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Consulting fees - Medical Analysis	\$ 373,259	\$ 373,259
Consulting fees - Pharmacy consultant	82,437	56,992
Consulting fees - Claims Review	45,000	-
Consulting fees - Stop loss	37,063	34,396
Other benefits administrative fees	-	56,759
Professional fees - Accounting fees	6,000	6,000
Professional fees - Actuary	36,000	28,000
Professional fees - Legal fees	110,400	60,762
Professional fees - Investment advisory	33,000	33,000
Professional fees - financial statement audit	30,000	30,000
Software maintenance	44,500	40,825
Utilities	11,792	12,069
Office administration fees	24,000	24,000
Conferences and meetings	1,434	4,479
Payroll processing	3,709	4,059
Computer fees	81,890	92,841
Liaison fees	-	1,642
Office expenses	40,084	42,692
Repairs and maintenance	3,810	6,014
Insurance	34,713	33,920
Rent	79,714	76,904
Excise tax	12,125	11,910
Salaries and payroll taxes	574,937	578,455
Telephone	6,930	7,520
Depreciation expense	14,583	20,698
Employee benefits	119,675	115,385
Dues and subscriptions	-	2,785
Trustee meetings	-	47
Auto and travel	4,192	-
Miscellaneous	-	159
	<u>1,811,247</u>	<u>1,755,572</u>
Less: payroll tax credits from ERC	-	26,534
Less: salaries and benefits reimbursed from related entity	<u>135,541</u>	<u>107,711</u>
Total Administrative Expenses	<u>\$ 1,675,706</u>	<u>\$ 1,621,327</u>



120401-000 - UNITED BENEFIT FUND

As of December 31, 2024 Page 10 of 71

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
EQUITIES							
DOMESTIC EQUITY MUTUAL FUNDS							
24,998.725 12/31/24	VANGUARD TOTAL STOCK MKT IDX CL ADML CUSIP: 922908728	2,487,804.39	3,525,570.19 141.0300	9.4	0.00	1.3	44,397
	TOTAL DOMESTIC EQUITY MUTUAL FUNDS	2,487,804.39	3,525,570.19	9.4	0.00	1.3	44,397
BALANCED EQUITY MUTUAL FUNDS							
66,867.283 12/31/24	GMO BENCHMARK-FREE ALLOC-R6 CUSIP: 362014441	1,742,987.51	1,717,151.83 25.6800	4.6	0.00	5.2	88,666
187,813.026 12/31/24	JPMORGAN INCOME BUILDER-SEL CUSIP: 4812A3254	2,021,594.36	1,838,689.52 9.7900	4.9	0.00	5.4	100,104
101,729.631 12/31/24	MSIF GLOBAL STRATEGIST-IS CUSIP: 617455720	1,780,174.40	1,800,614.47 17.7000	4.8	0.00	1.3	23,194
151,467.280 12/31/24	PIMCO TRENDS MGD FUT STR-INS CUSIP: 72201U455	1,871,801.04	1,581,318.40 10.4400	4.2	0.00	0.0	0
	TOTAL BALANCED EQUITY MUTUAL FUNDS	7,416,557.31	6,937,774.22	18.5	0.00	3.1	211,964
INTERNATIONAL FUNDS							
16,317.512 12/31/24	VANGUARD TOTAL INTL STK IDX CL INST CUSIP: 921909784	2,153,385.41	2,067,755.12 126.7200	5.5	0.00	3.4	69,398
	TOTAL INTERNATIONAL FUNDS	2,153,385.41	2,067,755.12	5.5	0.00	3.4	69,398
	TOTAL EQUITIES	12,057,747.11	12,531,099.53	33.4	0.00	2.6	325,760
	TOTAL INVESTMENT PORTFOLIO	38,509,771.02	37,478,914.22	100.0	6,473.65	4.2	1,568,865



120401-000 - UNITED BENEFIT FUND
As of December 31, 2024

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
MONEY MARKET FUNDS							
34,415.780	BLACKROCK LIQUIDITY FEDFUND INST CUSIP: 09248U700	34,415.78	34,415.78 1.0000	0.1	159.90	4.4	1,501
1,750,000.000	VANGUARD FEDERAL MONEY MARKET FD-INV CUSIP: 922906300	1,750,000.00	1,750,000.00 1.0000	4.7	6,313.75	4.4	76,966
11/30/22							
	TOTAL MONEY MARKET FUNDS	1,784,415.78	1,784,415.78	4.8	6,473.65	4.4	78,468
	TOTAL CASH & CASH EQUIVALENTS	1,784,415.78	1,784,415.78	4.8	6,473.65	4.4	78,468
FIXED INCOME							
INTL FIXED INCOME MUTUAL FUNDS							
373,385.639	BAIRD SHORT TERM BOND FD-INS CUSIP: 057071409	3,593,718.21	3,532,228.14 9.4600	9.4	0.00	4.3	153,088
12/31/24							
168,982.836	PIMCO ALL ASSET FUND CUSIP: 722005626	2,062,298.98	1,828,394.29 10.8200	4.9	0.00	6.7	123,188
12/31/24							
	TOTAL INTL FIXED INCOME MUTUAL FUNDS	5,656,017.19	5,360,622.43	14.3	0.00	5.1	276,276
TAXABLE FIXED INCOME FUNDS							
1,062,980.894	BAIRD CORE PLUS BOND FUND CL-INST CUSIP: 057071870	11,072,049.52	10,640,438.75 10.0100	28.4	0.00	4.1	439,011
12/31/24							
680,830.583	PIMCO INCOME FUND INS CUSIP: 72201F490	7,939,541.42	7,162,337.73 10.5200	19.1	0.00	6.3	449,348
12/31/24							
	TOTAL TAXABLE FIXED INCOME FUNDS	19,011,590.94	17,802,776.48	47.5	0.00	5.0	888,359
	TOTAL FIXED INCOME	24,667,608.13	23,163,398.91	61.8	0.00	5.0	1,164,635

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
	BEGINNING MARKET VALUE	32,933,409.45					
	COMPARATIVE VALUE (5%)	1,646,670.47					
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
120401-000	ISSUE: 057071870 - BAIRD CORE PLUS BOND FUND CL-INST 09/06/24 B	1,046,760	10.420	0	10,907,238.*	10,907,238	
120401-000	ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST 05/03/24 S	2,035,374	1.000	0	2,035,374 *	2,035,374	0
120401-000	ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST 09/06/24 B	10,907,238	1.000	0	10,907,238.*	10,907,238	
120401-000	ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST 09/09/24 S	10,907,238	1.000	0	10,907,238 *	10,907,238	0
120401-000	ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND FD CL-I 09/05/24 S	1,140,924	9.560	0	10,907,238 *	10,869,622	37,616
	GRAND TOTAL			0	45,664,326	45,626,710	37,616

continued



120401-000 - UNITED BENEFIT FUND

January 01, 2024 through December 31, 2024

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
BROKER: DIRECT FROM ISSUER							
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 01/31/24 B	500,000	1.000	0	500,000-	500,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 02/28/24 B	1,000,000	1.000	0	1,000,000-	1,000,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 05/02/24 S	1,500,000	1.000	0	1,500,000	1,500,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 05/08/24 S	450,000	1.000	0	450,000	450,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 07/02/24 S	550,000	1.000	0	550,000	550,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 11/18/24 B	500,000	1.000	0	500,000-	500,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 11/19/24 B	500,000	1.000	0	500,000-	500,000	0
				SUB-TOTAL	0	5,000,000	0
				GRAND TOTAL	0	5,000,000	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
ISSUE: 057071870 - BAIRD CORE PLUS BOND FUND CL-INST							
120401-000	09/24/24 R	3,383	10.440	0	35,320-	35,320	
120401-000	10/25/24 R	3,595	10.150	0	36,494-	36,494	
120401-000	11/27/24 R	3,792	10.180	0	38,602-	38,602	
120401-000	12/27/24 R	5,450	9.980	0	54,396-	54,396	
		SUB-TOTAL OF REIMVS # 4		0	164,812	164,812	
120401-000	09/06/24 B	1,046,760	10.420	0	10,907,238-*	10,907,238	
		SUB-TOTAL OF BUYS # 1		0	10,907,238	10,907,238	
		SUB-TOTAL		0	11,072,050	11,072,050	0

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST							
120401-000	01/03/24 B	4,103	1.000	0	4,103-	4,103	
120401-000	01/24/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	02/02/24 B	5,114	1.000	0	5,114-	5,114	
120401-000	02/26/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	02/27/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	03/04/24 B	6,861	1.000	0	6,861-	6,861	
120401-000	04/02/24 B	11,302	1.000	0	11,302-	11,302	
120401-000	05/01/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	05/02/24 B	10,982	1.000	0	10,982-	10,982	
120401-000	05/02/24 B	1,500,000	1.000	0	1,500,000-	1,500,000	
120401-000	05/08/24 B	450,000	1.000	0	450,000-	450,000	
120401-000	06/04/24 B	5,084	1.000	0	5,084-	5,084	
120401-000	07/02/24 B	4,377	1.000	0	4,377-	4,377	

continued



120401-000 - UNITED BENEFIT FUND

January 01, 2024 through December 31, 2024

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
120401-000	237	1.000	0	237-	237	
120401-000	96	1.000	0	96-	96	
120401-000	10,907,238	1.000	0	10,907,238-*	10,907,238	
120401-000	9,071	1.000	0	9,071-	9,071	
120401-000	124	1.000	0	124-	124	
120401-000	500,000	1.000	0	500,000-	500,000	
120401-000	500,000	1.000	0	500,000-	500,000	
120401-000	3,445	1.000	0	3,445-	3,445	
120401-000	250,000	1.000	0	250,000-	250,000	
SUB-TOTAL OF BUYS # 22						16,168,034
120401-000	500,000	1.000	0	500,000	500,000	0
120401-000	1,000,000	1.000	0	1,000,000	1,000,000	0
120401-000	2,035,374	1.000	0	2,035,374 *	2,035,374	0
120401-000	450,000	1.000	0	450,000	450,000	0
120401-000	10,907,238	1.000	0	10,907,238 *	10,907,238	0
120401-000	500,000	1.000	0	500,000	500,000	0
120401-000	500,000	1.000	0	500,000	500,000	0
120401-000	250,000	1.000	0	250,000	250,000	0
SUB-TOTAL OF SALES # 8						16,142,612
SUB-TOTAL						32,310,646
ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV						
120401-000	500,000	1.000	0	500,000-	500,000	0
120401-000	1,000,000	1.000	0	1,000,000-	1,000,000	0
120401-000	500,000	0.010	495,000	500,000-	500,000	0
120401-000	500,000	1.000	0	500,000-	500,000	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
120401-000	500,000	1.000	0	500,000-	500,000	
120401-000	250,000	0.010	247,500	250,000-	250,000	
SUB-TOTAL OF BUYS # 6						
			742,500	3,250,000	3,250,000	
120401-000	1,500,000	1.000	0	1,500,000	1,500,000	0
120401-000	450,000	1.000	0	450,000	450,000	0
120401-000	550,000	1.000	0	550,000	550,000	0
SUB-TOTAL OF SALES # 3						
			0	2,500,000	2,500,000	0
SUB-TOTAL						
			742,500	5,750,000	5,750,000	0
ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND FD CL-I						
120401-000	3,703	9.480	0	35,105-	35,105	
120401-000	3,738	9.290	0	34,727-	34,727	
120401-000	3,913	9.360	0	36,623-	36,623	
120401-000	3,995	9.010	0	35,991-	35,991	
120401-000	4,767	9.160	0	43,664-	43,664	
120401-000	4,001	9.190	0	36,767-	36,767	
120401-000	4,395	9.370	0	41,185-	41,185	
120401-000	4,672	9.460	0	44,199-	44,199	
SUB-TOTAL OF REINVS # 8						
			0	308,261	308,261	
120401-000	105,826	9.100	0	963,018-	963,018	
SUB-TOTAL OF BUYS # 1						
			0	963,018	963,018	
120401-000	1,140,924	9.560	0	10,907,238 *	10,869,622	37,616
SUB-TOTAL OF SALES # 1						
			0	10,907,238	10,869,622	37,616
SUB-TOTAL						
			0	12,178,517	12,140,901	37,616

continued



ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
MONEY MARKET FUNDS							
34,415.780 1/31/03	BLACKROCK LIQUIDITY FEDFUND INST CUSIP: 09248U700	34,415.78	34,415.78 1.0000	0.1	159.90	4.4	1,501
1,750,000.000 11/30/22	VANGUARD FEDERAL MONEY MARKET FD-INV CUSIP: 922906300	1,750,000.00	1,750,000.00 1.0000	4.7	6,313.75	4.4	76,966
TOTAL MONEY MARKET FUNDS		1,784,415.78	1,784,415.78	4.8	6,473.65	4.4	78,468
TOTAL CASH & CASH EQUIVALENTS		1,784,415.78	1,784,415.78	4.8	6,473.65	4.4	78,468
FIXED INCOME							
INTL FIXED INCOME MUTUAL FUNDS							
373,385.639 12/31/24	BAIRD SHORT TERM BOND FD-INS CUSIP: 057071409	3,593,718.21	3,532,228.14 9.4600	9.4	0.00	4.3	153,088
168,982.836 12/31/24	PIMCO ALL ASSET FUND CUSIP: 722005626	2,062,298.98	1,828,394.29 10.8200	4.9	0.00	6.7	123,188
TOTAL INTL FIXED INCOME MUTUAL FUNDS		5,656,017.19	5,360,622.43	14.3	0.00	5.1	276,276
TAXABLE FIXED INCOME FUNDS							
1,062,980.894 12/31/24	BAIRD CORE PLUS BOND FUND CL-INST CUSIP: 057071870	11,072,049.52	10,640,438.75 10.0100	28.4	0.00	4.1	439,011
680,830.583 12/31/24	PIMCO INCOME FUND INS CUSIP: 72201F490	7,939,541.42	7,162,337.73 10.5200	19.1	0.00	6.3	449,348
TOTAL TAXABLE FIXED INCOME FUNDS		19,011,590.94	17,802,776.48	47.5	0.00	5.0	888,359
TOTAL FIXED INCOME		24,667,608.13	23,163,398.91	61.8	0.00	5.0	1,164,635

continued

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REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
BEGINNING MARKET VALUE	32,933,409.45					
COMPARATIVE VALUE (5%)	1,646,670.47					

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

120401-000	ISSUE: 057071870 - BAIRD CORE PLUS BOND FUND CL-INST 09/06/24 B	1,046,760	10.420	0	10,907,238.*	10,907,238	
120401-000	ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST 05/03/24 S	2,035,374	1.000	0	2,035,374 *	2,035,374	0
120401-000	ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST 09/06/24 B	10,907,238	1.000	0	10,907,238.*	10,907,238	
120401-000	ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST 09/09/24 S	10,907,238	1.000	0	10,907,238 *	10,907,238	0
120401-000	ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND FD CL-I 09/05/24 S	1,140,924	9.560	0	10,907,238 *	10,869,622	37,616
GRAND TOTAL				0	45,664,326	45,626,710	37,616

continued

1200065-0007245-0000061 of 0000076-001-m2-71000730-00055



120401-000 - UNITED BENEFIT FUND

January 01, 2024 through December 31, 2024

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REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

BROKER: DIRECT FROM ISSUER

120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 01/31/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 02/28/24 B	1,000,000	1.000	0	1,000,000-	1,000,000	
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 05/02/24 S	1,500,000	1.000	0	1,500,000	1,500,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 05/08/24 S	450,000	1.000	0	450,000	450,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 07/02/24 S	550,000	1.000	0	550,000	550,000	0
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 11/18/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV 11/19/24 B	500,000	1.000	0	500,000-	500,000	
SUB-TOTAL				0	5,000,000	5,000,000	0
GRAND TOTAL				0	5,000,000	5,000,000	0

continued

120401-000-0007242-0000052 of 0000075-00-1-1-2-71-000786-00055



120401-000 - UNITED BENEFIT FUND

January 01, 2024 through December 31, 2024

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REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 057071870 - BAIRD CORE PLUS BOND FUND CL-INST

120401-000	09/24/24 R	3,383	10.440	0	35,320-	35,320
120401-000	10/25/24 R	3,595	10.150	0	36,494-	36,494
120401-000	11/27/24 R	3,792	10.180	0	38,602-	38,602
120401-000	12/27/24 R	5,450	9.980	0	54,396-	54,396
SUB-TOTAL OF REINVS # 4				0	164,812	164,812
120401-000	09/06/24 B	1,046,760	10.420	0	10,907,238-*	10,907,238
SUB-TOTAL OF BUYS # 1				0	10,907,238	10,907,238
SUB-TOTAL				0	11,072,050	11,072,050

ISSUE: 09248U700 - BLACKROCK LIQUIDITY FEDFUND INST

120401-000	01/03/24 B	4,103	1.000	0	4,103-	4,103
120401-000	01/24/24 B	500,000	1.000	0	500,000-	500,000
120401-000	02/02/24 B	5,114	1.000	0	5,114-	5,114
120401-000	02/26/24 B	500,000	1.000	0	500,000-	500,000
120401-000	02/27/24 B	500,000	1.000	0	500,000-	500,000
120401-000	03/04/24 B	6,861	1.000	0	6,861-	6,861
120401-000	04/02/24 B	11,302	1.000	0	11,302-	11,302
120401-000	05/01/24 B	500,000	1.000	0	500,000-	500,000
120401-000	05/02/24 B	10,982	1.000	0	10,982-	10,982
120401-000	05/02/24 B	1,500,000	1.000	0	1,500,000-	1,500,000
120401-000	05/08/24 B	450,000	1.000	0	450,000-	450,000
120401-000	06/04/24 B	5,084	1.000	0	5,084-	5,084
120401-000	07/02/24 B	4,377	1.000	0	4,377-	4,377

continued

1200095-0007243-0000065 of 0000076-C01-H12-71000750-00095



120401-000 - UNITED BENEFIT FUND

January 01, 2024 through December 31, 2024

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
120401-000	08/02/24 B	237	1.000	0	237-	237	
120401-000	09/04/24 B	96	1.000	0	96-	96	
120401-000	09/06/24 B	10,907,238	1.000	0	10,907,238-*	10,907,238	
120401-000	10/02/24 B	9,071	1.000	0	9,071-	9,071	
120401-000	11/04/24 B	124	1.000	0	124-	124	
120401-000	11/07/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	11/15/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	12/03/24 B	3,445	1.000	0	3,445-	3,445	
120401-000	12/11/24 B	250,000	1.000	0	250,000-	250,000	
SUB-TOTAL OF BUYS # 22				0	16,168,034	16,168,034	
120401-000	01/31/24 S	500,000	1.000	0	500,000	500,000	0
120401-000	02/28/24 S	1,000,000	1.000	0	1,000,000	1,000,000	0
120401-000	05/03/24 S	2,035,374	1.000	0	2,035,374 *	2,035,374	0
120401-000	07/02/24 S	450,000	1.000	0	450,000	450,000	0
120401-000	09/09/24 S	10,907,238	1.000	0	10,907,238 *	10,907,238	0
120401-000	11/08/24 S	500,000	1.000	0	500,000	500,000	0
120401-000	11/19/24 S	500,000	1.000	0	500,000	500,000	0
120401-000	12/12/24 S	250,000	1.000	0	250,000	250,000	0
SUB-TOTAL OF SALES # 8				0	16,142,612	16,142,612	0
SUB-TOTAL				0	32,310,646	32,310,646	0
ISSUE: 922906300 - VANGUARD FEDERAL MONEY MARKET FD-INV							
120401-000	01/31/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	02/28/24 B	1,000,000	1.000	0	1,000,000-	1,000,000	
120401-000	11/08/24 B	500,000	0.010	495,000	500,000-	500,000	
120401-000	11/18/24 B	500,000	1.000	0	500,000-	500,000	

continued

1200095-0007243-0000064-cl-0031078-C01-r12-71006750-00095



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
120401-000	11/19/24 B	500,000	1.000	0	500,000-	500,000	
120401-000	12/12/24 B	250,000	0.010	247,500	250,000-	250,000	
SUB-TOTAL OF BUYS # 6				742,500	3,250,000	3,250,000	
120401-000	05/02/24 S	1,500,000	1.000	0	1,500,000	1,500,000	0
120401-000	05/08/24 S	450,000	1.000	0	450,000	450,000	0
120401-000	07/02/24 S	550,000	1.000	0	550,000	550,000	0
SUB-TOTAL OF SALES # 3				0	2,500,000	2,500,000	0
SUB-TOTAL				742,500	5,750,000	5,750,000	0
ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND FD CL-I							
120401-000	01/31/24 R	3,703	9.480	0	35,105-	35,105	
120401-000	02/29/24 R	3,738	9.290	0	34,727-	34,727	
120401-000	03/31/24 R	3,913	9.360	0	36,623-	36,623	
120401-000	04/30/24 R	3,995	9.010	0	35,991-	35,991	
120401-000	05/31/24 R	4,767	9.160	0	43,664-	43,664	
120401-000	06/30/24 R	4,001	9.190	0	36,767-	36,767	
120401-000	07/31/24 R	4,395	9.370	0	41,185-	41,185	
120401-000	08/31/24 R	4,672	9.460	0	44,199-	44,199	
SUB-TOTAL OF REINVS # 8				0	308,261	308,261	
120401-000	05/02/24 B	105,826	9.100	0	963,018-	963,018	
SUB-TOTAL OF BUYS # 1				0	963,018	963,018	
120401-000	09/05/24 S	1,140,924	9.560	0	10,907,238 *	10,869,622	37,616
SUB-TOTAL OF SALES # 1				0	10,907,238	10,869,622	37,616
SUB-TOTAL				0	12,178,517	12,140,901	37,616

continued

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Form 5500
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Employee Benefits Security
 Administration
 Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).
 ▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
 1210-0089
2024
 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

1a Name of plan UNITED BENEFIT FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/01/2004
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) UNITED BENEFIT FUND 40-26 235TH ST. DOUGLASTON NY 11363	2b Employer Identification Number (EIN)	56-2423802
	2c Plan Sponsor's telephone number	718-513-2477
	2d Business code (see instructions)	525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>X Jeanna Talamo</i>	<i>10/8/25</i>	JEANNA TALAMO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE