

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)          Mailing address (include room, apt., suite no. and street, or P.O. Box)          City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>TRUSTEES OF LIQUOR &amp; ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA</u></p> <p><u>7716 MADISON STREET</u>  <u>RIVER FOREST, IL 60305</u></p>	<p><b>1c</b> Effective date of plan  <u>11/01/1983</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>36-3265979</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>312-243-4300</u></p> <p><b>2d</b> Business code (see instructions)  <u>424800</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/01/2025	PATRICK DUFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p><b>BOARD OF TRUSTEES LIQUOR &amp; ALLIED UNION LOCAL 3 HEALTH &amp; WELFARE SALE</b></p> <p><b>7716 MADISON STREET</b> <b>RIVER FOREST, IL 60305</b></p>	<p><b>3b</b> Administrator's EIN <b>36-3265979</b></p> <p><b>3c</b> Administrator's telephone number <b>312-243-4300</b></p>
<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> <b>2245</b></p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(1)</b> <b>2228</b></p> <p><b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>6a(2)</b> <b>2172</b></p> <p><b>b</b> Retired or separated participants receiving benefits ..... <b>6b</b> <b>14</b></p> <p><b>c</b> Other retired or separated participants entitled to future benefits ..... <b>6c</b></p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>. ..... <b>6d</b> <b>2186</b></p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>6e</b></p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>. ..... <b>6f</b></p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>6g(1)</b></p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>6g(2)</b></p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... <b>6h</b></p>	
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p><b>7</b> <b>13</b></p>

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

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

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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

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**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 \_\_\_\_\_

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**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 **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>

<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LIQUOR &amp; ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3265979</b>
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**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

**DEARBORN NATIONAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>36-2598882</b>	<b>71129</b>	<b>F007873</b>	<b>2186</b>	<b>11/01/2023</b>	<b>10/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>19368</b>	<b>(b)</b> Total amount of fees paid <b>9750</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**ELITE ADMINISTRATION**

**1211 W 22ND ST, STE 820  
OAK BROOK, IL 60523**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>19368</b>	<b>9750</b>	<b>INCENTIVE PLAN PAYOUTS, OVERRIDES, THIRD PARTY ADMIN FEES</b>	<b>3</b>

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(2) Dividends and credits .....				
(3) Interest credited during the year .....				
(4) Transferred from separate account.....				
(5) Other (specify below) .....				
▶				
(6) Total additions .....			<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier .....	<b>7e(2)</b>		
	(3) Transferred to separate account.....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
▶				
(5) Total deductions .....			<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	397221
<b>b</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 .....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<p><b>A</b> Name of plan <b>LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LIQUOR &amp; ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-3265979</b></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  
**NATIONWIDE LIFE INSURANCE**

(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
31-4156830	66869	NWL00108IL-05	2186	11/01/2023	10/31/2024

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

<p>(a) Total amount of commissions paid <b>213996</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ELITE ADMINISTRATION & INSURANCE GR 1300 W. HIGGINS, SUITE 208 PARK RIDGE, IL 60068**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
213996	0	<b>INCENTIVE PLAN PAYOUTS, OVERRIDES, THIRD PARTY ADMIN FEES</b>	3

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

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

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

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

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

**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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2139960
<b>b</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 .....	<b>10b</b>	

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 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 **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>

<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LIQUOR &amp; ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3265979</b>
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**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  
**STANDARD INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>93-0242990</b>	<b>69019</b>	<b>170907</b>	<b>2186</b>	<b>11/01/2023</b>	<b>10/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>8044</b>	<b>(b)</b> Total amount of fees paid <b>1561</b>
--	---

**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  
**ELITE ADMINISTRATION** **1211 W 22ND ST, STE 820**  
**OAK BROOK, IL 60523**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>8044</b>	<b>1561</b>		<b>3</b>

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**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) ▶ **BASIC AD&D**

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	80438	
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)).....	<b>9a(4)</b>		80438
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	60000	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	7	
	(3) Incurred claims (add (1) and (2)).....	<b>9b(3)</b>		60007
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	9605	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>	14050	
	(E) Taxes .....	<b>9c(1)(E)</b>	394	
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	4876	
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		28925
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		15978
	(3) Other reserves.....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<p><b>A</b> Name of plan <b>LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LIQUOR &amp; ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-3265979</b></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  
**STANDARD 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
93-0242990	69019	762006	107	03/01/2023	02/29/2024

**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><b>(a)</b> Total amount of commissions paid <b>5588</b></p>	<p><b>(b)</b> Total amount of fees paid <b>3668</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ELITE ADMINISTRATION** **1211 W 22ND ST, STE 820**  
**OAK BROOK, IL 60523-3223**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5588	3668		3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	55883	
(2) Increase (decrease) in amount due but unpaid.....		<b>9a(2)</b>	11176	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>		67059
<b>b</b> Benefit charges (1) Claims paid.....		<b>9b(1)</b>	200000	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	12048	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>		212048
(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions .....		<b>9c(1)(A)</b>	9256	
(B) Administrative service or other fees .....		<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....		<b>9c(1)(C)</b>	15771	
(D) Other expenses .....		<b>9c(1)(D)</b>	10540	
(E) Taxes .....		<b>9c(1)(E)</b>	327	
(F) Charges for risks or other contingencies.....		<b>9c(1)(F)</b>		
(G) Other retention charges .....		<b>9c(1)(G)</b>	1695	
(H) Total retention .....		<b>9c(1)(H)</b>		37589
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
(2) Claim reserves .....		<b>9d(2)</b>		12048
(3) Other reserves.....		<b>9d(3)</b>		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LIQUOR &amp; ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3265979</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>BLACKROCK FUND ADVISORS</b>	<b>1 UNIVERSITY SQUARE DRIVE PRINCETON, NJ 08540</b>
--------------------------------	--

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

<b>STATE STREET GLOBAL ADVISORS</b>	<b>1 IRON STREET BOSTON, MA 02210</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>THE VANGUARD GROUP, INC</b>	<b>100 VANGUARD BLVD MALVERN, PA 19355</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>SCHWAB ASSET MANAGEMENT</b>	<b>3000 SCHWAB WAY WESTLAKE, TX 76262</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY MANAGEMENT & RESEARCH CO

245 SUMMER STREET  
BOSTON, MA 02210

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

FIRST TRUST ADVISORS, L.P.

120 E. LIBERTY DRIVE, STE 400  
WHEATON, IL 60187

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

INVESCO CAPITAL MANAGEMENT LLC

3500 LACEY ROAD, STE 700  
DOWNERS GROVE, IL 60515

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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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**(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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**(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)

BLUE CROSS AND BLUE SHIELD

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	945294	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ELITE ADMINISTRATION

36-2238689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 53	NONE	515763	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SAV-RX

47-0527013

(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	143217	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)

LOCAL 3 SALES PENSION

36-6527340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	RELATED FUND	98519	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)

LOCAL 3 UNION

36-4044987

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	RELATED UNION	97237	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)

HOPE EMPLOYEE ASSISTANCE

81-1574820

(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?
99	NONE	78681	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)

MARIO FIORITO

36-3265979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75462	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)

MEDCARE MANAGEMENT

88-0429522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	62073	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)

FLORENCE MARTINEZ

36-3265979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48356	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)

JAMES HENRY DUFF

36-1802277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47758	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)

CALIBRE CPA GROUP

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DENTAL NETWORK OF AMERICA

36-3339483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	21678	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)

KEEBECK WEALTH MANAGEMENT

83-0689199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	18086	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)

PROFESSIONAL ACCOUNTING SERVICES

92-1530140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BELMONT BANK

8250 W BELMONT AVENUE  
CHICAGO, IL 60634

(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?
21	NONE	8764	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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
ELITE ADMINISTRATION	53	35
(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.	
FIDELITY & DEPOSIT CO OF MD 3910 KESWICK RD BALTIMORE, MD 21211	15% OF INSURANCE PREMIUM	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	1955
(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.	
CHUBB INSURANCE 15 MOUNTAINVIEW RD WARREN, NJ 07059	15% OF INSURANCE PREMIUM	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	1163
(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.	
HUDSON INSURANCE GROUP 101 N. WACKER DRIVE CHICAGO, IL 60606	15% OF INSURANCE PREMIUM	

**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
ELITE ADMINISTRATION	53	1018
(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.	
ULLICO 1625 EYE STREET WASHINGTON, DC 20006	15% OF INSURANCE PREMIUM	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	21729
(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.	
SAV-RX 224 NORTH PARK AVE FREMONT, NE 68025	\$0.35 PER RX	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	1681
(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.	
PNA 7900 S CASS AVE, STE 110 DARIEN, IL 60561	5% OF CLAIM SAVINGS	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LIQUOR &amp; ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3265979</b>	

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	22450	1694762
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1094118	1587402
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	2801	
<b>(3)</b> Other .....	<b>1b(3)</b>	2022701	1997373
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	29504065	29790345
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	321383	2099020
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3598220	2382267
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		5330
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	36565738	39556499
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	5364903	5705219
<b>h</b> Operating payables .....	<b>1h</b>	12405	4106
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	31782	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	5409090	5709325
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	31156648	33847174

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	42560774	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	106339	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		42667113
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	1459125	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	72675	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1531800
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	114680	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		114680
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1006961	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1003344	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		3617
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	18379	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		18379

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		393071
<b>c</b> Other income .....	<b>2c</b>		1840
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		44730500

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	37280289	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	2630598	
(3) Other.....	<b>2e(3)</b>	1623489	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		41534376
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	18000	
(4) IQPA audit fees.....	<b>2i(4)</b>	24000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	26865	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	436733	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		505598
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		42039974

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2690526
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.



**LIQUOR AND ALLIED WORKERS' UNION  
LOCAL NO. 3 HEALTH AND WELFARE FUND -  
SALES DIVISION**

FINANCIAL STATEMENTS

OCTOBER 31, 2024






**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3  
HEALTH AND WELFARE FUND - SALES DIVISION**

FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Liquor and Allied Workers' Union Local No. 3  
Health and Welfare Fund - Sales Division  
River Forest, Illinois

### Opinion

We have audited the accompanying financial statements of Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division (the Plan), 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 October 31, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division as of October 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that





## **Responsibilities of Management for the Financial Statements (continued)**

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 Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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



## Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan'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.

*Calibre CPA Group, PLLC*

Chicago, IL  
July 29, 2025



**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3**  
**HEALTH AND WELFARE FUND - SALES DIVISION**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2024 AND 2023

	2024	2023
<b>Assets</b>		
<b>Cash</b>		
Checking accounts, non interest-bearing	\$ 1,694,762	\$ 22,450
Checking accounts, interest-bearing	653,351	631,853
Savings account	<u>110,793</u>	<u>1,359,302</u>
Total cash	<u>2,458,906</u>	<u>2,013,605</u>
<b>Investments - at fair value</b>		
Government and government agency obligations	2,099,020	321,383
Exchange traded and mutual funds	2,382,267	3,598,220
Money market funds	48,862	56,310
Certificates of deposit	<u>28,977,339</u>	<u>27,456,600</u>
Total investments, at fair value	<u>33,507,488</u>	<u>31,432,513</u>
<b>Receivables</b>		
Interest and dividends receivable	313,795	404,332
Employee contributions	-	2,801
Employer contributions	1,587,402	1,094,118
Stop-loss receivables	1,668,436	1,618,369
Due from related organizations	<u>15,142</u>	<u>-</u>
Total receivables	<u>3,584,775</u>	<u>3,119,620</u>
<b>Property and equipment</b>		
Software in progress	<u>5,330</u>	<u>-</u>
Net property and equipment	<u>5,330</u>	<u>-</u>
Total assets	<u>39,556,499</u>	<u>36,565,738</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	4,106	12,405
Due to related organizations	<u>-</u>	<u>31,782</u>
Total liabilities	<u>4,106</u>	<u>44,187</u>
<b>Net assets available for benefits</b>	<u>\$ 39,552,393</u>	<u>\$ 36,521,551</u>

See accompanying notes to financial statements.



**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3**  
**HEALTH AND WELFARE FUND - SALES DIVISION**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED OCTOBER 31, 2024 AND 2023

	2024	2023
<b>Additions</b>		
Contributions		
Employer	\$ 42,560,774	\$ 40,320,706
Participants	<u>106,339</u>	<u>105,776</u>
Total contributions	<u>42,667,113</u>	<u>40,426,482</u>
Investment income		
Net appreciation (depreciation) in fair value of investments	415,067	(73,361)
Interest and dividend income	1,646,480	1,232,240
Investment management fees	<u>(18,101)</u>	<u>(16,670)</u>
Net investment income	<u>2,043,446</u>	<u>1,142,209</u>
Other income	<u>1,840</u>	<u>-</u>
Total additions	<u>44,712,399</u>	<u>41,568,691</u>
<b>Deductions</b>		
Cost of benefits		
Life insurance premiums	231,545	218,302
Disability insurance premiums	258,993	258,993
Stop-loss premiums	2,140,060	1,994,971
Claims expense	36,939,973	31,656,637
Claims administration fees	1,482,735	1,511,098
HOPE employee assistance program	78,681	77,226
Medical services review program	<u>62,073</u>	<u>60,468</u>
Total cost of benefits	41,194,060	35,777,695
Administrative expenses	473,680	391,740
Fees mandated by the Patient Protection and Affordable Care Act	<u>13,817</u>	<u>11,769</u>
Total deductions	<u>41,681,557</u>	<u>36,181,204</u>
<b>Net change</b>	3,030,842	5,387,487
<b>Net assets available for benefits</b>		
Beginning of year	<u>36,521,551</u>	<u>31,134,064</u>
End of year	<u>\$ 39,552,393</u>	<u>\$ 36,521,551</u>

See accompanying notes to financial statements.



**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3  
HEALTH AND WELFARE FUND - SALES DIVISION**

STATEMENTS OF BENEFIT OBLIGATIONS

OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable to or for participants, beneficiaries and dependents</b>		
Medical and prescription benefits payable	\$ 722,419	\$ 823,803
<b>Other obligations for current benefit coverage, at estimated amounts</b>		
Claims incurred but not reported	<u>4,982,800</u>	<u>4,541,100</u>
Total benefit obligations	<u>\$ 5,705,219</u>	<u>\$ 5,364,903</u>

See accompanying notes to financial statements.



**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3  
HEALTH AND WELFARE FUND - SALES DIVISION**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED OCTOBER 31, 2024 AND 2023

	2024	2023
<b>Amounts currently payable to or for participants, beneficiaries and dependents</b>		
Balance at beginning of year	\$ 823,803	\$ 842,114
Change during the year attributable to changes in medical and prescription benefits payable	(101,384)	(18,311)
Balance at end of year	722,419	823,803
<b>Other obligations for current benefit coverage</b>		
Balance at beginning of year	4,541,100	3,558,900
Change during the year attributable to changes in claims incurred but not reported	441,700	982,200
Balance at end of year	4,982,800	4,541,100
Total benefit obligations	\$ 5,705,219	\$ 5,364,903

See accompanying notes to financial statements.



**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3  
HEALTH AND WELFARE FUND - SALES DIVISION**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

**NOTE 1. DESCRIPTION OF THE PLAN**

The Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division (the Plan) was established on November 1, 1983 as a result of a collective bargaining agreement to provide benefits for eligible employees and their dependents. Benefits provided by the Plan include life, medical, loss of time indemnity benefits, short-term counseling, assessment referral member assistance program for eligible employees and their dependents, and long-term disability insurance for eligible participants. Substantially all medical benefits are self-insured, with stop-loss coverage on claims in excess of certain levels. During the years ended October 31, 2024 and 2023, the Plan recognized stop-loss income of \$1,668,436 and \$1,618,369, respectively. This amount is netted against claims expense on the statements of changes in net assets available for benefits.

Employees who begin work for a contributing employer become eligible for benefits on the first day of the calendar month following 30 days of employment.

The Plan was amended to comply with the Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act (HCERA) of 2010. Changes include benefit improvements for preventative/wellness services as well as providing coverage for dependents to age 26.

Participants should refer to the summary plan description for more complete information.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Method of Accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

**Employer Contributions Receivable** - Employer contributions receivable represents amounts received in November and December for work performed through October 31, therefore no allowance for doubtful accounts is provided.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Investments** - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Purchases and sales of securities are reflected on a trade-date basis. Dividend income is reported on the ex-dividend date. Interest income is reported on the accrual basis. Cash and cash equivalents held by custodians for investment purposes are reported as investments.

**Benefit Obligations** - Plan obligations at October 31, 2024 and 2023 for claims payable and incurred but not reported were estimated by Segal, Liquor and the Plan's consultant, based on prior claim payment history, eligibility counts, claim lag studies, percentage factors, paid and incurred claims cost studies and other data as considered necessary. These amounts are paid by the Plan only if claims are submitted and approved for payment.

**Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Benefits** - Benefits payments are recorded when paid.

**Stop-Loss Insurance** - The Plan has a contract with Nationwide Insurance Company which provides stop-loss protection for claims expense. The stop-loss attachment point is \$250,000 and \$200,000, during the years ended October 31, 2024 and 2023, respectively. During the years ended October 31, 2024 and 2023, the amount of stop-loss premiums paid was \$2,140,060 and \$1,994,971, respectively. During the years ended October 31, 2024 and 2023, the amount of stop-loss income was \$1,668,436 and \$1,618,369, respectively. At October 31, 2024 and 2023, the stop-loss receivable was \$1,668,436 and \$1,618,369, respectively.

**Administrative Expenses** - Expenses incurred with the administration of the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment related expenses are included in net investment income.

## NOTE 3. CONCENTRATION OF CASH

The Plan maintains its cash at one financial institution. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Amounts on deposit for one bank account are spread across multiple other financial institutions under an insured cash sweep arrangement designed to maximize FDIC insurance coverage. As of October 31, 2024, the Plan's cash in excess of FDIC insurance coverage totaled approximately \$2,538,000. The Plan has not experienced any losses in its cash balances and believes it is not exposed to any significant risk.



#### **NOTE 4. PRIORITIES UPON TERMINATION**

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

#### **NOTE 5. TAX STATUS**

The Plan obtained its latest exemption letter dated July 2, 1984, in which the Internal Revenue Service (IRS) stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the exemption letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to the fiscal year ended October 31, 2021.

#### **NOTE 6. FAIR VALUE MEASUREMENTS**

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- 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

## NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of October 31, 2024 and 2023. At October 31, 2024 and 2023, the Plan did not have any investment assets at fair value classified within Levels 2 or 3.

Description	2024			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and agency obligations	\$ 2,099,020	\$ 2,099,020	\$ -	\$ -
Exchange traded and mutual funds	2,382,267	2,382,267	-	-
Money market funds	48,862	48,862	-	-
Certificates of deposit	<u>28,977,339</u>	<u>-</u>	<u>28,977,339</u>	<u>-</u>
	<u>\$ 33,507,488</u>	<u>\$ 4,530,149</u>	<u>\$ 28,977,339</u>	<u>\$ -</u>

Description	2023			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and agency obligations	\$ 321,383	\$ 321,383	\$ -	\$ -
Exchange traded and mutual funds	3,598,220	3,598,220	-	-
Money market funds	56,310	56,310	-	-
Certificates of deposit	<u>27,456,600</u>	<u>-</u>	<u>27,456,600</u>	<u>-</u>
	<u>\$ 31,432,513</u>	<u>\$ 3,975,913</u>	<u>\$ 27,456,600</u>	<u>\$ -</u>



## **NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)**

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at October 31, 2024 and 2023.

### Level 1

Exchange traded, mutual funds, government and government agency obligations, and money market funds are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period.

### Level 2

Certificates of deposit are valued at cost which approximates fair value.

The asset'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.

## **NOTE 7. RELATED ORGANIZATIONS AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan has five related entities including a local union and four pension plans. All entities are tax-exempt organizations. The financial activities of these organizations are not included in the accompanying financial statements.

The Plan has common trustees, shares facilities and staff with Liquor and Allied Workers' Union Local 3 (the Local Union) and the following Local 3 Fringe Benefit Funds:

- Liquor and Allied Workers' Union No. 3 Pension Fund - Salesmen's Representatives Division (Pension Fund);
- Liquor and Allied Workers' Union Local No. 3 Pension Fund (Warehouse Pension);
- Local 3 Tire and Plastic Division Pension Fund; and
- Liquor and Wine Sales Representatives, Warehouse, Clerical, Distillery, Rectifying, Tire, Plastic and Allied Workers' Union, Local No. 3 and Participating Employers Deferred Compensation Plan for Covered Employees.

The operating expenses of the land and building of the Local Union, a related party, are paid initially by the Local Union or the Liquor and Allied Workers' Union Local No. 3 Pension Fund - Salesmen's Representatives Division (Pension Fund) and are allocated among the Funds on a basis approved by the Trustees. Computer related expenses are paid by the Pension Fund and are allocated on an annual basis. Reimbursements to the Local Union for operating expenses for the years ended October 31, 2024 and 2023 were \$97,237 and \$94,859, respectively.



## NOTE 7. RELATED ORGANIZATIONS AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

Reimbursements to the Pension Fund for operating expenses were \$295,669 and \$205,109 for the years ended October 31, 2024 and 2023, respectively. At October 31, 2024, amounts due from related organizations was \$15,142. At October 31, 2023, amounts due to related organizations totaled \$31,782. These amounts have been reimbursed after year end.

These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rule of ERISA.

## NOTE 8. FUNDING POLICY

The participating employers contribute such amounts as are required under their collective bargaining agreements. The monthly contribution rate was \$1,658 and \$1,596 for the years ended October 31, 2024 and 2023, respectively. Participant contributions are allowed to provide Consolidated Omnibus Budget Reconciliation Act benefits to otherwise terminated participants. Participant contribution rates are determined annually based on claims experience.

## NOTE 9. SIGNIFICANT CONTRIBUTING EMPLOYERS

During the years ended October 31, 2024 and 2023, the Plan received approximately 81% and 82%, respectively, of contributions from three employers.

## NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended October 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 39,552,393	\$ 36,521,551
Benefit obligations payable	<u>(5,705,219)</u>	<u>(5,364,903)</u>
Net assets available for benefits per the Form 5500	<u>\$ 33,847,174</u>	<u>\$ 31,156,648</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the years ended October 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total additions per audited financial statements	\$ 44,712,399	\$ 41,568,691
Investment management expenses	<u>18,101</u>	<u>16,670</u>
Total additions per Form 5500	<u>\$ 44,730,500</u>	<u>\$ 41,585,361</u>



## NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

	2024	2023
Total deductions per audited financial statements	\$ 41,681,557	\$ 36,181,204
Effects of changes in benefit obligations	340,316	963,889
Investment management expenses	18,101	16,670
Total deductions per Form 5500	<u>\$ 42,039,974</u>	<u>\$ 37,161,763</u>

## NOTE 11. SIGNIFICANT UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

## NOTE 12. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through July 29, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## SUPPLEMENTAL INFORMATION





## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

To the Board of Trustees of  
Liquor and Allied Workers' Union Local No. 3  
Health and Welfare Fund - Sales Division  
River Forest, Illinois

We have audited the financial statements of Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division as of and for the year ended October 31, 2024, and our report thereon dated July 29, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3.

### Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 generally accepted accounting standards.

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

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



## Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses and employer contributions are presented for purposes of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Calibre CPA Group, PLLC*

Chicago, IL  
July 29, 2025



**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3  
HEALTH AND WELFARE FUND - SALES DIVISION**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Accounting, audit and actuarial fees	\$ 42,000	\$ 51,500
Bank charges	8,764	6,809
Insurance expense	27,573	31,244
Office expense	2,437	2,219
Reimbursed administrative expenses		
Liquor and Allied Workers' Union Local 3	97,237	94,859
Liquor and Allied Workers' Union Local 3 Pension Fund - Sales Representatives Division	<u>295,669</u>	<u>205,109</u>
Total	<u>\$ 473,680</u>	<u>\$ 391,740</u>

# LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2024

Schedule H, Line 4i

E.I.N. 36-3265979  
Plan No: 501

(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares								
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
Line 1(c)(1) Interest bearing cash								
	Belmont Bank	Checking account	N/A	N/A	Variable	N/A	\$ 653,351	\$ 653,351
	Belmont Bank	Savings account	N/A	N/A	Variable	N/A	110,793	110,793
	Dreyfus Insured Deposits Program I	Money market fund	N/A	N/A	Variable	N/A	48,862	48,862
	Alerus Financial, N.A.	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	American Bank and Trust Co.	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	American Business Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	American National Bank & Trust	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Atlantic Union Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Bank 7	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	44,493	44,493
	Bank of America, N.A.	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Bank of Ocean City	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	158,823	158,823
	Bank of San Francisco	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	177,232	177,232
	Bank OZK	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Better Banks	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	154,018	154,018
	Blue Sky Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	BOKF, National Association	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Calvin B Taylor Banking Company	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	178,556	178,556
	Central State Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Centreville Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	61,504	61,504
	Chambers Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	40,864	40,864
	Chemung Canal Trust Company	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	City Bank & Trust Co.	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	60,624	60,624
	Community First Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	County National Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Dallas Capital Bank, N.A.	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	112,000	112,000
	EagleBank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	EH National Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	FineMark National Bank & Trust	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	First American State Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	200,313	200,314
	First Citizens Bank & Trust Company	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	138,059	138,059
	First Community Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	First National Bank of Michigan	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	First National Bank of Omaha	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Fremont Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	90,487	90,487
	Georgia Banking Company	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Glacier Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	213,674	213,674
	Great Plains National Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	HomeTown Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Independent Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Liberty National Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	LINKBANK	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	54,063	54,063
	Mabrey Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Mechanics & Farmers Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Modern Bank, National Association	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Morton Community Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	National Cooperative Bank, NA	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	National Cooperative Bank, NA	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	89,126	89,126
	Northrim Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	OMB Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Patriot Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Peoples Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Popular Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Primary Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Prime Meridian Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Prosperity Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	RCB Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Reliance Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Republic Bank & Trust Company	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Rhineback Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	River City Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Seacoast National Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	157,170	157,170
	Southern Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Summit Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Texas Bank and Trust Company	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	The Farmers & Merchants State Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	99,625	99,625

# LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

OCTOBER 31, 2024

Schedule H, Line 4i

E.I.N. 36-3265979  
Plan No: 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	The First National Bank of Bellville	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	\$ 139,359	\$ 139,359
	The First National Bank of Hutchinson	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	33,694	33,694
	United Community Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Vista Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Wallis Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	West Gate Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Willamette Valley Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Wilmington Savings Fund Society, FSB	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	C3bank, National Association	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Calvin B Taylor Banking Company	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	60,139	60,139
	CLB The Community Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Dundee Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	East Wisconsin Savings Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Eclipse Bank, Inc.	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	First Horizon Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Meridian Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	The Bank of the West	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	140,000	140,000
	Wintrust Bank, N.A.	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Amalgamated Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	BNC National Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	27,047	27,047
	Bonvenu Bank, N.A.	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	43,883	43,883
	Exchange Bank and Trust Company	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	128,614	128,614
	Golden Valley Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Legend Bank, National Association	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	96,797	96,797
	North Dallas Bank & Trust Company	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	125,000	125,000
	Optus Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	The Piedmont Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Think Mutual Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Union Bank & Trust	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Waterford Bank, N.A.	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Alliance Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	59,571	59,571
	Androscoffin Savings Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	34,266	34,266
	Banc of California	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Bank Forward	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Bank of China	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Bar Harbor Bank & Trust	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Beneficial State Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	BOM Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	5,380	5,380
	Capitol Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Carrollton Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	ChoiceOne Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Farmers State Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	97,500	97,500
	First Citizens Bank & Trust Company	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	102,739	102,739
	First International Bank & Trust	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Flagstar Bank, N.A.	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Grand River Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Harford Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Hills Bank and Trust Company	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Independence Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Independent Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Investar Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	143,912	143,912
	Labette Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Maine Community Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Mascoma Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	100,000	100,000
	New Haven Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	North Dallas Bank & Trust Company	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	177,500	177,500
	Old National Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Peoples Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Pioneer Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Selera National Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	St. Louis Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	The First National Bank of Bellville	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	103,141	103,141
	Traditional Bank, Inc.	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500

# LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

OCTOBER 31, 2024

Schedule H, Line 4i

E.I.N. 36-3265979  
Plan No: 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	Umpqua Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	\$ 242,500	\$ 242,500
	Unity National Bank of Houston	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Vision Bank, National Association	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	38,794	38,794
	West Michigan Community Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	CCB Community Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Cornerstone Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	First Bankers Trust Company, N.A.	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Five Star Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Panhandle First Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Premier Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Provident Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Simmons Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	TBK Bank, SSB	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Texas Advantage Community Bank, NA	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	201,519	201,519
	Washington Federal Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Total interest bearing cash						<u>29,850,344</u>	<u>29,790,345</u>
Line 1(c)(2)	U.S. government securities							
	United States Treasury Note	U.S. Treasury security	N/A	11/15/2024	0.750%	365,000	245,634	364,449
	United States Treasury Note	U.S. Treasury security	N/A	12/15/2025	5.397%	1,740,000	1,721,382	1,734,571
	Total U.S. government securities						<u>1,967,016</u>	<u>2,099,020</u>
Line 1(3)	Exchange traded and mutual funds							
	BlackRock Dynamic High Income Portfolio	Mutual fund	N/A	N/A	N/A	41,986	378,189	366,540
	BlackRock ETF TR Intl Divid ETF	Mutual fund	N/A	N/A	N/A	3,877	143,288	139,450
	BlackRock Floating Rate Income Portfolio	Mutual fund	N/A	N/A	N/A	5,253	50,995	50,898
	BlackRock High Equity Income Fund	Mutual fund	N/A	N/A	N/A	10,737	294,751	310,504
	BlackRock High Yield Portfolio	Mutual fund	N/A	N/A	N/A	16,654	112,533	119,078
	BlackRock ETF TR II iShares AAA CLO Active ETF	Exchange traded fund	N/A	N/A	N/A	2,404	124,256	124,792
	BlackRock ETF TR II iShares Flexible Income Active ETF	Exchange traded fund	N/A	N/A	N/A	2,248	116,966	118,470
	BlackRock ETF TR iShares Advantage Large Cap Income ETF	Exchange traded fund	N/A	N/A	N/A	4,085	124,989	122,509
	iShares TR AAA A Rated Corp BD ETF	Exchange traded fund	N/A	N/A	N/A	3,634	173,169	173,196
	iShares TR Core Divid Growth ETF	Exchange traded fund	N/A	N/A	N/A	5,518	277,475	341,840
	iShares TR High Yield Corporate Bd Buywrite Strategy ETF	Exchange traded fund	N/A	N/A	N/A	2,329	75,697	75,413
	iShares TR Intl Divid Growth ETF	Exchange traded fund	N/A	N/A	N/A	3,430	226,965	243,770
	Schwab Strategic TR Intl Divid Equity ETF	Exchange traded fund	N/A	N/A	N/A	3,950	94,672	97,289
	Vanguard Whitehall Fds High Dividend Yield ETF SHS	Exchange traded fund	N/A	N/A	N/A	771	82,221	98,518
	Total exchange traded and mutual funds						<u>2,276,166</u>	<u>2,382,267</u>
	Total assets (held at end of year)						<u>\$ 34,093,526</u>	<u>\$ 34,271,632</u>

**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3  
HEALTH AND WELFARE FUND - SALES DIVISION**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4j

E.I.N. 36-3265979  
Plan No: 501

(b) Description of Assets (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Dreyfus Insured Deposits	\$ 4,037,765	N/A	N/A	N/A	\$ 4,037,765	\$ 4,037,765	\$ -
Dreyfus Insured Deposits	N/A	\$ 4,040,255	N/A	N/A	4,040,255	4,040,255	-

# LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2024

Schedule H, Line 4i

E.I.N. 36-3265979  
Plan No: 501

(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares								
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
Line 1(c)(1) Interest bearing cash								
	Belmont Bank	Checking account	N/A	N/A	Variable	N/A	\$ 653,351	\$ 653,351
	Belmont Bank	Savings account	N/A	N/A	Variable	N/A	110,793	110,793
	Dreyfus Insured Deposits Program I	Money market fund	N/A	N/A	Variable	N/A	48,862	48,862
	Alerus Financial, N.A.	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	American Bank and Trust Co.	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	American Business Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	American National Bank & Trust	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Atlantic Union Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Bank 7	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	44,493	44,493
	Bank of America, N.A.	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Bank of Ocean City	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	158,823	158,823
	Bank of San Francisco	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	177,232	177,232
	Bank OZK	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Better Banks	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	154,018	154,018
	Blue Sky Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	BOKF, National Association	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Calvin B Taylor Banking Company	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	178,556	178,556
	Central State Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Centreville Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	61,504	61,504
	Chambers Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	40,864	40,864
	Chemung Canal Trust Company	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	City Bank & Trust Co.	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	60,624	60,624
	Community First Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	County National Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Dallas Capital Bank, N.A.	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	112,000	112,000
	EagleBank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	EH National Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	FineMark National Bank & Trust	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	First American State Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	200,313	200,314
	First Citizens Bank & Trust Company	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	138,059	138,059
	First Community Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	First National Bank of Michigan	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	First National Bank of Omaha	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Fremont Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	90,487	90,487
	Georgia Banking Company	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Glacier Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	213,674	213,674
	Great Plains National Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	HomeTown Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Independent Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Liberty National Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	LINKBANK	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	54,063	54,063
	Mabrey Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Mechanics & Farmers Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Modern Bank, National Association	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Morton Community Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	National Cooperative Bank, NA	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	National Cooperative Bank, NA	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	89,126	89,126
	Northrim Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	OMB Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Patriot Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Peoples Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Popular Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Primary Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Prime Meridian Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Prosperity Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	RCB Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Reliance Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Republic Bank & Trust Company	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Rhineback Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	River City Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Seacoast National Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	157,170	157,170
	Southern Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Summit Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Texas Bank and Trust Company	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	The Farmers & Merchants State Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	99,625	99,625

# LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

OCTOBER 31, 2024

Schedule H, Line 4i

E.I.N. 36-3265979  
Plan No: 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	The First National Bank of Bellville	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	\$ 139,359	\$ 139,359
	The First National Bank of Hutchinson	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	33,694	33,694
	United Community Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Vista Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Wallis Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	West Gate Bank	Certificate of deposit	N/A	11/07/2024	5.212%	N/A	245,709	245,709
	Willamette Valley Bank	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	Wilmington Savings Fund Society, FSB	Certificate of deposit	N/A	11/07/2024	4.500%	N/A	246,000	246,000
	C3bank, National Association	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Calvin B Taylor Banking Company	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	60,139	60,139
	CLB The Community Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Dundee Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	East Wisconsin Savings Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Eclipse Bank, Inc.	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	First Horizon Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Meridian Bank	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	The Bank of the West	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	140,000	140,000
	Wintrust Bank, N.A.	Certificate of deposit	N/A	12/05/2024	4.850%	N/A	242,500	242,500
	Amalgamated Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	BNC National Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	27,047	27,047
	Bonvenu Bank, N.A.	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	43,883	43,883
	Exchange Bank and Trust Company	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	128,614	128,614
	Golden Valley Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Legend Bank, National Association	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	96,797	96,797
	North Dallas Bank & Trust Company	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	125,000	125,000
	Optus Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	The Piedmont Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Think Mutual Bank	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Union Bank & Trust	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Waterford Bank, N.A.	Certificate of deposit	N/A	12/26/2024	4.736%	N/A	242,500	242,500
	Alliance Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	59,571	59,571
	Androscoquin Savings Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	34,266	34,266
	Banc of California	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Bank Forward	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Bank of China	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Bar Harbor Bank & Trust	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Beneficial State Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	BOM Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	5,380	5,380
	Capitol Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Carrollton Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	ChoiceOne Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Farmers State Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	97,500	97,500
	First Citizens Bank & Trust Company	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	102,739	102,739
	First International Bank & Trust	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Flagstar Bank, N.A.	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Grand River Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Harford Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Hills Bank and Trust Company	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Independence Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Independent Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Investar Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	143,912	143,912
	Labette Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Maine Community Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Mascoma Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	100,000	100,000
	New Haven Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	North Dallas Bank & Trust Company	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	177,500	177,500
	Old National Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Peoples Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Pioneer Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Selera National Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	St. Louis Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	The First National Bank of Bellville	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	103,141	103,141
	Traditional Bank, Inc.	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500

# LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION

## SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

OCTOBER 31, 2024

Schedule H, Line 4i

E.I.N. 36-3265979  
Plan No: 501

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	Umpqua Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	\$ 242,500	\$ 242,500
	Unity National Bank of Houston	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	Vision Bank, National Association	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	38,794	38,794
	West Michigan Community Bank	Certificate of deposit	N/A	02/06/2025	4.641%	N/A	242,500	242,500
	CCB Community Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Cornerstone Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	First Bankers Trust Company, N.A.	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Five Star Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Panhandle First Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Premier Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Provident Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Simmons Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	TBK Bank, SSB	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Texas Advantage Community Bank, NA	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	201,519	201,519
	Washington Federal Bank	Certificate of deposit	N/A	03/13/2025	4.402%	N/A	242,500	242,500
	Total interest bearing cash						<u>29,850,344</u>	<u>29,790,345</u>
Line 1(c)(2)	U.S. government securities							
	United States Treasury Note	U.S. Treasury security	N/A	11/15/2024	0.750%	365,000	245,634	364,449
	United States Treasury Note	U.S. Treasury security	N/A	12/15/2025	5.397%	1,740,000	1,721,382	1,734,571
	Total U.S. government securities						<u>1,967,016</u>	<u>2,099,020</u>
Line 1(3)	Exchange traded and mutual funds							
	BlackRock Dynamic High Income Portfolio	Mutual fund	N/A	N/A	N/A	41,986	378,189	366,540
	BlackRock ETF TR Intl Divid ETF	Mutual fund	N/A	N/A	N/A	3,877	143,288	139,450
	BlackRock Floating Rate Income Portfolio	Mutual fund	N/A	N/A	N/A	5,253	50,995	50,898
	BlackRock High Equity Income Fund	Mutual fund	N/A	N/A	N/A	10,737	294,751	310,504
	BlackRock High Yield Portfolio	Mutual fund	N/A	N/A	N/A	16,654	112,533	119,078
	BlackRock ETF TR II iShares AAA CLO Active ETF	Exchange traded fund	N/A	N/A	N/A	2,404	124,256	124,792
	BlackRock ETF TR II iShares Flexible Income Active ETF	Exchange traded fund	N/A	N/A	N/A	2,248	116,966	118,470
	BlackRock ETF TR iShares Advantage Large Cap Income ETF	Exchange traded fund	N/A	N/A	N/A	4,085	124,989	122,509
	iShares TR AAA A Rated Corp BD ETF	Exchange traded fund	N/A	N/A	N/A	3,634	173,169	173,196
	iShares TR Core Divid Growth ETF	Exchange traded fund	N/A	N/A	N/A	5,518	277,475	341,840
	iShares TR High Yield Corporate Bd Buywrite Strategy ETF	Exchange traded fund	N/A	N/A	N/A	2,329	75,697	75,413
	iShares TR Intl Divid Growth ETF	Exchange traded fund	N/A	N/A	N/A	3,430	226,965	243,770
	Schwab Strategic TR Intl Divid Equity ETF	Exchange traded fund	N/A	N/A	N/A	3,950	94,672	97,289
	Vanguard Whitehall Fds High Dividend Yield ETF SHS	Exchange traded fund	N/A	N/A	N/A	771	82,221	98,518
	Total exchange traded and mutual funds						<u>2,276,166</u>	<u>2,382,267</u>
	Total assets (held at end of year)						<u>\$ 34,093,526</u>	<u>\$ 34,271,632</u>

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1	
DESCRIPTION		BEGINNING	ENDING
STOP-LOSS RECEIVABLE		1,618,369.	1,668,436.
INTEREST AND DIVIDENDS RECEIVABLE		404,332.	313,795.
DUE FROM RELATED ORGANIZATIONS		0.	15,142.
TOTAL TO SCHEDULE H, LINE 1B(3)		2,022,701.	1,997,373.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2	
DESCRIPTION		BEGINNING	ENDING
CONTR COLLECTED NOT REMITTED TO OTHE		31,782.	0.
TOTAL TO SCHEDULE H, LINE 1J		31,782.	0.

SCHEDULE H	OTHER INCOME	STATEMENT 3	
DESCRIPTION		AMOUNT	
OTHER INCOME		1,840.	
TOTAL TO SCHEDULE H, LINE 2C		1,840.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 4	
DESCRIPTION		AMOUNT	
CLAIMS ADMINISTRATION FEES		1,482,735.	
HOPE EMPLOYEE ASSISTANCE PROGRAM		78,681.	
MEDICAL SERVICES REVIEW PROGRAM		62,073.	
TOTAL TO SCHEDULE H, LINE 2E(3)		1,623,489.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 5
DESCRIPTION		
	AMOUNT	
INSURANCE EXPENSE		27,573.
REIMBURSED ADMINISTRATIVE EXPENSES - LOCAL 3 UNION		97,237.
REIMBURSED ADMINISTRATIVE EXPENSES - LOCAL 3 PENSION SALES DIVISION		98,519.
FEEs MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT		13,817.
SALARIES REIMBURSED TO OTHER FUND		197,150.
OFFICE EXPENSE		2,437.
TOTAL TO SCHEDULE H, LINE 2I(11)		436,733.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**


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

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	11/01/1983
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF LIQUOR & ALLIED WORKER UNION LOCAL 3 HE  7716 MADISON STREET  RIVER FOREST IL 60305	<b>2b</b> Employer Identification Number (EIN)	36-3265979
	<b>2c</b> Plan Sponsor's telephone number	312-243-4300
	<b>2d</b> 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.

<b>SIGN HERE</b>		8/1/2025	PATRICK DUFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)  
v. 230728

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor <b>BOARD OF TRUSTEES LIQUOR &amp; ALLIED</b> <b>UNION LOCAL 3 HEALTH &amp; WELFARE SALE</b>  <b>7716 MADISON STREET</b> <b>RIVER FOREST IL 60305</b>	<b>3b</b> Administrator's EIN <b>36-3265979</b>  <b>3c</b> Administrator's telephone number <b>312-243-4300</b>
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2,245
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	2,228
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	2,172
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	14
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	2,186
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	13

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>4</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**LIQUOR AND ALLIED WORKERS' UNION LOCAL NO. 3  
HEALTH AND WELFARE FUND - SALES DIVISION**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED OCTOBER 31, 2024

Schedule H, Line 4j

E.I.N. 36-3265979  
Plan No: 501

(b) Description of Assets (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Dreyfus Insured Deposits	\$ 4,037,765	N/A	N/A	N/A	\$ 4,037,765	\$ 4,037,765	\$ -
Dreyfus Insured Deposits	N/A	\$ 4,040,255	N/A	N/A	4,040,255	4,040,255	-