Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WILSON FARM

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 05/01/2023

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)

WILSON FARM, INC.
WILSON FARM, INC.
WILSON FARM, INC.

10 PLEASANT ST
LEXINGTON, MA 02421-6017

10 PLEASANT ST
LEXINGTON, MA 02421-6017

2b Employer Identification Number (EIN)
04-2168717

2c Plan Sponsor's telephone number
781-862-3900

2d Business code (see instructions)
445230

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.	09/19/2024	ELIZABETH PERREAULT
	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

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	188
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	188
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	188
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	188
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	188
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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:

4B

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

5500 Schedule A Insurance Information

Name	Policy/Account Number	Date
Wilson Farm, Inc. 10 Pleasant Street Lexington, MA 02421	960229	07/05/2024

Name of insurance carrier	EIN (Insurance Carrier)	NAIC code	Policy or Contract Year From	Policy or Contract Year To
Sun Life Assurance Company of Canada	38-1082080	80802	05/01/2023	04/30/2024
Contract or identification number	SEE ABOVE #	**Approximate number of persons covered at end of policy or contract year**		83

Insurance fees and commissions paid to agents, brokers, and other persons:
Total Amount of commissions paid
$0.00

Name and address of the agents, brokers or other persons to whom commissions or fees paid	Bonuses and additional payments paid [2]			Organization Code
	Type of Benefit	Bonus Amount [1]	Additional Payments	
Health Plans Inc. Dba Health Plans An HPHC Company 1500 W PARK DR Ste # 330 WESTBOROUGH , MA 01581	Stop Loss Specific Only	$2,535.97	$0.00	3

Total Premium received 05/01/2023 to 04/30/2024	Type of Benefit	Gross Premium
	Stop Loss Aggregate Only	$23,201.64
	Stop Loss Specific Only	$318,575.70
	Total	**$341,777.34**

Comments :
Premiums/Fees **for** the time period shown above.
[1] Bonus paid to producer for period 01/01/2023 to 12/31/2023
[2] Bonus has been pro-rated based on the premium.
Any questions in regards to commissions, bonus or awards should be directed to your producer.

Pursuant to 29 CFR 2520.103-5(c), Sun Life Assurance Company of Canada certifies that the statements above are complete and accurate.

The information reported above is for informational purposes only. It is not to be relied upon for amounts that may be due and owing with respect to the Policy.

If you have questions regarding your filing obligations, please consult with your legal and/or tax advisor.

Contract # 1063633
Name of Plan WILSON FARM
Data Period May 1, 2023 to April 30, 2024

Principal®

Principal Life Insurance Company
Schedule A (Form 5500) Worksheet

Section 1: Coverage

(a) Name of Insurance Carrier Principal Life Insurance Company	(b) EIN 42-0127290	(c) NAIC Code 61271

(d) Contract or Id Number	1063633	Approx. no. of Persons cov. At End of Policy Year	Total (e)	105
Combined Numbers			Employees	105
			Dependents	0

Policy or Contract Year	From (f) May 1, 2023	To (g) April 30, 2024

Section 2: Insurance fee and commissions information

	(a) Commissions Paid	(b) Fees Paid
Total (from below)	450	88

Section 3: Persons receiving commissions and fees

(a) Name & Address of Agents or Brokers to whom Commissions or Fees Paid	(b) Amount of Commissions Paid	Fees Paid (c) Amount / (d) Purpose	(e) Org Code
EASTERN INSURANCE GROUP LLC 100 QUANNAPOWITT PKWY STE 100 WAKEFIELD MA 01880-1352	342	88 * Bonus	3 - Ins Agent or Broker
GALLAGHER BENEFIT SERVICES INC 470 ATLANTIC AVE BOSTON MA 02210-2208	72		3 - Ins Agent or Broker
STARKWEATHER & SHEPLEY INSURANCE 60 CATAMORE BLVD EAST PROVIDENCE RI 02914-1206	36		3 - Ins Agent or Broker

Reportable commissions and fees include all forms of compensation directly or indirectly attributable to your Principal Life Insurance Company policies.
** This part of the compensation amount reflects a portion of administrative expenses that are allocated across all policies sold by PLIC. It is not part of your actual cost.*

Section 8: Benefit and Contract Type

(a)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d) X	Life Ins.
(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: _____						

If applicable, the Schedule A worksheet includes voluntary products. If applicable, Basic Life and VTL coverages included AD&D.

Section 10: Non-Experience Rated Contracts

(a) Total Premiums Paid to Carrier	4,455

Policies Terminated April 30, 2024.

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