

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: WHOLESAL... 1b Three-digit plan number (PN): 501 1c Effective date of plan: 07/01/1953 2a Plan sponsor's name... 2b Employer Identification Number (EIN): 13-6118801 2c Plan Sponsor's telephone number 2d Business code (see instructions): 424800

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

| | | |
|--|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 430 |
| 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) | 430 |
| | 6a(2) | 438 |
| | 6b | |
| | 6c | |
| | 6d | 438 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |

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 4D 4E 4H 4Q 4U

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | | |
|--|--|--|
| A Name of plan WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D 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 WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D WELFARE F | | D Employer Identification Number (EIN) 13-6118801 |

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

CONTINENTAL AMERICAN 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 |
| 57-0514130 | 71730 | 25268 | 268 | 07/01/2023 | 06/30/2024 |

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 3976 | (b) Total amount of fees paid 0 |
|--|--|

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

**120 EAGLE ROCK AVE SUITE 195
EAST HANOVER, NJ 07936**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 3976 | | | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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) | |
| (6) Total additions | 7c(6) | 0 |
| 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) | |
| | (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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ▶ GROUP ACCIDENTAL INJURY | | | |

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 | 44765 |
| 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>2023</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | | |
|--|--|-------------------|
| <p>A Name of plan WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D 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 WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D WELFARE F</p> | <p>D Employer Identification Number (EIN) 13-6118801</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
HARTFORD LIFE AND ACCIDENT

| (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 |
| 06-0838648 | 70815 | 876171G | 393 | 07/01/2023 | 06/30/2024 |

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 13767</p> | <p>(b) Total amount of fees paid 6973</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 CTR 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 | |
| 13767 | 6973 | FEES AND BONUS PAID | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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) | |
| (6) Total additions | 7c(6) | 0 |
| 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) | |
| | (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) ▶ ACCIDENTAL DEATH

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 | 68837 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | 10b | |

Specify nature of costs.

Part IV Provision of Information

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

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

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | | |
|--|--|------------|
| A Name of plan WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D 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 WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D WELFARE F | D Employer Identification Number (EIN) 13-6118801 | |

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

WELLS FARGO

13-6118801

(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

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

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

WEAVER AND TIDWELL, LLP

75-0786316

| (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 | PERF. SERV. FOR REL PLANS | 48411 | 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)

DELTA DENTAL OF NJ, INC

12-1896118

| (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 | 38234 | 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)

SOLSTICE

27-1395245

| (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 | 20580 | 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)

MILLIMAN, INC

91-0675641

| (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 | PERF. SERV. FOR REL PLANS | 6000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | |
|--|--|
| A Name of plan WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D 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 WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D WELFARE F | D Employer Identification Number (EIN) 13-6118801 |

Part I Asset and Liability Statement

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|------------------------|-----------------|
| a Total noninterest-bearing cash | 1a 250922 | 240082 |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) 181042 | 206819 |
| (2) Participant contributions | 1b(2) 69821 | 77770 |
| (3) Other | 1b(3) 5392 | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) 1055011 | 813226 |
| (2) U.S. Government securities | 1c(2) 99118 | 797002 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) 282483 | 90776 |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) 599409 | 656921 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 2543198 | 2882596 |
| Liabilities | | | |
| g Benefit claims payable | 1g | 181880 | 276035 |
| h Operating payables | 1h | 22653 | 12977 |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 20274 | 89115 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 224807 | 378127 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 2318391 | 2504469 |

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) | 1024845 | |
| (B) Participants | 2a(1)(B) | 416490 | |
| (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) | | 1441335 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 30006 | |
| (B) U.S. Government securities | 2b(1)(B) | 21358 | |
| (C) Corporate debt instruments | 2b(1)(C) | 2775 | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 54139 |
| (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) | 12762 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 12762 |
| (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) | 4738 | |
| (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) | | 60754 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 1573728 |

Expenses

| | | | |
|---|---------------|--------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 692580 | |
| (2) To insurance carriers for the provision of benefits..... | 2e(2) | 491319 | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1183899 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | 58814 | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | 48411 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 6000 | |
| (8) Legal fees | 2i(8) | -4008 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 94534 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 203751 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1387650 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 186078 |
| 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: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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 _____.

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Financial Report
June 30, 2024

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Supplementary Information

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees of
Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Opinion

We have audited the financial statements of Wholesale Wine Salesmen's Union Local 18-D Welfare Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS, we:

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

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

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended June 30, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but certain are supplementary information required by the Department of Labor's (DOL) 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 US GAAS.

The Board of Trustees of
Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

New York, New York
April 11, 2025

Wholesale Wine Salesmen's Union
Local 18-D Welfare Fund
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

| | 2024 | 2023 |
|---|---------------------|---------------------|
| ASSETS | | |
| Investments, at fair value | | |
| Corporate bonds and notes | \$ 90,776 | \$ 282,483 |
| U.S. government and governmental agencies obligations | 797,002 | 99,118 |
| Mutual fund | 303,314 | 271,709 |
| Unit investment trusts | 353,607 | 327,700 |
| Certificate of deposits | 398,360 | 99,086 |
| Money market funds | 99,563 | 64,813 |
| Total investments | 2,042,622 | 1,144,909 |
| Receivables | | |
| Employer contributions | 206,819 | 181,042 |
| Employee contributions | 77,770 | 69,821 |
| Total receivables | 284,589 | 250,863 |
| Cash | 555,385 | 1,142,034 |
| Prepaid expenses | - | 5,392 |
| Total assets | 2,882,596 | 2,543,198 |
| LIABILITIES | | |
| Accounts payable | 12,977 | 22,653 |
| Due to related parties | 89,115 | 20,274 |
| Total liabilities | 102,092 | 42,927 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 2,780,504 | \$ 2,500,271 |

The Notes to Financial Statements
are an integral part to these statements.

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Statements of Changes in Net Assets Available for Benefits Years Ended June 30, 2024 and 2023

| | 2024 | 2023 |
|---|--------------|--------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO | | |
| Investment income | | |
| Net appreciation in fair value of investments | \$ 65,492 | \$ 21,065 |
| Interest and dividends | 66,901 | 32,664 |
| | 132,393 | 53,729 |
| | | |
| Contributions | | |
| Employers | 1,024,845 | 1,245,218 |
| Employee | 414,143 | 498,672 |
| COBRA | 2,347 | 3,174 |
| | 1,441,335 | 1,747,064 |
| Total contributions | | |
| | 1,573,728 | 1,800,793 |
| | | |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO | | |
| Benefits paid to or on behalf of participants | | |
| Benefits paid | 581,817 | 650,385 |
| Group insurance premiums | 507,927 | 427,958 |
| | 1,089,744 | 1,078,343 |
| Total payments for benefits | | |
| | 58,814 | 61,289 |
| Benefit claims processing fees | | |
| Administrative expenses | 144,937 | 161,837 |
| | 1,293,495 | 1,301,469 |
| Total deductions | | |
| | 280,233 | 499,324 |
| Net increase | | |
| | | |
| NET ASSETS AVAILABLE FOR BENEFITS, beginning of year | 2,500,271 | 2,000,947 |
| NET ASSETS AVAILABLE FOR BENEFITS, end of year | \$ 2,780,504 | \$ 2,500,271 |

The Notes to Financial Statements
are an integral part to these statements.

Wholesale Wine Salesmen's Union
Local 18-D Welfare Fund

Statements of Benefit Obligations
Years Ended June 30, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|--|-------------------|-------------------|
| BENEFIT OBLIGATIONS | | |
| Amount currently payable to or for participants, beneficiaries and dependents | | |
| Insurance premiums | \$ 36,472 | \$ 53,080 |
| Claims payable | <u>239,563</u> | <u>128,800</u> |
| TOTAL BENEFIT OBLIGATIONS | <u>\$ 276,035</u> | <u>\$ 181,880</u> |

The Notes to Financial Statements
are an integral part to these statements.

**Wholesale Wine Salesmen's Union
Local 18-D Welfare Fund**

Statements of Changes in Benefit Obligations
Years Ended June 30, 2024 and 2023

| | 2024 | 2023 |
|---|-------------------|-------------------|
| AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS | | |
| Balance at beginning of year | \$ 181,880 | \$ 177,205 |
| Claims and premiums reported and approved for payment | 1,183,899 | 1,083,018 |
| Claims and premiums paid | (1,089,744) | (1,078,343) |
| Balance at end of year | 276,035 | 181,880 |
| TOTAL BENEFIT OBLIGATIONS | \$ 276,035 | \$ 181,880 |

The Notes to Financial Statements
are an integral part to these statements.

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Notes to Financial Statements

Note 1. Description of the Fund

The following brief description of Wholesale Wine Salesmen's Union Local 18-D Welfare Fund (the "Fund") is provided for general information purposes only. Participants should refer to the Fund regulations for a more complete description of the Fund's provisions.

General

The Fund, a multi-employer benefit plan, was established under the provisions of an Agreement and Declaration of Trust, as restated and amended, among Wholesale Wine Salesmen's Union Local 18-D (the "Union") and various employers having collective bargaining agreements with the Union. The Fund was established on July 1, 1953 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Benefits

The Fund provides life, dental, optical, long-term disability, hearing aids, group accidental injury and accidental death and dismemberment benefits to eligible participants and their covered dependents. All claim payments to participants and providers are made directly by the Fund. Group accidental injury and life, disability, and accidental death and dismemberment benefits are provided through insurance contracts.

Insured Benefits

The Fund fully insures the life insurance benefits (basic, supplemental, long-term disability benefits, and group accidental injury. Premiums for basic life insurance, long term disability, and group accidental injury are paid to the insurance company from the general assets of the Fund.

Self-Insured Benefits

All other Fund benefits are self-insured. The dental claims for self-insured benefits are processed by the Fund's third-party claims processors under an administrative service only (ASO) arrangement. The optical claims for self-insured benefits are processed by the Fund. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the general assets of the Fund. Despite the Fund's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Fund.

Participation

All Participants represented by the Fund are eligible provided they are employed by an Employer required to make contributions on their behalf. You are eligible on the first day of the month following six continuous months of Employer contributions made to the Fund on your behalf.

Contributions

The Fund is financed by employer, employee contributions and contributions from members electing COBRA coverage. Contributions are made to the Fund in accordance with the terms of the collective bargaining agreements entered into between the Union and the employers.

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Notes to Financial Statements

Insurance Premiums

The Fund pays insurance premiums to certain insurance carriers for the Fund's fully insured arrangements under the Fund.

Third-Party Administrators

The Fund utilizes a third-party administrator for the administration of the Fund's self-insured dental arrangements. However, the responsibility for payment of benefits is retained by the Fund.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Fund's investments are stated 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 3 for discussion of fair value measurements.

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

Cash and Cash Equivalents

The Fund considers all non-interest bearing cash deposits to be cash or cash equivalents.

Benefit Obligations

Benefit obligations represent insurance premiums and claims incurred on or prior to June 30, 2024, but are unpaid at that date.

Payments of Benefits

Benefit payments to participants are recorded when paid.

Wholesale Wine Salesmen's Union

Local 18-D Welfare Fund

Notes to Financial Statements

Reclassifications

Certain reclassifications have been made to the 2023 financial statements to conform to the 2024 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Fund through April 11, 2025, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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

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

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

Wholesale Wine Salesmen’s Union Local 18-D Welfare Fund

Notes to Financial Statements

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

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

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

Money market funds: Valued at the daily closing price as reported by the fund.

Certificates of deposit: Stated a cost which approximates fair value.

Unit investment trusts: Unit investment trusts (“UIT”) issue redeemable securities similar to a mutual fund. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The NAV is used as a practical expedient. There are no unfunded commitments and no withdrawal restrictions.

The following table sets forth, by level, with the fair value hierarchy, the Fund’s investments at fair value on a as of June 30, 2024 and 2023.

| | 2024 | 2023 |
|---|--------------|--------------|
| Level 1: | | |
| Mutual funds | \$ 303,314 | \$ 271,709 |
| U.S. government and governmental agencies obligations | 297,584 | - |
| Money markets funds | 99,563 | 64,813 |
| | 700,461 | 336,522 |
| Level 2: | | |
| Corporate and other bonds and notes | 90,776 | 282,483 |
| U.S. government and governmental agencies obligations | 499,418 | 99,118 |
| Certificates of deposit | 398,360 | 99,086 |
| | 988,554 | 480,687 |
| Total assets in the fair value hierarchy | 1,689,015 | 817,209 |
| Investments measured at net asset value | | |
| Unit investment trusts | 353,607 | 327,700 |
| Investments at fair value | \$ 2,042,622 | \$ 1,144,909 |

Wholesale Wine Salesmen’s Union Local 18-D Welfare Fund

Notes to Financial Statements

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2024 and 2023, respectively.

| | 2024 | 2023 |
|-------------------------------|-----------|-----------|
| Unit investment trusts (a) | | |
| Fair value | 353,607 | 327,700 |
| Unfunded commitment | None | None |
| Redemption frequency | Immediate | Immediate |
| Other redemption restrictions | None | None |
| Redemption notice period | None | None |

Note 4. Administrative Expenses

The Fund pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, and professional fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Note 5. Tax Status

The Fund received an exemption letter from the Internal Revenue Service (IRS) stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the IRC. However, as a result of the Fund’s funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

In addition, the Fund and related trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Fund management believes that the Fund is being operated in compliance with the applicable requirements of the IRC and, therefore believes that the related trust is tax-exempt.

US GAAP requires Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Fund Termination

Although it has not expressed any intent to do so, the Fund has the right under the Fund to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Fund subject to the provisions of ERISA. In the event of Fund termination, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Fund may revert to the Fund or be used for purposes other than for the exclusive benefit of the Fund’s participants.

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Notes to Financial Statements

Note 7. Related Party Transactions and Party in Interest Transactions

The Fund shares personnel, office space, rent, utilities and other administrative expenses with related and other organizations. The shared administrative expenses are allocated on a basis approved by the Fund's Trustees and are reimbursed on a regular basis between these related entities. The amounts paid in 2024 and 2023 were \$82,231 and \$71,705, respectively. The Fund owed \$(83,413) and \$(19,982) to the Wholesale Wine Salesmen's Union Local 18-D Pension Fund as of June 30, 2024 and 2023, respectively. The Fund owed \$(292) and \$(292) to the Wholesale Wine Salesmen's Union Local 18-D Severance Trust Fund as of June 30, 2024 and 2023, respectively. The Fund owed \$(5,410) and \$-0- to the Liquor Salesmen's Union Local 2-D UFCW as of June 30, 2024 and 2023, respectively.

Certain Fund investments are managed by Wells Fargo Advisors. Wells Fargo Advisors is the Fund's custodian, and therefore, these transactions qualify as party-in-interest transactions under ERISA.

Note 8. Risks and Uncertainties

The Fund invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statements of net assets available for benefits.

Note 9. Concentrations of Credit Risk

Financial instruments that subject the Fund to concentrations of credit risk include cash and short-term investment fund. The Fund maintains accounts at high quality financial institutions. While the Fund attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, its deposit balances may, at times, exceed federally insured limits. The Fund has not experienced any losses on such accounts.

Employer contributions consist of two contributing employers. Contributions from one employer represent approximately 88% and 91% of the total contribution revenue for the years ended June 30, 2024 and 2023, respectively. The contributions receivable balance from one employer represents approximately 73% and 90% of the total contributions receivable balance at June 30, 2024 and 2023, respectively.

Wholesale Wine Salesmen's Union
Local 18-D Welfare Fund
Notes to Financial Statements

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of nets assets available for benefits per the financial statements at June 30, 2024 and 2023 to the Form 5500:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 2,780,504 | \$ 2,500,271 |
| Benefit obligations currently payable | <u>(276,035)</u> | <u>(181,880)</u> |
| Net assets available for benefits per Form 5500 | <u>\$ 2,504,469</u> | <u>\$ 2,318,391</u> |

The following is a reconciliation of changes in nets assets available for benefits per the financial statements for the years ended June 30, 2024 and 2023, to Form 5500:

| | <u>2024</u> | <u>2023</u> |
|---|-------------------|-------------------|
| Changes in net assets available for benefits per the financial statements | \$ 280,233 | \$ 499,324 |
| Benefit obligations payable, current year | (276,035) | (181,880) |
| Benefit obligations payable, prior year | <u>181,880</u> | <u>177,205</u> |
| Changes in net assets available for benefits per Form 5500 | <u>\$ 186,078</u> | <u>\$ 494,649</u> |

Supplementary Information

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan #501/ EIN.: 13-6118801

June 30, 2024

| (a) | (b) | (c) | | | | (d) | (e) | |
|-----|---|---------------------------|---------------|---------------|------------|---------------------|--------------|---------------|
| | | Description of Investment | | | | | | |
| | Identity of Issue | Description | Maturity Date | Interest Rate | Collateral | Principal or Shares | Cost | Current Value |
| | Corporate bonds and notes: | | | | | | | |
| | Citigroup INC | Fixed income | 09/29/26 | 1.30% | N/A | 50,000 | \$ 50,000 | \$ 45,365 |
| | Goldman Sachs GRP INC | Fixed income | 09/30/26 | 1.40% | N/A | 50,000 | 50,000 | 45,411 |
| | Total corporate bonds and notes | | | | | | 100,000 | 90,776 |
| | Mutual fund: | | | | | | | |
| | BlackRock Global Allocation Class A | Mutual fund | N/A | N/A | N/A | 15,635 | 346,044 | 303,314 |
| | Government bonds: | | | | | | | |
| | Federal Home Loan Bank Sr | Fixed Income | 10/03/24 | 4.50% | N/A | 100,000 | 99,265 | 99,748 |
| | Federal Home Loan Mortgage Corp | Fixed Income | 02/14/25 | 5.15% | N/A | 100,000 | 99,982 | 99,874 |
| | US Treasury Note | Fixed Income | 06/15/26 | 4.13% | N/A | 100,000 | 99,774 | 98,851 |
| | US Treasury Note | Fixed Income | 02/15/27 | 4.13% | N/A | 100,000 | 99,899 | 98,851 |
| | US Treasury Note | Fixed Income | 08/31/28 | 4.38% | N/A | 100,000 | 100,439 | 99,882 |
| | Federal Natl MTG Assn | Fixed Income | 02/05/27 | 5.00% | N/A | 100,000 | 100,045 | 99,878 |
| | Federal Home Loan Bank Bonds | Fixed Income | 06/11/27 | 5.00% | N/A | 100,000 | 100,468 | 99,923 |
| | Federal Farm Credit Bank Bonds | Fixed Income | 05/01/28 | 5.17% | N/A | 100,000 | 100,697 | 99,995 |
| | Total government bonds | | | | | | 800,569 | 797,002 |
| | Unit investment trusts: | | | | | | | |
| | First Trust Portfolios L.P. Select DSIP 2nd Quarter 2024 | Equity | N/A | N/A | N/A | 6,295 | 62,965 | 65,244 |
| | First Trust Portfolios L.P. Capital Strength Opportunity, Series 33 | Equity | N/A | N/A | N/A | 7,912 | 78,487 | 80,686 |
| | AAM Bahl & Gaynor Dividend Advantage Portfolio, Series 2024-1Q | Equity | N/A | N/A | N/A | 3,550 | 35,519 | 36,506 |
| | AAM Bahl & Gaynor Income Growth Portfolio Series 23-2Q | Equity | N/A | N/A | N/A | 3,638 | 36,330 | 41,672 |
| | Guggenheim Investments Blue Chip Dividend Portfolio Series 10 Reinvest | Equity | N/A | N/A | N/A | 5,230 | 52,630 | 55,316 |
| | Guggenheim Investments Dow Jones 50 Value Dividend Focus Portfolio Series 52 | Equity | N/A | N/A | N/A | 7,391 | 73,931 | 74,183 |
| | Total unit investment trusts | | | | | | 339,862 | 353,607 |
| | Certificates of deposit: | | | | | | | |
| | First Bank & Trust Fulle | Certificates of deposit | 12/26/25 | 4.35% | N/A | | 100,126 | 99,010 |
| | Morgan Stanley PVT Bank | Certificates of deposit | 07/03/28 | 4.65% | N/A | | 100,000 | 100,000 |
| | State Bank of India | Certificates of deposit | 12/15/26 | 4.65% | N/A | | 100,000 | 99,436 |
| | Texas Exchange Bank SSB | Certificates of deposit | 11/24/25 | 5.00% | N/A | | 100,000 | 99,914 |
| | Total certificate of deposits | | | | | | 400,126 | 398,360 |
| | Money market funds: | | | | | | | |
| | Standard bank deposit | | | | | | 99,563 | 99,563 |
| | Total money market funds | | | | | | 99,563 | 99,563 |
| | Total investments | | | | | | \$ 2,086,164 | \$ 2,042,622 |

* A party-in-interest as defined by ERISA

**Wholesale Wine Salesmen's Union
Local 18-D Welfare Fund**

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501/ EIN.: 13-6118801

June 30, 2024

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|----------------|---------------|----------------|---|--------------------|-----|
| Description of assets | Purchase price | Selling price | Cost of assets | Current value of assets on transaction date | Net gain or (loss) | |
| Series of Transactions Exceeding 5% of Plan Assets | | | | | | |
| Wells Fargo Bank Deposit Sweep | \$ - | \$ 2,171,414 | \$ 2,171,414 | \$ 2,171,414 | \$ - | |
| Wells Fargo Bank Deposit Sweep | 2,136,664 | - | 2,136,664 | 2,136,664 | - | |

**Wholesale Wine Salesmen's Union
Local 18-D Welfare Fund**

Schedules of Payments for Benefits
June 30,2024 and 2023

| | 2024 | 2023 |
|--|---------------------|---------------------|
| Dental | \$ 545,188 | \$ 613,141 |
| Optical | 30,629 | 37,244 |
| Hearing aids | 6,000 | - |
| Life, disability, and accidental death and dismemberment | 464,448 | 416,838 |
| Group accidental injury | 43,479 | 11,120 |
| TOTAL PAYMENTS FOR BENEFITS | \$ 1,089,744 | \$ 1,078,343 |

Wholesale Wine Salesmen's Union
Local 18-D Welfare Fund
Schedules of Administrative Expenses
June 30, 2024 and 2023

| | 2024 | 2023 |
|--------------------------------------|------------|------------|
| Accounting and auditing | \$ 48,411 | \$ 49,693 |
| Payroll compliance auditing | - | 1,550 |
| Legal | (4,008) | 22,867 |
| Actuary | 6,000 | 6,000 |
| Computer | - | 2,500 |
| Shared administrative expenses | 82,231 | 71,705 |
| Office expenses | 1,234 | 300 |
| Insurance | 11,069 | 7,222 |
| | \$ 144,937 | \$ 161,837 |
| TOTAL ADMINISTRATIVE EXPENSES | | |

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan #501/ EIN.: 13-6118801

June 30, 2024

| (a) | (b) | (c) | | | | (d) | (e) | |
|-----|---|---------------------------|---------------|---------------|------------|---------------------|--------------|---------------|
| | | Description of Investment | | | | | | |
| | Identity of Issue | Description | Maturity Date | Interest Rate | Collateral | Principal or Shares | Cost | Current Value |
| | Corporate bonds and notes: | | | | | | | |
| | Citigroup INC | Fixed income | 09/29/26 | 1.30% | N/A | 50,000 | \$ 50,000 | \$ 45,365 |
| | Goldman Sachs GRP INC | Fixed income | 09/30/26 | 1.40% | N/A | 50,000 | 50,000 | 45,411 |
| | Total corporate bonds and notes | | | | | | 100,000 | 90,776 |
| | Mutual fund: | | | | | | | |
| | BlackRock Global Allocation Class A | Mutual fund | N/A | N/A | N/A | 15,635 | 346,044 | 303,314 |
| | Government bonds: | | | | | | | |
| | Federal Home Loan Bank Sr | Fixed Income | 10/03/24 | 4.50% | N/A | 100,000 | 99,265 | 99,748 |
| | Federal Home Loan Mortgage Corp | Fixed Income | 02/14/25 | 5.15% | N/A | 100,000 | 99,982 | 99,874 |
| | US Treasury Note | Fixed Income | 06/15/26 | 4.13% | N/A | 100,000 | 99,774 | 98,851 |
| | US Treasury Note | Fixed Income | 02/15/27 | 4.13% | N/A | 100,000 | 99,899 | 98,851 |
| | US Treasury Note | Fixed Income | 08/31/28 | 4.38% | N/A | 100,000 | 100,439 | 99,882 |
| | Federal Natl MTG Assn | Fixed Income | 02/05/27 | 5.00% | N/A | 100,000 | 100,045 | 99,878 |
| | Federal Home Loan Bank Bonds | Fixed Income | 06/11/27 | 5.00% | N/A | 100,000 | 100,468 | 99,923 |
| | Federal Farm Credit Bank Bonds | Fixed Income | 05/01/28 | 5.17% | N/A | 100,000 | 100,697 | 99,995 |
| | Total government bonds | | | | | | 800,569 | 797,002 |
| | Unit investment trusts: | | | | | | | |
| | First Trust Portfolios L.P. Select DSIP 2nd Quarter 2024 | Equity | N/A | N/A | N/A | 6,295 | 62,965 | 65,244 |
| | First Trust Portfolios L.P. Capital Strength Opportunity, Series 33 | Equity | N/A | N/A | N/A | 7,912 | 78,487 | 80,686 |
| | AAM Bahl & Gaynor Dividend Advantage Portfolio, Series 2024-1Q | Equity | N/A | N/A | N/A | 3,550 | 35,519 | 36,506 |
| | AAM Bahl & Gaynor Income Growth Portfolio Series 23-2Q | Equity | N/A | N/A | N/A | 3,638 | 36,330 | 41,672 |
| | Guggenheim Investments Blue Chip Dividend Portfolio Series 10 Reinvest | Equity | N/A | N/A | N/A | 5,230 | 52,630 | 55,316 |
| | Guggenheim Investments Dow Jones 50 Value Dividend Focus Portfolio Series 52 | Equity | N/A | N/A | N/A | 7,391 | 73,931 | 74,183 |
| | Total unit investment trusts | | | | | | 339,862 | 353,607 |
| | Certificates of deposit: | | | | | | | |
| | First Bank & Trust Fulle | Certificates of deposit | 12/26/25 | 4.35% | N/A | | 100,126 | 99,010 |
| | Morgan Stanley PVT Bank | Certificates of deposit | 07/03/28 | 4.65% | N/A | | 100,000 | 100,000 |
| | State Bank of India | Certificates of deposit | 12/15/26 | 4.65% | N/A | | 100,000 | 99,436 |
| | Texas Exchange Bank SSB | Certificates of deposit | 11/24/25 | 5.00% | N/A | | 100,000 | 99,914 |
| | Total certificate of deposits | | | | | | 400,126 | 398,360 |
| | Money market funds: | | | | | | | |
| | Standard bank deposit | | | | | | 99,563 | 99,563 |
| | Total money market funds | | | | | | 99,563 | 99,563 |
| | Total investments | | | | | | \$ 2,086,164 | \$ 2,042,622 |

* A party-in-interest as defined by ERISA

| | | |
|---|---|--|
| Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> <hr/> This Form is Open to Public Inspection |
|---|---|--|

| | |
|--|---|
| Part I | Annual Report Identification Information |
| For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u> | |
| A This return/report is for: | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
| B This return/report is: | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C If the plan is a collectively-bargained plan, check here | ▶ <input checked="" type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here | ▶ <input type="checkbox"/> |

| | | |
|---|---|-------------------|
| Part II | Basic Plan Information - enter all requested information | |
| 1a Name of plan | 1b Three-digit plan number (PN) | 501 |
| WHOLESALE WINE SALESMEN'S UNION LOCAL 18-D WELFARE FUND | 1c Effective date of plan | 07/01/1953 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) | 2b Employer Identification Number (EIN) | 13-6118801 |
| Mailing address (include room, apt., suite no. and street, or P.O. Box) | 2c Plan Sponsor's telephone number | |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | 2d Business code (see instructions) | 424800 |
| BOARD OF TRUSTEES WHOLESALE WINE SALESMEN'S UNION L | | |
| 100 ST MARYS AVE | | |
| STATEN ISLAND NY 10305 | | |

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 | | 4/11/2025 | THOMAS J. BAFFER |
| | 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 |

Electronic Filing Authorization

Name of Plan: Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

EIN: 13-6118801; PN: 501

Plan Year Ending: June 30, 2024

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Weaver and Tidwell, L.L.P. ("Weaver") to electronically sign and file the following returns/reports:

2023 Form 5500

I understand that in granting this authority that:

- Weaver will retain a copy of this written authorization in its records;
- Weaver will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding these annual returns/reports; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the Form 5500 posted by the Department of Labor on the Internet for public disclosure.
- Weaver shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing(s) for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:  Date: 4/11/2025

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

Wholesale Wine Salesmen's Union Local 18-D Welfare Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501/ EIN.: 13-6118801

June 30, 2024

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|----------------|---------------|----------------|---|--------------------|-----|
| Description of assets | Purchase price | Selling price | Cost of assets | Current value of assets on transaction date | Net gain or (loss) | |
| Series of Transactions Exceeding 5% of Plan Assets | | | | | | |
| Wells Fargo Bank Deposit Sweep | \$ - | \$ 2,171,414 | \$ 2,171,414 | \$ 2,171,414 | \$ - | |
| Wells Fargo Bank Deposit Sweep | 2,136,664 | - | 2,136,664 | 2,136,664 | - | |