

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE 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>BOARD OF TRUSTEES I.B.E.W. LOCAL 1049</u> <u>CRAFT DIVISION HEALTH & WELFARE FUND</u> <u>100 CORPORATE DRIVE</u> <u>HOLTSVILLE, NY 11742</u>	1c Effective date of plan <u>01/01/1964</u> 2b Employer Identification Number (EIN) <u>11-6043757</u> 2c Plan Sponsor's telephone number <u>631-234-1800</u> 2d Business code (see instructions) <u>238210</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.	10/15/2025	STEVEN T. SCHLAPP
	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	819
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)	810
	6a(2)	786
	6b	10
	6c	
	6d	796
	6e	
	6f	796
	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	37

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE 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 BOARD OF TRUSTEES I.B.E.W. LOCAL 1049</p>	<p>D Employer Identification Number (EIN) 11-6043757</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
UNITED STATES FIRE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5459190	21113	US1573493	800	06/01/2023	05/31/2024

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1766607
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<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 I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE 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 BOARD OF TRUSTEES I.B.E.W. LOCAL 1049</p>	<p>D Employer Identification Number (EIN) 11-6043757</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
DENTCARE DELIVERY SYSTEMS

(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
11-2480692	47112	GG-433% (64097)	800	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 73476</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE, LLC **9500 S DADELAND BLVD**
MIAMI, FL 33156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73476			3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	735387
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<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 I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE 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 BOARD OF TRUSTEES I.B.E.W. LOCAL 1049</p>	<p>D Employer Identification Number (EIN) 11-6043757</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
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(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
22-0832760	62057	000010266065	810	04/01/2024	03/31/2025

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

<p>(a) Total amount of commissions paid 2759</p>	<p>(b) Total amount of fees paid 30872</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC **669 RIVER DR CENTER II STE 305**
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30872	FEES OVERRIDES AND BROKER BONUS	3	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE, LLC **100 OTTAWA AVE SW**
GRAND RAPIDS, MI 49503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2530		3	

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

ACRISURE GREAT LAKES PTR INS SVCS

223 W GRAND AVE 1
HOWELL, MI 48843

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
229			3

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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	

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	163216
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>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 I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE 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 BOARD OF TRUSTEES I.B.E.W. LOCAL 1049</p>	<p>D Employer Identification Number (EIN) 11-6043757</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
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(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
22-0832760	62057	000010266063	810	04/01/2024	03/31/2025

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

<p>(a) Total amount of commissions paid 2325</p>	<p>(b) Total amount of fees paid 4817</p>
--	---

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
EMERSON ROGERS LLC **669 RIVER DR CENTER II STE 305**
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4817	FEES OVERRIDES AND BROKER BONUS	3	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE, LLC **100 OTTAWA AVE SW**
GRAND RAPIDS, MI 49503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2163		3	

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

ACRISURE GREAT LAKES PTR INS SVCS

223 W GRAND AVE 1
HOWELL, MI 48843

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
162			3

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	44070
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 I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.B.E.W. LOCAL 1049	D Employer Identification Number (EIN) 11-6043757	

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

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

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

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

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

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

HOLM & OHARA

3 WEST 35TH STREET
9TH FLOOR
NEW YORK, NY 10001

13-3591118

(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	UNION ATTORNEY	16752	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)

GOULD, KOBRICK, & SCHLAPP, P.C.

192 LEXINGTON AVENUE
SUITE 700
NEW YORK, NY 10016

13-3082707

(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	UNION AUDITOR	54286	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)

FACT FIRST ACTUARIAL CONSULTING

1501 BROADWAY
SUITE 1728
NEW YORK, NY 10036

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	NONE	20000	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)

JEANNINE DEVLIN

11-6043757

(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	NONE	177396	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)

DAWN LANGE

11-6043757

(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	NONE	111692	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)

WILMA SPATAFORE-ALVAREZ

11-6043757

(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	NONE	67391	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)

OPTUMRX

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99 13	NONE	33722	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIRST FINANCIAL SERVICES

38 KINGS HIGHWAY
HAUPPAUGE, NY 11788

11-3043712

(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 19 27 31 33 55 63	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	422866	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

INTERNATIONAL BENEFITS ADMINISTRATI

100 GARDEN CITY PLAZA
SUITE 110
GARDEN CITY, NY 11530

11-3293162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	734160	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)

EMPIRE HEALTHCHOICE ASSURANCE INC

9 PINE STREET
14TH FLOOR
NEW YORK, NY 10005

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	490489	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)

SYNTONIC SYSTEMS INC.

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	7800	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)

CONNECTYOURCARE LLC

307 INTERNATIONAL CIRCLE
SUITE 200
HUNT VALLEY, MA 21030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	49404	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)

ACRISURE DBA UNION BEN PLANNERS

26-3554645

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	459728	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DORIS KOENIG

11-6043757

(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	NONE	14822	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)

NORTHWELL DIRECT

11-3418133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	111959	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)

KOBGO ASSOCIATES

13-2751089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	6514	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIRST FINANCIAL SERVICES 11-3043712	16 19 27 31 33 55 63	422866

(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.
OSAIC WEALTH, INC. 18700 N HAYDEN RD SUITE 255 SCOTTSDALE, AZ 85255 93-0987232	12B1 FEES SALES CREDITS AND DEALER CONCESSIONS BASED ON PERCENTAGE OF ASSETS.

(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 I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES I.B.E.W. LOCAL 1049	D Employer Identification Number (EIN) 11-6043757

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1892229	1663377
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2554513	2425433
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	769655	849413
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3739967	8906888
(2) U.S. Government securities	1c(2)		1975425
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		7335865
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	101200	102720
(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)		0
(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)	102859582	103920994
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		129064

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	2474	4520
f Total assets (add all amounts in lines 1a through 1e).....	1f	111919620	127313699
Liabilities			
g Benefit claims payable.....	1g	7911130	8133872
h Operating payables.....	1h	96022	99517
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	102636	54201
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8109788	8287590
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	103809832	119026109

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)	29013220	
(B) Participants.....	2a(1)(B)	65474	
(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)		29078694
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	113326	
(B) U.S. Government securities.....	2b(1)(B)	412	
(C) Corporate debt instruments.....	2b(1)(C)	-12960	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	6450	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		107228
(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)	3883280	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3883280
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	97629	
(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)		6461844
c Other income	2c		408584
d Total income. Add all income amounts in column (b) and enter total	2d		40037259

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21119741	
(2) To insurance carriers for the provision of benefits	2e(2)	1568341	
(3) Other	2e(3)	32941	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22721023
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)	404770	
(2) Contract administrator fees	2i(2)	1419734	
(3) Recordkeeping fees	2i(3)	6514	
(4) IQPA audit fees	2i(4)	54286	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	20000	
(8) Legal fees	2i(8)	16752	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	177903	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2099959
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24820982

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15216277
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: **GOULD, KOBRICK, & SCHLAPP, P.C.**

(2) EIN: **13-3082707**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

**I.B.E.W. LOCAL 1049 CRAFT DIVISION
HEALTH & WELFARE FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

**FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

I N D E X

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D. ROBERT GOULD, C.P.A. (1933-2015)
STUART L. KOBRICK, C.P.A. (RETIRED)
STEVEN T. SCHLAPP, C.P.A.
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.
RONDELL E. MARSHALL, C.P.A.

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WWW.GKSPC.COM

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
I.B.E.W. Local 1049 Craft Division Health & Welfare Fund

Opinion

We have audited the financial statements of I.B.E.W. Local 1049 Craft Division Health & Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the changes in benefit obligations and in net assets available for benefits 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of I.B.E.W. Local 1049 Craft Division Health & Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local 1049 Craft Division Health & Welfare Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

INDEPENDENT AUDITORS' REPORT (continued)

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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 judgment 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 I.B.E.W. Local 1049 Craft Division Health & Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local 1049 Craft Division Health & Welfare 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.

Other Matter – Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions attached to Schedule H of Form 5500 are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its 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 are 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.

Aud. Kohler's Atty's P.C.

New York, NY
October 12, 2025

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

**STATEMENTS OF BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS		
Health benefits currently payable	\$ 2,106,652	\$ 1,743,438
Health reimbursement benefits payable	18,765	24,215
Vacation benefits payable	864,012	841,901
Insurance premiums payable (prepaid)	0	(18,880)
Health reimbursement accounts	5,127,182	5,309,101
ACA fees payable	5,417	6,517
Accumulated eligibility credits	1,196,000	1,314,000
Postretirement benefits	40,655,568	39,697,024
Total Benefit Obligations	<u>49,973,596</u>	<u>48,917,316</u>
ASSETS		
Investments, at fair value	<u>122,241,892</u>	106,700,749
Receivables:		
Employer contributions	2,425,433	2,554,513
Drug rebates	835,115	762,306
Due from related organizations	129,064	0
Total Receivables	<u>3,389,612</u>	<u>3,316,819</u>
Other assets:		
Cash, operating accounts	1,663,377	1,892,229
Prepaid expenses	14,298	7,349
Fixed assets, net of accumulated depreciation	4,520	2,474
Total Other Assets	<u>1,682,195</u>	<u>1,902,052</u>
Total Assets	<u>127,313,699</u>	<u>111,919,620</u>
LIABILITIES		
Accrued administrative expenses	99,517	97,121
Payroll liabilities	27,182	35,031
Reciprocal payables	22,669	54,906
Uncashed benefit checks	11,844	4,838
Deferred income	4,350	0
Due to related organizations	0	11,600
Total Liabilities	<u>165,562</u>	<u>203,496</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>127,148,137</u>	<u>111,716,124</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 77,174,541</u>	<u>\$ 62,798,808</u>

The accompanying notes are an integral part of the financial statements.

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
AND IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS		
Health benefits currently payable	\$ 363,213	\$ (948,617)
Health reimbursement benefits payable	(5,450)	(12,283)
Vacation benefits payable	22,111	(283,889)
Insurance premiums payable (prepaid)	18,880	119,832
Health reimbursement accounts	(181,919)	(387,642)
ACA fees payable	(1,101)	763
Accumulated eligibility credits	(118,000)	13,000
Postretirement benefits	958,544	4,678,214
	<u>1,056,278</u>	<u>3,179,378</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Employer contributions - net of reciprocals	29,013,220	27,637,412
COBRA contributions	65,474	60,588
	<u>29,078,694</u>	<u>27,698,000</u>
Investment income:		
Net appreciation in fair value of investments	6,559,473	5,435,534
Interest, dividends, and other	3,990,508	3,890,530
	<u>10,549,981</u>	<u>9,326,064</u>
Other income	14,937	41,145
	<u>39,643,612</u>	<u>37,065,209</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid	22,505,287	23,041,232
Administrative expenses	1,706,314	1,701,731
	<u>24,211,601</u>	<u>24,742,963</u>
Net increase in net assets available for benefits	<u>15,432,011</u>	<u>12,322,246</u>
Net increase in excess of net assets available for benefits over benefit obligations	14,375,733	9,142,868
Excess of net assets available for benefits over benefit obligations:		
Beginning	62,798,808	53,655,940
Ending	<u>\$ 77,174,541</u>	<u>\$ 62,798,808</u>

The accompanying notes are an integral part of the financial statements.

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of I.B.E.W. Local 1049 Craft Division Health & Welfare Fund (the “Plan”) provides only general information. Participants should refer to the Plan document and its Summary Plan Description (SPD) for a more complete description of the Plan provisions.

General: The Plan was established in 1964 for the purpose of providing health care and other benefits to eligible employees covered by collective bargaining agreements between Local Union 1049 of the International Brotherhood of Electrical Workers, AFL-CIO (the “Union”) and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan Administration: The administration of the Plan is the responsibility of a joint Board of Trustees comprised of three (3) Union and three (3) Employer Trustees. The Union and Employer Trustees have equal voting rights. Investments of the Plan are managed by an investment adviser and maintained by a separate Plan custodian.

Benefits and Eligibility: The Plan provides health benefits as enumerated in Note 14, to active participants of the Plan and to their beneficiaries and covered dependents. The plan also provides vacation benefits, which are based upon the amount accumulated in each participant’s vacation account.

The Plan also receives contributions that are allocated into eligible participant health reimbursement accounts that are used to reimburse the cost of medical care not covered under the Plan or any other insurance plan.

The Plan also provides coverage to certain retirees and health benefits to participants during periods of unemployment, provided they have met the eligibility requirements for the current coverage period during a prior work period.

In general, employees are eligible to participate in the Plan if they work for a contributing employer who is making contributions to the Plan on their behalf and have worked the minimum number of hours required for coverage. Terminated employees may be eligible for benefits if they are eligible to receive COBRA continuation coverage and have complied with the notice requirements and pay monthly premiums. Retirees are eligible for a specific package of benefits depending on, among other requirements, their age at retirement and the years of pension fund credited service.

During the year, the following insured benefits were in effect:

Insurer	Benefits
Lincoln Life & Annuity Company of N.Y.	Life and accidental death & dismemberment and short-term disability insurance
Dentcare Delivery Systems	Dental
United States Fire Insurance Company	Stop loss

All other benefits are self-insured.

During the year, the following administrative benefit contracts were in effect:

Contract Administrator	Benefit
Empire Healthchoice Assurance, Inc.	Hospital, health, and major medical
OptumRX	Prescription drugs
Connect Your Care	Medical reimbursements
International Benefits Administrators	Medical
Northwell Direct	Hospital, health, and major medical

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN (continued)

Funding: Employers make contributions for covered participants based upon a designated percentage of each employee's wages for each hour worked in accordance with the collective bargaining agreement in effect at the time.

Other: Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan may be terminated by a unanimous vote of the Trustees to be taken either at a meeting or in writing without a meeting and by concurrent vote of the Union and a majority of the employers at that time, when there is no longer in force a collective bargaining agreement between the Union and the Employers requiring contributions to be paid by the Employers to the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements were prepared on the accrual basis of accounting.

Valuation of Investments: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 11 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Employer Contributions: Employer contributions receivable and employer contribution income do not include estimates of amounts due from employers where remittance reports were not received by the Plan office, or any amounts due but unpaid as a result of disputed payroll audits, unless the Plan's collection attorney had reached an agreement with the delinquent employer to pay the amount due.

Benefits Paid: Benefits are recorded when paid in the statement of changes in net assets available for benefits and include premiums paid to insurance companies for the purchase of life insurance and accidental death and dismemberment insurance coverage for Plan participants.

Current Expected Credit Losses: The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the "ASU") significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financials assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan's financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Postretirement Benefit Obligations: The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants.

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims costs data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were the significant assumptions used in the valuations as of December 31, 2024 and 2023:

Interest Rates 5.53% (4.83% in 2023)

Per Capita Health Costs:

 Healthy \$22,006 (\$19,171 in 2023)
 Medicare Supplemental \$7,200

Mortality Rates:

 Healthy Non-disabled - Pri-2012 Blue Collar Mortality Table with rates weighted by headcounts, projected generationally using scale MP-2021; Disabled - Pri-2012 Disability Mortality Table with rates weighted by headcounts, projected generationally using scale MP-2021. Survivors and Beneficiaries (after member's death) - Pri-2012 Blue Collar Contingent Survivor Mortality Table with rates weighted by headcounts, projected generationally using scale MP-2021.

 Marriage 75% of participants are assumed to be married. Husbands are assumed to be four years older than wives.

Health Care Trend Rates:

Year	Rate
2024	6.0%
2025	5.5%
2026 and after	5.0%

Other Rates:

Termination Rates:		Retirement Rates:		Disability Rates:	
Age	Probability	Age	Rate of Retirement	Age	Probability
20	5.44%	60	25.0%	20	0.12%
25	4.57%	61	20.0%	25	0.17%
30	3.70%	62	50.0%	30	0.22%
35	2.42%	63-64	20.0%	35	0.33%
40	1.13%	65	50.0%	40	0.44%
45	0.56%	66-69	25.0%	45	0.83%
50-60	0.00%	70	100.0%	50	1.21%
				55	2.23%
				60	0.00%

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Postretirement Benefit Obligations (continued):

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Fixed Assets and Depreciation or Amortization: Fixed assets are stated at cost less depreciation or amortization accumulated since acquisition and does not purport to represent replacement or realizable value. All assets are depreciated or amortized over their estimated useful lives using the straight-line method. Expenditures for normal repairs of equipment are charged when incurred. All other expenditures for fixed assets are capitalized.

Other Plan Benefits: Plan obligations at December 31 for health claims incurred by active participants but not reported at that date, for accumulated eligibility of participants, and for future death and disability payments at December 31 are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value.

The Plan provides for the payment of benefits for a period of time subsequent to the financial statement date for those participants who have accumulated a sufficient number of eligibility credits or hours. Such rules permit eligible participants benefits during periods of unemployment or inactivity, when employer contributions to the Plan would otherwise not provide coverage or benefits. At the financial statement date, such accumulated eligibility credits represent a liability of the Plan arising from prior employee service for which employer contributions have been received. The liability is determined by applying the average cost of benefits per eligible participant.

NOTE 3 – PROCEDURE ON TERMINATION

In the event of termination of the Plan, the Trust Agreement requires that the trustees shall use the assets and income of the Plan for the exclusive benefit of the participants of the Plan or the administrative expenses of the Plan. Under no circumstance shall any part of the corpus or income of the Plan, directly or indirectly, revert or accrue to the benefit of the employers or the Union.

NOTE 4 – TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to be qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), as amended and, accordingly, the trust's net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS) that states the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Trust has been amended since receiving the determination letter. However, Plan management believes that the Trust, as amended, continues to qualify and to operate in accordance with the applicable provisions of the IRC.

NOTE 5 – 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 such changes could materially affect the amounts reported in the statement 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.

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed Federal insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

NOTE 7 – BENEFIT OBLIGATIONS

The Plan's postretirement benefit obligation and changes therein are summarized as follows:

	2024	2023
	<u> </u>	<u> </u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	\$ 1,786,652	\$ 1,600,226
Participants fully eligible for benefits	5,576,101	3,737,625
Participants not yet fully eligible for benefits	33,292,815	34,359,173
Total Postretirement Benefit Obligations	<u>\$ 40,655,568</u>	<u>\$ 39,697,024</u>
NET CHANGE IN POSTRETIREMENT BENEFIT OBLIGATIONS		
Changes in actuarial assumptions	\$ (4,637,013)	\$ 1,246,739
Actuarial experience loss	4,069,416	2,130,321
Interest	1,908,141	1,750,154
Benefits earned net of benefits paid	<u>(382,000)</u>	<u>(449,000)</u>
Net Change in Postretirement Benefit Obligations	958,544	4,678,214
Postretirement Benefit Obligations:		
Beginning	<u>39,697,024</u>	<u>35,018,810</u>
Ending	<u>\$ 40,655,568</u>	<u>\$ 39,697,024</u>

The weighted-average health care cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased or decreased, it would significantly affect the total benefit obligations. The impact of a 1% increase in the health care cost trend assumptions would increase the Plan's postretirement obligations by approximately \$3,092,159 and \$3,153,983 at December 31, 2024 and 2023, respectively.

NOTE 8 – FIXED ASSETS

Fixed assets at December 31, 2024 and 2023 by classification are summarized as follows:

	2024	2023
	<u> </u>	<u> </u>
Software	\$ 42,024	\$ 42,024
Equipment	4,843	3,214
Furniture and fixtures	4,579	3,407
	<u>51,446</u>	<u>48,645</u>
Less - Accumulated depreciation	46,926	46,171
Net Fixed Assets	<u>\$ 4,520</u>	<u>\$ 2,474</u>

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 9 – RETIREMENT PLAN

The Plan's eligible employees are provided annuity benefits by the I.B.E.W. Local 1049 Craft Annuity Fund, a non-contributory defined contribution plan. Contributions to the I.B.E.W. Local 1049 Craft Annuity Fund were \$79,252 and \$72,874 for the years ended December 31, 2024 and 2023, respectively.

NOTE 10 – PARTY IN INTEREST AND RELATED PARTY TRANSACTIONS

The Plan and the I.B.E.W. Local 1049 Craft Division Annuity Fund, Craft Division Skill Improvement Fund, Vacation Fund and Line Clearance Tree Trimming Skill Improvement Fund (together the "Funds") share common administration and office facilities. Payroll costs and other administrative expenses are paid by the Plan and are allocated based on actual time spent. The Funds' office facilities are in premises owned by the Craft Division Skill Improvement Fund Realty Corporation and the Plan has a rental lease agreement based on a square foot allocation of space.

The Plan's 2024 related party transactions are summarized as follows:

	IBEW Local 1049					
	Totals	Craft Skill Fund	Vacation Fund	Annuity Fund	LCTT Skill Improvement Fund	
Beginning balances	\$ (11,600)	\$ 12,420	\$ 1,087	\$ 10,519	\$ (4,306)	\$ (31,318)
Current period activity:						
Payments	(193,529)	(85,902)	(1,984)	(109,097)	(25,570)	29,024
Expense allocations and rent	365,923	131,773	(11,106)	192,031	53,225	0
Rent	(31,730)	0	0	0	0	(31,730)
Total Current Activity	140,664	45,871	(13,090)	82,934	27,655	(2,706)
Ending balances	\$ 129,064	\$ 58,291	\$ (12,003)	\$ 93,453	\$ 23,350	\$ (34,024)

NOTE 11 – FAIR VALUE MEASUREMENTS

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - 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.

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 11 – FAIR VALUE MEASUREMENTS (continued)

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

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

The following is a description of the valuation methodologies used for assets at fair value. There have been changes in the methodologies used at December 31, 2024 and 2023.

Interest bearing cash: Interest bearing cash, readily convertible into cash, is carried at cost, which approximates fair value.

U.S. government securities: U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

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

Preferred stocks: Preferred stocks are valued at the closing price reported on the New York Stock Exchange and other exchanges.

Registered investment companies: Certain registered investment companies are valued at the closing price reported in the active market on which they are traded. Others are valued at estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager, takes into consideration information about the net asset value of shares held by the Plan at year end.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes 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 is a summary of the inputs used as of December 31, 2024 and 2023, in valuing the Fund's investments:

December 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 8,906,888	\$ 0	\$ 0	\$ 8,906,888
U.S. government securities	0	1,975,425	0	1,975,425
Corporate debt instruments	0	7,335,865	0	7,335,865
Preferred stock	102,720	0	0	102,720
Registered investment companies	103,920,994	0	0	103,920,994
	<u>\$ 112,930,602</u>	<u>\$ 9,311,290</u>	<u>\$ 0</u>	<u>\$ 122,241,892</u>

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 11 – FAIR VALUE MEASUREMENTS (continued)

December 31, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 3,739,967	\$ 0	\$ 0	\$ 3,739,967
Preferred stock	101,200	0	0	101,200
Registered investment companies	102,859,582	0	0	102,859,582
	<u>\$ 106,700,749</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 106,700,749</u>

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

		December 31,	
		2024	2023
Net assets available for benefits per the financial statements		<u>\$ 127,148,137</u>	<u>\$ 111,716,124</u>
Less:	Health benefits currently payable	2,106,652	1,743,438
	Vacation benefits payable	864,012	841,901
	Insurance premiums (prepaid)	0	(18,880)
	Health reimbursement benefits payable	18,765	24,215
	ACA fees payable	5,417	6,517
	Health reimbursement accounts	5,127,182	5,309,101
		<u>8,122,028</u>	<u>7,906,292</u>
Net assets available for benefits per Form 5500		<u>\$ 119,026,109</u>	<u>\$ 103,809,832</u>

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

		Year Ended December 31,	
		2024	2023
Benefits paid per the financial statements		\$ 22,505,287	\$ 23,041,232
Less:	Benefit obligations currently payable, beginning of year	(7,906,292)	(10,207,523)
Add:	Benefit obligations currently payable, end of year	8,122,028	7,906,292
Benefits paid per Form 5500		<u>\$ 22,721,023</u>	<u>\$ 20,740,001</u>

NOTE 13 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2025, the date the financial statements were available to be issued.

I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 14 – BENEFITS PAID

	<u>2024</u>	<u>2023</u>
Insured:		
Stop loss	\$ 1,687,049	\$ 1,692,789
Dental service organization	735,387	614,639
Life, accidental death and dismemberment	163,124	178,266
Short term disability	44,045	48,285
Net Insured Benefits Paid	<u>2,629,605</u>	<u>2,533,979</u>
Self-Insured:		
Hospital and medical	14,701,161	14,383,462
Prescription drugs - net of rebates	2,310,869	2,127,944
Health reimbursement account	1,026,756	1,174,359
Optical	27,913	32,351
Retiree supplemental medicare	21,010	16,513
ACA fees	6,517	5,754
Total Self-Insured Benefits Paid	<u>18,094,226</u>	<u>17,740,383</u>
Less - Stop loss reimbursements	1,080,144	400,505
Total Self-Insured Benefits Paid	<u>17,014,082</u>	<u>17,339,878</u>
Vacation	2,861,600	3,167,375
Total Benefits Paid	<u>\$ 22,505,287</u>	<u>\$ 23,041,232</u>

NOTE 15 – ADMINISTRATIVE EXPENSE

	<u>2024</u>	<u>2023</u>
Professional fees:		
Contract administrators	\$ 1,419,734	\$ 1,338,447
Auditing	54,286	49,100
Actuary and consultant	20,000	24,000
Legal	16,752	20,885
Computer consultant	11,313	11,302
Compliance payroll audits	6,514	4,026
Application service provider	2,480	2,480
Payroll and benefits	484,022	463,849
Occupancy	31,730	31,191
Insurance	24,615	11,374
Stationery, printing, postage, and supplies	17,557	7,873
Other general and administrative	9,878	10,151
Depreciation	755	487
Meetings and educational conferences	325	232
Equipment rental, repairs and maintenance	0	630
Total Administrative Expenses	<u>2,099,961</u>	<u>1,976,027</u>
(Less:) Participant fees (vacation checks)	<u>(27,724)</u>	<u>(28,448)</u>
(Less:) Reimbursement from related organizations	<u>(365,923)</u>	<u>(245,848)</u>
Net Administrative Expenses	<u>\$ 1,706,314</u>	<u>\$ 1,701,731</u>

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.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information — enter all requested information

1 a Name of plan I.B.E.W. LOCAL 1049 CRAFT DIVISION HEALTH & WELFARE FUND	1b Three-digit plan number (PN).... ▶ 501 1c Effective date of plan 01/01/1964
2 a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 11-6043757 2c Plan Sponsor's telephone number 631-234-1800 2d Business code (see instructions) 525100

BOARD OF TRUSTEES I.B.E.W. LOCAL 1049
 CRAFT DIVISION HEALTH & WELFARE FUND
 100 CORPORATE DRIVE
 HOLTSVILLE, NY 11742

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	<input checked="" type="checkbox"/> <i>Pat Quicke</i>	<input checked="" type="checkbox"/> 10-2-25	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<input checked="" type="checkbox"/> <i>Michael Goldstein</i>	<input checked="" type="checkbox"/> 10.2.25	
	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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

I.B.E.W. LOCAL 1049 VACATION FUND

11-3322904

Name and title of officer or person subject to tax

PATRICK GUIDICE III TRUSTEE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	17,146.
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **GOULD, KOBRICK & SCHLAPP PC** to enter my PIN **21310** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Patrick Guidice III

Date

10/2/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13219798765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

10/14/25

04:03PM

Statement 1
Schedule H, Page 1, Line 1b(3)
Other Receivables

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

	<u>Beginning</u>	<u>Ending</u>
DRUG REBATES.....	\$ 762,306.	\$ 835,115.
PREPAID EXPENSES.....	7,349.	14,298.
Total	<u>\$ 769,655.</u>	<u>\$ 849,413.</u>

Statement 2
Schedule H, Page 1, Line 1c(15)
Other General Investments

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

	<u>Beginning</u>	<u>Ending</u>
Due from related organizations.....	\$ 0.	\$ 116,688.
Total	<u>\$ 0.</u>	<u>\$ 116,688.</u>

Statement 3
Schedule H, Page 2, Line 1j
Other Liabilities

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

	<u>Beginning</u>	<u>Ending</u>
Deferred income.....	\$ 0.	\$ 4,350.
DUE TO RELATED ORGANIZATIONS.....	11,600.	0.
PAYROLL WITHHOLDINGS.....	36,130.	27,182.
RECIPROCAL PAYABLES.....	54,906.	22,669.
Total	<u>\$ 102,636.</u>	<u>\$ 54,201.</u>

Statement 4
Schedule H, Page 2, Line 2b(1)(F)
Other Interest

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

PREFERRED STOCK.....	\$ 6,450.
Total	<u>\$ 6,450.</u>

Statement 5
Schedule H, Page 2, Line 2b(5)(B)
Other Unrealized Appreciation

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

UNREALIZED GAIN/(LOSS) ON SECURITIES.....	\$ 97,629.
Total	<u>\$ 97,629.</u>

10/14/25

04:03PM

Statement 6
Schedule H, Page 3, Line 2c
Other Income

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

MISCELLANEOUS.....	\$	552.
O/H REIMB. OF PLAN EXPENSES.....		353,547.
PARTICIPANT FEES.....		27,724.
UNCASHED BENEFIT CHECKS.....		14,385.
Total	\$	<u>396,208.</u>

Statement 7
Schedule H, Page 3, Line 2e(3)
Other Benefit Payments

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

ACA FEES.....	\$	5,416.
OPTICAL PROVIDER.....		27,525.
Total	\$	<u>32,941.</u>

Statement 8
Schedule H, Page 3, Line 2i(11)
Other Administrative Expenses

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

APPLICATION SOFTWARE PROVIDER.....	\$	2,480.
BENEFIT CONTRIBUTIONS - ANNUITY.....		79,252.
COMPUTER CONSULTANT.....		11,313.
DEPRECIATION.....		755.
INSURANCE.....		24,615.
OTHER GENERAL & ADMINISTRATIVE.....		11,492.
RENT.....		31,730.
STATIONERY, PRINTING, POSTAGE & SUPPLIES.....		16,268.
Total	\$	<u>177,905.</u>

Statement 9
Schedule H, Page 4, Line 4i
Schedule Of Assets (Held At End Of Year)

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

<u>Party In</u> <u>Interest</u>	<u>Identification</u>	<u>Description</u>	<u>Cost</u>	<u>Current</u> <u>Amount</u>
	Flagstar	CASH	\$ 350,350.	\$ 350,350.
	Osaic #2501	CASH EQUIVALENTS	4.	4.
	JP Morgan Chase	MONEY MARKET ACCOUNT	7,814,781.	7,814,781.
	Osaic #2501	PIMCO SHT TRM CL A	5,195,348.	5,195,322.
	Osaic #3458	SEE ATTACHED	105,654,703.	108,881,435.

2024

Federal Statements

Page 3
11-6043757
Plan No. 501

Client 1049HW

BOARD OF TRUSTEES I.B.E.W. LOCAL 1049

10/14/25

04:03PM

Statement 10
Schedule H, Page 4, Line 4j
Schedule Of Reportable Transactions
I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

<u>Identity Of Party</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost Of Asset</u>	<u>Current Value</u>	<u>Net Gain (Loss)</u>
OSAIC	INVESCO GOVERNMENT A		\$ 7,399,974.			\$ 7,400,000.	\$ 7,399,974.	\$ -26.
OSAIC	PIMCO FLEXIBLE CREDI		8,602,566.			10,999,719.	8,602,566.	-2,397,153.
OSAIC	PIMCO TOTAL RETURN F	\$ 7,700,000.					7,700,000.	

2024

Federal Statements

Page 2
11-6043757
Plan No. 501

Client 1049HW

BOARD OF TRUSTEES I.B.E.W. LOCAL 1049

10/14/25

11:59AM

Statement 10
Schedule H, Page 4, Line 4j
Schedule Of Reportable Transactions
I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

<u>Identity Of Party</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost Of Asset</u>	<u>Current Value</u>	<u>Net Gain (Loss)</u>
OSAIC	INVESCO GOVERNMENT A		\$ 7,399,974.			\$ 7,400,000.	\$ 7,399,974.	\$ -26.
OSAIC	PIMCO FLEXIBLE CREDI		8,602,566.			10,999,719.	8,602,566.	-2,397,153.
OSAIC	PIMCO TOTAL RETURN F	\$ 7,700,000.					7,700,000.	



187004 - Anytime Fund, 0004-200
SOLDIERLY AZ 85035
10276011000

Brokerage

Account Statement

Statement 1 of 1

AB 04 038358 64415 H 76 A

CRAFT DIVISION LOCAL UNION 1049
HEALTH&WELFARE FUND UAD 06/01/91
PATRICK GUIDICE TTEE
100 CORPORATE DRIVE
HOLTSVILLE NY 11742-2000



Scan for
Online Access



December 1, 2024 - December 31, 2024
Account Number: 035-263458

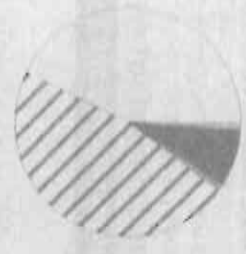
Portfolio at a Glance

BEGINNING ACCOUNT VALUE	\$111,539,757.43	This Period
Dividends, Interest and Other Income	433,656.81	
Net Change in Portfolio¹	-3,091,978.89	
ENDING ACCOUNT VALUE	\$108,881,435.35	
Estimated Annual Income	\$3,284,827.66	

¹ Net Change in Portfolio is the difference between the ending account value and beginning account value after activity.

The Bank Deposits in your account are not eligible for SIPC coverage.
Bank Deposit Sweep Products automatically deposit the available balance in your account into Federal Deposit Insurance Corporation (FDIC) member insured depository institutions (IDIs), where swept balances are eligible to receive pass through FDIC insurance coverage through those IDIs, subject to certain conditions. Balances in Bank Deposit Sweep Products are not considered securities and are not eligible for coverage by the Securities Investor Protection Corporation (SIPC).

Asset Summary

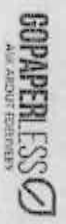


Percent	Asset Type	Last Period	This Period
1%	Cash, Money Funds, and Bank Deposits	258,147.65	741,753.38
8%	Fixed Income	9,344,045.00	9,311,290.00
1%	Equities	104,640.00	102,720.00
47%	Mutual Funds	52,910,099.61	51,997,136.51
43%	Other Investments	48,922,825.17	46,728,535.46
100%	Account Total (Pie Chart)	\$111,539,757.43	\$108,881,435.35

Please review your allocation periodically with your Financial Professional.



FORM 2025-31803P-50



Best Kept Secret
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Clearing through Perching LLC, a wholly owned
subsidiary of The Bank of New York Mellon
Company (BNYM Mellon)
Perching LLC, member FINRA, NYSE, SIPC

Client Service Information

Your Financial Professional: YMJ
 COCOZZA/DONNELLY
 38 KINGS HIGHWAY
 HAUPPAUGE NY 11788

Contact Information
 Business: (631) 348-7800

Your Account Information

TAX LOT DEFAULT DISPOSITION METHOD

Default Method for Mutual Funds: Average Cost (Using First In First Out)
 Default Method for Stocks in a Dividend Reinvestment Plan: First In First Out
 Default Method for all Other Securities: First In First Out

BOND AMORTIZATION ELECTIONS

Amortize premium on taxable bonds based on Constant Yield Method: Yes
 Accrual market discount method for all other bond types: Constant Yield Method
 Include market discount in income annually: No

ELECTRONIC DELIVERY

You have **not** enrolled any documents for electronic delivery. The following documents are available for electronic delivery:

- Statements and Reports Notifications Tax Documents
- Trade Confirmations Prospectus Proxy/Shareholder Communications

Please log in to your account or contact your Financial Professional to make any changes to your electronic delivery preferences.

Activity Summary (All amounts shown are in base currency)

	Credits This Period	Debits This Period	Net This Period	Credits Year-to-Date	Debits Year-to-Date	Net Year-to-Date
Securities						
Securities Bought	0.00	-3,338,847.22	-3,338,847.22	856,334.05	-46,291,662.11	-45,435,328.06
Securities Sold	0.00	0.00	0.00	16,082,539.92	0.00	16,082,539.92
Securities Deposited	0.00	0.00	0.00	7,594,828.29	0.00	7,594,828.29
Total Securities	\$0.00	-\$3,338,847.22	-\$3,338,847.22	\$24,453,702.26	-\$46,291,662.11	-\$21,837,959.85
Dividends and Interest	\$433,656.81	\$0.00	\$433,656.81	\$3,508,790.43	\$0.00	\$3,508,790.43
Distributions	\$3,388,796.14	\$0.00	\$3,388,796.14	\$25,996,920.98	\$0.00	\$25,996,920.98
Fees	\$0.00	\$0.00	\$0.00	\$0.00	-\$10.00	-\$10.00
Cash						
Deposits	0.00	0.00	0.00	28,660.35	0.00	28,660.35
Total Cash	\$0.00	\$0.00	\$0.00	\$28,660.35	\$0.00	\$28,660.35
FDIC Eligible Bank Deposits	\$702,189.82	-\$1,185,795.55	-\$483,605.73	\$18,078,871.48	-\$18,180,445.10	-\$101,573.62
Totals	\$4,524,642.77	-\$4,524,642.77	\$0.00	\$72,066,945.50	-\$64,472,117.21	\$7,594,828.29



18720N Highland Blvd, Suite 200
Scottsdale, AZ 85260
480-427-1000

December 1, 2024 - December 31, 2024
CRAFT DIVISION LOCAL UNION 1049

508364 5/17

Portfolio Holdings

Opening Date	Quantity	Account Number	Activity Ending	Opening Balance	Closing Balance	Accrued Income	Income This Year	30-Day Yield	Current Yield
CASH, MONEY FUNDS AND BANK DEPOSITS 1.00% of Portfolio									
FDIC Eligible Bank Deposits									
INSURED DEPOSIT PROGRAM									
11/30/24	741,753.3800	N/A	12/31/24	258,147.65	741,753.38	276.62	12,225.71	N/A	N/A
Total FDIC Eligible Bank Deposits				\$258,147.65	\$741,753.38	\$276.62	\$12,225.71		

TOTAL CASH, MONEY FUNDS AND BANK DEPOSITS

\$258,147.65 **\$741,753.38**

\$276.62 **\$12,225.71**

FIXED INCOME 8.00% of Portfolio (in CUSIP Sequence)

U.S. Treasury Securities

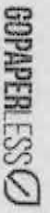
Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income	Estimated Yield
UNITED STATES TREAS BILLS 0.0000% 04/07/25 B/E DTD 04/08/24									
07/03/24*	500,000.0000	96.2040	481,021.40	98.7860	493,930.00	12,908.60	0.00		
Original Cost Basis: \$481,021.40 Security Identifier: 912797K55									
UNITED STATES TREAS BILLS 0.0000% 01/02/25 B/E DTD 07/05/24									
07/03/24*	500,000.0000	97.5050	487,523.09	100.0000	500,000.00	12,476.91	0.00		
Original Cost Basis: \$487,523.09 Security Identifier: 912797L06									
UNITED STATES TREAS BILLS 0.0000% 10/02/25 B/E DTD 10/03/24									
10/03/24*	500,000.0000	96.2360	481,177.81	96.9440	484,720.00	3,542.19	0.00		
Original Cost Basis: \$481,177.81 Security Identifier: 912797M53									
UNITED STATES TREAS NTS 3.0000% 07/15/25 B/E DTD 07/15/22 1ST									
CPN DTE 01/15/23 CPN PMT SEMI ANNUAL ON JAN 15 AND JUL 15									
Moody Rating: Aaa Security Identifier: 91289CEV3									
07/03/24	500,000.0000	98.0450	490,222.62	99.3550	496,775.00	6,552.38	6,888.59	15,000.00	3.01%
Original Cost Basis: \$490,222.62									
Total U.S. Treasury Securities				\$1,939,944.92	\$1,975,425.00	\$35,480.08	\$6,888.59	\$15,000.00	

Corporate Bonds

ALEGANCE CORP DEB 7.0000% 10/15/26 B/E DTD 10/15/96 30/360									
1ST CPN DTE 04/15/97 CPN PMT SEMI ANNUAL ON APR 15 AND OCT 15									
Moody Rating: Baa2 S & P Rating: BBB Security Identifier: 017475AC8									
07/02/24	250,000.0000	103.1340	257,833.87	102.9290	257,322.50	-511.37	3,694.44	17,500.00	6.80%
Original Cost Basis: \$259,860.00									



Account Number: 035-763455
BILL/2023/12/31/24



Send E-Statements
Every Year Since 2002
ONLINE RATED COMMUNICATIONS
EXCELLENCE

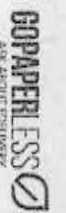
Created through Revolving LLC, a wholly owned
subsidiary of The First of New York Mellon
Corporation (FNY Mellon)
Revolving LLC member 51076, FNYE, SPFC

Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income	Estimated Yield
FIXED INCOME (continued)									
Corporate Bonds (continued)									
AMERICAN ELEC PMR CO INC SR NT SER R 5.200% 07/15/29 B/E DTD									
12/08/23 30/360 CALLABLE 12/15/28 @ 100,000 1ST CPN DTE			Security Identifier: 025537AV7						
07/15/24 CPN PMT SEMI ANNUAL ON JAN 15 AND JUL 15 Moody									
Rating: Baa2 S & P Rating: BBB									
07/03/24	250,000.0000	100.2350	250,567.27	100.7380	251,845.00	1,257.73	5,994.44	13,000.00	5.16%
Original Cost Basis: \$250,650.00									
Security Identifier: 067385ANM5									
BARCLAYS PLC SUB NT 4.836% 05/09/28 B/E DTD 05/09/17 30/360									
CALLABLE 05/07/27 @ 100,000 FOREIGN SECURITY 1ST CPN DTE									
11/09/17 CPN PMT SEMI ANNUAL ON MAY 09 AND NOV 09 Moody									
Rating: Baa1 S & P Rating: BBB-									
07/03/24	250,000.0000	97.2770	243,192.50	98.2270	245,567.50	2,375.00	1,746.33	12,090.00	4.92%
Original Cost Basis: \$243,922.50									
Security Identifier: 07330MA633									
B&T BRH BKGS TR CO GLOBAL BK SUB NT NAME CHANGED TO									
TRUIST FINL CORP 3.625% 09/16/25 B/E DTD 09/16/15 30/360									
CALLABLE 08/16/25 @ 100,000 1ST CPN DTE 09/16/16 CPN PMT									
SEMI ANNUAL ON MAR 16 AND SEP 16 Moody Rating: A3 S & P Rating: A-									
07/02/24	250,000.0000	97.6060	244,015.00	99.2120	248,030.00	4,015.00	2,643.23	9,062.50	3.65%
Original Cost Basis: \$244,015.00									
Security Identifier: 099724AL0									
BORGWARNER INC SR NT 2.650% 07/10/27 B/E DTD 06/19/20									
30/360 CALLABLE 05/10/27 @ 100,000 1ST CPN DTE 04/07/21 CPN									
PMT SEMI ANNUAL ON JAN 01 AND JUL 01 Moody Rating: Baa1 S & P Rating: BBB									
07/02/24	250,000.0000	93.1950	232,987.50	95.1290	237,822.50	4,835.00	3,312.50	6,625.00	2.78%
Original Cost Basis: \$232,987.50									
Security Identifier: 1127LAE2									
BROOKFIELD FIN INC GTD NT 4.350% 04/15/30 B/E DTD 04/09/20									
30/360 CALLABLE 01/15/30 @ 100,000 FOREIGN SECURITY 1ST CPN									
DTE 10/15/20 CPN PMT SEMI ANNUAL ON APR 15 AND OCT 15 Moody									
Rating: A3 S & P Rating: A-									
07/03/24	250,000.0000	95.4560	238,640.00	96.3930	240,982.50	2,342.50	2,295.83	10,875.00	4.51%
Original Cost Basis: \$238,640.00									
Security Identifier: 126650D14									
CVS HEALTH CORP SR NT 5.125% 02/21/30 B/E DTD 02/21/23 30/360									
CALLABLE 12/21/29 @ 100,000 1ST CPN DTE 08/21/23 CPN PMT SEMI									
ANNUAL ON FEB 21 AND AUG 21 Moody Rating: Baa3 S & P Rating: BBB									
07/03/24	250,000.0000	99.7470	249,367.50	97.9060	244,765.00	-4,602.50	4,626.74	12,812.50	5.23%
Original Cost Basis: \$249,367.50									



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Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income	Estimated Yield
FIXED INCOME (continued)									
Corporate Bonds (continued)									
CGMHI SYNCY FIXED RATE NOTE 05/25/2022 ISIN#US17290ALF56									
4.500% 05/27/27 B/E DTD 05/27/22 CALLABLE 02/27/25 @			Security Identifier: T290ALF5						
100.000 IST CPN DTE 11/27/22 CPN PMT SEMI ANNUAL ON MAY 27									
AND NOV 27 Moody Rating A3 S & P Rating BBB+									
07/02/24	250,000.00000	98.3220	245,805.00	98.4430	246,107.50	302.50	1,062.50	11,250.00	4.57%
			Original Cost Basis: \$245,805.00						
COMERICA BK DALLAS TEX SUB NT 3/42 4.000% 07/27/25 B/E DTD									
07/27/25 30/360 IST CPN DTE 08/27/26 CPN PMT SEMI ANNUAL ON			Security Identifier: 200339DX4						
JAN 27 AND JUL 27 Moody Rating Baa1 S & P Rating BBB									
07/02/24	250,000.00000	98.1750	245,437.50	99.2040	248,010.00	2,572.50	4,277.78	10,000.00	4.03%
			Original Cost Basis: \$245,437.50						
ENTERGY CORP NEW EXD RT SR NT 2.950% 09/30/26 B/E DTD									
08/19/26 30/360 CALLABLE 06/01/26 @ 100.000 IST CPN DTE			Security Identifier: 293646ALZ						
03/01/27 CPN PMT SEMI ANNUAL ON MAR 01 AND SEP 01 Moody									
Rating Baa2 S & P Rating BBB									
07/02/24	250,000.00000	95.3560	238,390.00	97.0380	242,595.00	4,205.00	2,458.33	7,375.00	3.04%
			Original Cost Basis: \$238,390.00						
FETH THIRD BANCORP FXD RT SR NT 3.950% 03/14/28 B/E DTD									
03/14/28 30/360 CALLABLE 02/14/28 @ 100.000 IST CPN DTE			Security Identifier: 316773CWO						
09/14/28 CPN PMT SEMI ANNUAL ON MAR 14 AND SEP 14 Moody									
Rating Baa1 S & P Rating BBB+									
07/03/24	250,000.00000	96.3470	240,867.50	96.8110	242,027.50	1,160.00	2,935.07	9,875.00	4.08%
			Original Cost Basis: \$240,867.50						
FETH THIRD BANCORP SR NT 2.550% 06/05/27 B/E DTD 06/05/20									
30/360 CALLABLE 04/05/27 @ 100.000 IST CPN DTE 11/05/20 CPN			Security Identifier: 316773DAS						
PMT SEMI ANNUAL ON MAY 05 AND NOV 05 Moody Rating Baa1 S &									
P Rating BBB+									
07/02/24	250,000.00000	93.4090	233,522.50	94.9710	237,427.50	3,905.00	991.67	6,375.00	2.68%
			Original Cost Basis: \$233,522.50						



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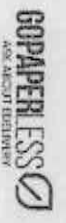
Operating Through Providing LLC, a wholly owned
 subsidiary of The Bank of New York Mellon
 Corporation (BNY Mellon)
 Providing LLC, member FINRA, NYSE, SIPC

Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income	Estimated Yield
FIXED INCOME (continued)									
Corporate Bonds (continued)									
GENERAL MATRS FNL CO INC STD FXD RT SR NT 4.350% 01/27/27 B/E D/TD 08/27/30/360 CALLABLE 10/27/26 @ 100.000 STD			Security Identifier: 37045XB12						
AMERECREDIT FINANCIAL SERVICES 1ST CPN DTE 07/27/27 CPN PMT SEMI ANNUAL ON JAN 17 AND JUL 17 Moody Rating Baa2 S & P Rating BBB									
07/02/24	250,000.0000	97.8120	244,530.00 Original Cost Basis: \$244,530.00	98.8430	247,107.50	2,577.50	4,954.17	10,875.00	4.40%
HEWLETT PACKARD ENTERPRISE CO NT 1.750% 04/09/26 B/E DTD 07/27/20 30/360 CALLABLE 03/01/26 @ 100.000 1ST CPN DTE 04/01/21 CPN PMT SEMI ANNUAL ON APR 01 AND OCT 01 Moody Rating Baa2 S & P Rating BBB			Security Identifier: 42824C BK4						
07/02/24	250,000.0000	94.1400	235,350.00 Original Cost Basis: \$235,350.00	96.3100	240,773.00	5,423.00	1,093.75	4,375.00	1.81%
JOHNSON CONTROLS INTERNATIONAL PLC/TYCO FIRE & SECURITY FINANCE S C 5.500% 04/19/29 B/E DTD 04/19/24 30/360 CALLABLE 03/19/29 @ 100.000 FOREIGN SECURITY 1ST CPN DTE 10/19/24 CPN PMT SEMI ANNUAL ON APR 19 AND OCT 19 Moody Rating Baa2 S & P Rating BBB+			Security Identifier: 47792IAA8						
07/03/24	250,000.0000	101.5910	253,977.86 Original Cost Basis: \$254,375.00	101.8220	254,555.00	577.14	2,750.00	13,750.00	5.40%
3UNIPER NETWORKS INC SR NT 1.200% 12/10/25 B/E DTD 12/10/20 30/360 CALLABLE 11/10/25 @ 100.000 1ST CPN DTE 06/10/21 CPN PMT SEMI ANNUAL ON JUN 10 AND DEC 10 Moody Rating Baa2 S & P Rating BBB			Security Identifier: 482038AN4						
07/02/24	250,000.0000	94.2400	235,600.00 Original Cost Basis: \$235,600.00	96.7830	241,957.50	6,357.50	175.00	3,000.00	1.23%
LAZARD GROUP LLC FXD RT NT 4.500% 09/19/28 B/E DTD 09/19/18 30/360 CALLABLE 06/19/28 @ 100.000 1ST CPN DTE 03/19/19 CPN PMT SEMI ANNUAL ON MAR 19 AND SEP 19 Moody Rating Baa2 S & P Rating BBB+			Security Identifier: 521070A14						
07/03/24	250,000.0000	97.2360	243,090.00 Original Cost Basis: \$243,090.00	97.7450	244,362.50	1,272.50	3,187.50	11,250.00	4.60%
MERS & TRADERS TR CO BK NT PROGRAM FXD RT NTS 3.400% 08/17/27 B/E DTD 08/17/30/360 1ST CPN DTE 02/17/18 CPN PMT SEMI ANNUAL ON FEB 17 AND AUG 17 Moody Rating A3 S & P Rating BBB+			Security Identifier: 55279HA03						
07/03/24	250,000.0000	94.3950	235,987.50 Original Cost Basis: \$235,987.50	96.2270	240,567.50	4,580.00	3,163.89	8,500.00	3.53%



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St. Paul, MN 55102
612.339.1100

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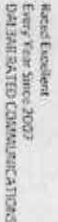
December 1, 2024 - December 31, 2024
CRAFT DIVISION LOCAL UNION 1049

Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income	Estimated Yield
FIXED INCOME (continued)									
Corporate Bonds (continued)									
MCDONALDS CORP DEB 6.375% 01/08/28 B/E DTD 01/08/28 30/360 1ST CPN DTE 07/08/28 CPN PMT SEMI ANNUAL ON JAN 08 AND JUL 08 Moody Rating Baa1 S & P Rating BBB+			Security Identifier: 580135RYS						
07/03/24	250,000.0000	185.5500	263,875.46	103.7320	259,330.00	-4,545.46	7,658.85	15,937.50	6.14%
MONDELEZ INTL INC RT 3.625% 02/13/26 B/E DTD 02/13/26 30/360 CALLABLE 12/13/25 @ 100.000 1ST CPN DTE 08/13/26 CPN PMT SEMI ANNUAL ON FEB 13 AND AUG 13 Moody Rating Baa1 S & P Rating BBB									
07/02/24	195,000.0000	97.6000	190,320.00	98.6310	192,330.45	2,010.45	2,709.69	7,068.75	3.67%
07/02/24	55,000.0000	97.8060	53,793.30	98.6310	54,247.05	453.75	764.27	1,993.75	3.67%
Total Covered 250,000.0000 244,113.30 246,577.50 2,464.20 3,473.96 9,062.50									
Total 250,000.0000 \$244,113.30 \$246,577.50 \$2,464.20 \$3,473.96 \$9,062.50									
NEXTERA ENERGY CAP HDGS INC 4.900% 02/28/28 B/E DTD 02/09/23 30/360 CALLABLE 01/28/28 @ 100.000 GTD NEXTERA ENERGY INC 1ST CPN DTE 08/28/23 CPN PMT SEMI ANNUAL ON FEB 28 AND AUG 28 Moody Rating Baa1 S & P Rating BBB+									
07/03/24	250,000.0000	99.6030	249,007.50	100.1320	250,330.00	1,322.50	4,185.42	12,250.00	4.89%
NIOURCE INC 5.200% 07/01/29 B/E DTD 06/24/24 30/360 CALLABLE 06/01/29 @ 100.000 1ST CPN DTE 01/01/25 CPN PMT SEMI ANNUAL ON JAN 01 AND JUL 01 Moody Rating Baa2 S & P Rating BBB+									
07/03/24	250,000.0000	100.1940	250,484.15	100.8050	252,012.50	1,528.35	6,752.78	13,000.00	5.15%
ONEOK INC NEW 5.650% 11/01/28 B/E DTD 08/24/23 30/360 CALLABLE 10/01/28 @ 100.000 GTD ONEOK PARTNERS INTERMEDIATE LI GTD ONEOK PARTNERS LP 1ST CPN DTE 05/01/24 CPN PMT SEMI ANNUAL ON MAY 01 AND NOV 01 Moody Rating Baa2 S & P Rating BBB									
07/03/24	250,000.0000	101.9460	254,865.86	102.0370	255,092.50	226.64	2,354.17	14,125.00	5.53%
Original Cost Basis: \$255,417.50									



Account Number: 035-263458
BIBR20241103P-30



Clearing through Forwarding LLC, a wholly owned
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Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income	Estimated Yield
FIXED INCOME (continued)									
Corporate Bonds (continued)									
PNC BK N A PITTSBURGH PA MEDIUM TERM SUB BK NTS FXD RT									
BANK 4.200% TWD/25 B/E DTD 10/24/13 CALLABLE 10/09/25 @									
100,000 1ST CPN DTE 05/31/14 CPN PMT SEMI ANNUAL ON MAY 01									
AND NOV 01 Moody Rating A3 S & P Rating A-									
07/03/24	250,000.0000	98.3290	245,822.50	99.6120	249,330.00	3,207.50	1,750.00	10,500.00	4.21%
Original Cost Basis: \$245,822.50									
Security Identifier: 693491A01									
PNC BK N A PITTSBURGH PA MEDIUM TERM SUB BK NTS 2.700%									
10/22/29 B/E DTD 10/22/29 1ST CPN DTE 04/22/20 CPN PMT SEMI									
ANNUAL ON APR 22 AND OCT 22 Moody Rating A3 S & P Rating A-									
07/03/24	250,000.0000	87.9890	219,972.50	89.7140	224,285.00	4,312.50	1,293.75	6,750.00	3.00%
Original Cost Basis: \$219,972.50									
Security Identifier: 72650R8B6									
PLAINS ALL AMERN PRELINE L P / PAA FIN CORP SR NT 3.550%									
12/5/29 B/E DTD 09/06/19 30/360 CALLABLE 09/15/29 @ 100,000									
1ST CPN DTE 06/15/20 CPN PMT SEMI ANNUAL ON JUN 15 AND DEC									
15 Moody Rating Baa2 S & P Rating BSB									
07/03/24	250,000.0000	92.2100	230,525.00	92.9900	232,475.00	1,950.00	394.44	8,875.00	3.81%
Original Cost Basis: \$230,525.00									
Security Identifier: 756109AZZ									
REALTY INCOME CORP NT 0.750% 03/15/26 B/E DTD 12/04/20									
30/360 CALLABLE 02/15/26 @ 100,000 1ST CPN DTE 03/15/21 CPN									
PMT SEMI ANNUAL ON MAR 15 AND SEP 15 Moody Rating A3 S & P									
07/02/24	250,000.0000	92.7950	231,987.50	95.3670	238,417.50	6,430.00	552.06	1,875.00	0.78%
Original Cost Basis: \$231,987.50									
Security Identifier: 75925IANG									
REINSURANCE GROUP AMER INC SR NT 3.900% 05/15/29 B/E DTD									
05/15/19 30/360 CALLABLE 02/15/29 @ 100,000 1ST CPN DTE									
11/15/19 CPN PMT SEMI ANNUAL ON MAY 15 AND NOV 15 Moody									
Rating Baa1 S & P Rating A									
07/03/24	250,000.0000	94.4330	236,082.50	95.5220	238,805.00	2,722.50	1,245.83	9,750.00	4.08%
Original Cost Basis: \$236,082.50									
Security Identifier: 842587DE4									
SOUTHERN CO SR NT SER 3020A 3.700% 04/30/30 B/E DTD									
04/03/20 30/360 CALLABLE 01/30/30 @ 100,000 1ST CPN DTE									
10/30/20 CPN PMT SEMI ANNUAL ON APR 30 AND OCT 30 Moody									
Rating Baa1 S & P Rating BBB+									
07/03/24	250,000.0000	93.0860	232,715.00	93.9090	234,772.50	2,057.50	1,541.67	9,250.00	3.93%
Original Cost Basis: \$232,715.00									



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December 1, 2024 - December 31, 2024
CRAFT DIVISION LOCAL UNION 1049

Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income	Estimated Yield
FIXED INCOME (continued)									
Corporate Bonds (continued)									
TYSON FOODS INC SR NT 4.350% 03/01/29 B/E DTG 02/19/19 300/360 CALLABLE 12/01/28 @ 100.0000 1ST CPN DTE 09/30/19 CPN PMT SEMI ANNUAL ON MARR 01 AND SEP 01 Moody Rating Baa2 S & P Rating: BBB									
07/03/24	250,000.0000	96.5780	241,445.00	97.1640	242,910.00	1,465.00	3,625.00	10,875.00	4.47%
			Original Cost Basis: \$241,445.00						
Total Corporate Bonds			7,500,000.0000		\$7,335,865.00	\$65,787.23	\$86,191.12	\$300,840.00	
TOTAL FIXED INCOME			9,500,000.0000		\$9,311,290.00	\$101,267.31	\$93,079.71	\$315,840.00	

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
EQUITIES 1.00% of Portfolio								
Preferred Stocks (listed by expiration date)								
BANK AMER CORP INCOME CAP OBLIG NT EXP 12/15/66 Dividend Option: Cash								
01/25/08	4,000.0000	23.4010	93,604.00	25.6890	102,720.00	9,116.00	6,450.00	6.27%
			Security Identifier: MER PRK CUSIP: 060505179					
Total Preferred Stocks			\$93,604.00		\$102,720.00	\$9,116.00	\$6,450.00	
TOTAL EQUITIES			\$93,604.00		\$102,720.00	\$9,116.00	\$6,450.00	

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
MUTUAL FUNDS 47.00% of Portfolio								
PIAFCO TOTAL RETURN FUND CLASS A								
Open End Fund Dividend Option: Cash Capital Gains Option: Reinvest								
Average	2,045,438.8730	8.6530	17,699,999.93	8.4800	17,345,321.64	-354,678.29	725,271.71	4.18%
			Security Identifier: PTTAX CUSIP: 693390445					
PIAFCO GNMA AND GOVERNMENT SECURITIES FUND CLASS A								
Open End Fund Dividend Option: Cash Capital Gains Option: Reinvest								
Average	1,518,723.9430	9.3560	14,209,035.57	9.1700	13,926,698.56	-282,337.01	585,375.43	4.20%
			Security Identifier: PACGNX CUSIP: 693391476					



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808070034 B000530



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Purching LLC, member FINRA, NYSE SIFC

Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
MUTUAL FUNDS (continued)								
PIAFCO LOW DURATION INCOME FUND CLASS A				Security Identifier: PFIAX CUSIP: 722005162				
Open End Fund								
Dividend Option: Reinvest; Capital Gains Option: Reinvest								
Average	310,905.8300	8.1100	2,521,294.75	8.0200	2,493,464.76	-27,829.99	121,554.85	4.87%
PIAFCO INCOME FUND CLASS A				Security Identifier: PFIAX CUSIP: 722011474				
Open End Fund								
Dividend Option: Cash; Capital Gains Option: Reinvest								
Average	1,670,739.7000	11.3490	18,961,120.94	10.5200	17,576,181.64	-1,384,939.30	1,032,066.03	5.87%
INVESTCO GOVERNMENT AND AGENCY MONEY MARKET PORTFOLIO INSTITUTIONAL CLASS				Security Identifier: AGPFX CUSIP: 825252885				
Open End Fund								
Dividend Option: Reinvest; Capital Gains Option: Reinvest								
Average ³	655,469.9100	1.0000	655,472.18	1.8900	655,469.91	-2.27	29,898.60	4.56%
TOTAL MUTUAL FUNDS			\$54,046,923.37		\$51,997,136.51	-2,049,786.86	\$2,494,166.62	

OTHER INVESTMENTS 43.00% of Portfolio

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
Unit Investment Trusts								
ADVISORS DISCIPLINED TR UNIT 2251UBIQUITOUS STRATEGY PORT 15 MONTH SER 2024-4Q A PERCE CAP MGMT LLC PORT CAS				Security Identifier: 007821381				
Dividend Option: Cash; Capital Gains Option: Cash								
11/22/24	154,087.0000	10.0000	1,540,870.00	10.1490	1,563,928.96	22,958.96		
FT UNIT IOS05 HEALTH CARE SELECT PORT SER 69 SEMI-ANNUAL CASH				Security Identifier: 303308582				
Dividend Option: Cash; Capital Gains Option: Cash								
01/1/81/23	38,000.0000	9.9280	377,272.45	10.0060	380,228.00	2,955.55	4,130.60	1.08%
FT UNIT IOS32 STRATEGIC DIVID SELECT PORT SER 52 MONTHLY CASH				Security Identifier: 303300721				
Dividend Option: Cash; Capital Gains Option: Cash								
01/26/23	49,472.0000	9.9030	489,943.83	10.2630	507,731.14	17,787.31	21,559.89	4.24%
FT UNIT IOS82 CAP STRENGTH PORT SER 64 SEMI ANNUAL CASH				Security Identifier: 30330H423				
Dividend Option: Cash; Capital Gains Option: Cash								
02/27/23	79,810.0000	9.8300	784,572.20	13.8440	1,104,889.64	320,317.44	10,534.92	0.95%
FT UNIT IOS74 AEROSPACE & DEFENSE PORT SER 39 SEMI ANNUAL CASH				Security Identifier: 30330M489				
Dividend Option: Cash; Capital Gains Option: Cash								
03/22/23	51,270.0000	9.6350	493,965.37	13.0550	669,329.85	175,364.48	4,378.45	0.65%
FT UNIT IOS18 HIGH DIVID EQUITY PORT SER 56 MONTHLY CASH				Security Identifier: 30330Q787				
Dividend Option: Cash; Capital Gains Option: Cash								
04/17/23	25,230.0000	10.3480	261,070.79	10.8180	272,938.14	11,867.35	8,817.88	3.23%



Account Number: 035-763458
60867399-STARBUCK 30



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Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
OTHER INVESTMENTS (continued)								
Unit Investment Trusts (continued)								
FT UNIT 1003 S&P FINANCIALS SELECT (continued)								
11/17/23	48,303.0000	10.3230	498,612.54	13.6470	659,191.03	160,578.49	13,964.40	2.11%
Total Covered	148,477.0000		1,495,724.50		2,026,265.62	530,541.12	42,924.70	42.924.70
Total	148,477.0000		51,495,724.50		52,026,265.62	\$530,541.12	542,924.70	542,924.70
FT UNIT 1001 SELECT PORTFOLIO SER 69 MONTHLY CASH								
Dividend Option: Cash: Capital Gains Option: Cash								
11/17/23	47,077.0000	10.5920	498,630.16	13.7180	645,802.29	147,172.13	15,761.37	2.44%
FT UNIT 1006 CAP STRENGTH OPTNY PORT SER 30 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash								
10/26/23	209,061.0000	9.7190	2,032,037.33	13.7190	2,868,382.24	836,344.91	21,890.78	0.76%
FT UNIT 1009 E COMMERCE OPTNY PORT SER 26 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash								
11/13/23	46,996.0000	10.6160	498,928.33	14.7240	691,969.10	193,040.77	527,629.43	7.175.31
11/13/23	128,452.0000	10.6160	1,363,697.82	14.7240	1,891,327.25	527,629.43	2,552.47	0.65%
Total Covered	175,448.0000		1,862,626.15		2,583,296.35	720,670.20	9,727.78	9,727.78
Total	175,448.0000		51,862,626.15		52,583,296.35	5720,670.20		
FT UNIT 10078 AEROSPACE & DEFENSE PORT SER 42 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash								
11/16/23	90,029.0000	9.8370	885,596.77	12.2220	1,100,334.43	214,737.66	7,175.31	0.65%
12/01/23	32,026.0000	10.2290	327,596.99	12.2220	391,421.78	63,824.79	2,552.47	0.65%
Total Covered	122,055.0000		1,213,193.76		1,491,756.21	278,562.45	9,727.78	9,727.78
Total	122,055.0000		51,213,193.76		51,491,756.21	5278,562.45	59,727.78	59,727.78
FT UNIT 1085 FINIS SELECT PORT SER 87 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash								
02/08/24	47,117.0000	10.0850	475,174.95	12.5490	591,271.23	116,096.28	11,977.14	2.02%
FT UNIT 1023 BLOOMBERG PRICING PWR PORT SER SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash								
04/16/24	65,261.0000	9.5590	623,823.37	9.7570	636,751.58	12,928.21	9,195.27	1.44%
05/07/24	30,697.0000	9.6620	296,582.14	9.7570	299,510.63	2,928.49	4,325.21	1.44%
Total Covered	95,958.0000		920,405.51		936,262.21	15,856.70	13,520.48	13,520.48
Total	95,958.0000		5920,405.51		5936,262.21	\$15,856.70	\$13,520.48	\$13,520.48
FT UNIT 10379 AI ROBOTICS & TECHNOLOGY OPTNY PORT SER 28 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash								
05/02/24	70,083.0000	9.8620	691,186.58	11.8710	831,955.29	140,768.71	3,441.07	0.41%

GODigital Account Number: 035-263458

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DAI BAR RATED COMMUNICATIONS CORPORATION (BRY Medical)

Clearing through Everling LLC, a wholly owned subsidiary of The Bank of New York Mellon Corporation (BNY Mellon)

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10000 N. Highway Blvd, Suite 200
Lubbock, TX 79424
800.931.5200

December 1, 2024 - December 31, 2024
CRAFT DIVISION LOCAL UNION 1049

008358 10/17

Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
OTHER INVESTMENTS (continued)								
Unit Investment Trusts (continued)								
FT UNIT 11373 TACTICAL ALPHA PORT SER 41 MONTHLY CASH			Security Identifier: 30335F240					
Dividend Option: Cash: Capital Gains Option: Cash								
05/03/24	48,493.0000	9.8570	478,000.35	10.3110	500,011.32	22,010.97	4,480.75	0.89%
UNIT 11389 CYCLICAL STRENGTH PORT SER 46 SEMI ANNUAL CASH			Security Identifier: 30335H527					
Dividend Option: Cash: Capital Gains Option: Cash								
05/06/24	61,637.0000	10.3280	636,580.77	10.8220	667,035.61	30,454.84	5,596.63	0.83%
FT UNIT 11426 AMERN AGENDA PORT SER 28 SEMI ANNUAL CASH			Security Identifier: 30335K702					
Dividend Option: Cash: Capital Gains Option: Cash								
05/03/24	47,238.0000	10.1190	478,001.32	10.7520	507,902.98	29,901.66	5,333.17	1.05%
FT UNIT 11484 CAP STRENGTH OPPRTY PORT SER 33 SEMI ANNUAL CASH			Security Identifier: 30335R160					
Dividend Option: Cash: Capital Gains Option: Cash								
05/23/24	153,017.0000	9.9190	1,517,806.23	10.3460	1,583,113.88	65,307.65	12,210.75	0.77%
FT UNIT 11453 DIVIDEND STRENGTH OPPRTY PORT SER 30 MONTHLY CASH			Security Identifier: 30335R467					
Dividend Option: Cash: Capital Gains Option: Cash								
06/18/24	57,839.0000	9.8760	571,223.75	9.4790	548,255.88	-22,967.87	12,499.00	2.27%
FT UNIT 11478 KEY 3 PORT SER 26 SEMI ANNUAL CASH			Security Identifier: 30335U148					
Dividend Option: Cash: Capital Gains Option: Cash								
06/17/24	80,927.0000	10.5820	856,345.24	10.7600	870,774.52	14,429.28	3,423.21	0.39%
FT UNIT 11527 DEFENSIVE EQUITY PORT SER 70 SEMI ANNUAL CASH			Security Identifier: 30335F488					
Dividend Option: Cash: Capital Gains Option: Cash								
07/30/24	73,651.0000	10.2380	754,061.03	9.7600	718,833.77	-35,227.26	13,087.78	1.82%
09/13/24	104,946.0000	10.9190	1,145,863.40	9.7600	1,024,272.95	-121,590.45	18,448.90	1.82%
Total Covered	178,597.0000		1,899,924.43		1,743,106.72	-156,817.71	31,736.68	
Total	178,597.0000		\$1,899,924.43		\$1,743,106.72	-\$156,817.71	\$31,736.68	
FT UNIT 11509 WEST LARGE CAP BUFFERED 10 PORT SER 65 AT MATURITY CASH			Security Identifier: 30336G767					
Dividend Option: Cash: Capital Gains Option: Cash								
07/01/24	235,940.0000	10.2270	2,412,840.41	10.6570	2,514,412.58	101,572.17	15,207.43	2.74%
FT UNIT 11563 UTILITIES SELECT PORT SER 72 MONTHLY CASH			Security Identifier: 30336H791					
Dividend Option: Cash: Capital Gains Option: Cash								
07/30/24	51,238.0000	10.2810	526,752.26	10.8100	553,882.78	27,130.52	2,748	



Account Number: 035-263458
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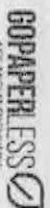
Charter Through Purching, LLC, a wholly owned
subsidiary of The Bank of New York Mellon
Corporation (BNY Mellon)
Trading LLC, member FINRA, NYSE, SIPC

Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Current Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
OTHER INVESTMENTS (continued)								
Unit Investment Trusts (continued)								
FT UNIT 1575 CYCLICAL STRENGTH PORT SER 47 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303370326					
08/02/24	105,984.0000	9.3670	992,752.13	9.7740	1,035,897.61	43,135.48	12,453.12	1.20%
08/02/24	32,184.0000	9.3670	301,467.53	9.7740	314,556.42	13,098.89	3,781.62	1.20%
Total Covered	138,168.0000		1,294,219.66		1,350,454.03	56,234.37	16,234.74	
Total	138,168.0000		\$1,294,219.66		\$1,350,454.03	\$56,234.37	\$16,234.74	
FT UNIT 1895 MEGA CAP PORT SER 74 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 30337628					
08/26/24	131,566.0000	10.2330	1,346,275.41	10.4010	1,368,417.95	22,142.55	16,169.46	1.18%
09/03/24	10,574.0000	10.0820	106,606.01	10.4010	109,980.18	3,374.17	1,299.54	1.18%
Total Covered	142,140.0000		1,452,881.42		1,478,398.14	25,516.72	17,469.00	
Total	142,140.0000		\$1,452,881.42		\$1,478,398.14	\$25,516.72	\$17,469.00	
FT UNIT 1614 REIT GROWTH & INCOME SELECT PORT SER 69 MONTHLY CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303370305					
08/19/24	53,886.0000	10.3380	557,695.02	9.9670	537,081.76	-20,613.26	20,347.35	3.78%
09/03/24	29,834.0000	10.7990	319,492.31	9.9670	297,355.48	-22,136.83	11,265.32	3.78%
Total Covered	83,720.0000		876,587.33		834,437.24	-42,150.09	31,612.67	
Total	83,720.0000		\$876,587.33		\$834,437.24	-\$42,150.09	\$31,612.67	
FT UNIT 1673 TECHNOLOGY DIVID PORT SER 52 MONTHLY CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303371463					
10/14/24	202,749.0000	11.0940	2,231,070.27	10.1960	2,067,228.80	-163,841.47	36,170.42	1.74%
ANNL CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303371406					
10/01/24	54,291.0000	10.4750	568,676.51	10.2560	556,808.50	-11,868.01	2,785.12	0.50%
FT UNIT 1730 FINANCIALS SELECT PORT SER 90 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303377105					
10/28/24	61,237.0000	10.3370	632,982.37	10.5240	644,458.19	11,475.82	12,559.70	1.94%
FT UNIT 1761 CYCLICAL STRENGTH PORT SER 48 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303381160					
10/29/24	57,995.0000	9.7150	563,409.83	9.3050	539,643.48	-23,766.35	6,425.84	1.19%
FT UNIT 1786 CAP STRENGTH OPPRTNY PORT SER 35 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303380581					
10/29/24	142,645.0000	10.0000	1,426,450.00	9.7190	1,386,366.76	-40,083.24		
FT UNIT 1790Z AEROSPACE & DEFENSE SER 46 SEMI ANNUAL CASH								
Dividend Option: Cash: Capital Gains Option: Cash			Security Identifier: 303380805					
12/02/24	36,694.0000	9.8880	362,844.95	9.3220	342,061.47	-20,783.48		



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Perich LLC, member FINRA, NYSE, SIPC



10/14/25

12:15PM

Statement 9**Schedule H, Page 4, Line 4i****Schedule Of Assets (Held At End Of Year)**

I.B.E.W. LOCAL 1049 CRAFT DIVISION 11-6043757 501

<u>Party In</u> <u>Interest</u>	<u>Identification</u>	<u>Description</u>	<u>Cost</u>	<u>Current</u> <u>Amount</u>
	Flagstar	CASH	\$ 350,350.	\$ 350,350.
	Osaic #2501	CASH EQUIVALENTS	4.	4.
	JP Morgan Chase	MONEY MARKET ACCOUNT	7,814,781.	7,814,781.
	Osaic #2501	PIMCO SHT TRM CL A	5,195,348.	5,195,322.
	Osaic #3458	SEE ATTACHED	105,654,703.	108,881,435.