

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: GALLO PENSION PLAN FOR NON-UNION EMPLOYEES
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): GALLO VINEYARDS, INC.
2b Employer Identification Number (EIN): 94-1409660
2c Plan Sponsor's telephone number: 209-341-4859
2d Business code (see instructions): 312130

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include David Pierce (plan administrator), Brant Scott (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GALLO VINEYARDS, INC. RETIREMENT INCOME PLAN COMMITTEE P.O. BOX 1130 MODESTO, CA 95353-4254	3b Administrator's EIN 94-2512549 3c Administrator's telephone number 209-341-4859
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	490
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	158
a(2) Total number of active participants at the end of the plan year	6a(2)	137
b Retired or separated participants receiving benefits.....	6b	68
c Other retired or separated participants entitled to future benefits	6c	250
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	455
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	9
f Total. Add lines 6d and 6e	6f	464
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input 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	9b Plan benefit arrangement (check all that apply) (1) <input 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)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GALLO PENSION PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GALLO VINEYARDS, INC.</u>	D Employer Identification Number (EIN) <u>94-1409660</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>31651198</u>
	b Actuarial value	2b	<u>31651198</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>68</u>	<u>5595630</u>
	b For terminated vested participants	<u>264</u>	<u>8205565</u>
	c For active participants	<u>158</u>	<u>11665406</u>
	d Total	<u>490</u>	<u>25466601</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>303601</u>
	b Expected plan-related expenses	6b	<u>220000</u>
	c Target normal cost	6c	<u>523601</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	
Signature of actuary	<u>08/08/2025</u>
<u>TROY L. WARE</u>	Date
Type or print name of actuary	<u>23-07419</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>303-639-4157</u>
Address of the firm	Telephone number (including area code)
<u>MSC #17858 PO BOX 803507 DALLAS, TX 75380</u>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	256111	5481564
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	256111	650311
9	Amount remaining (line 7 minus line 8)	0	4831253
10	Interest on line 9 using prior year's actual return of <u>16.95</u> %	0	818897
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5650150

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.09 %
15	Adjusted funding target attainment percentage	15	124.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 523601
b Excess assets, if applicable, but not greater than line 31a				31b 523601
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

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

A Name of plan GALLO PENSION PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GALLO VINEYARDS, INC.	D Employer Identification Number (EIN) 94-1409660	

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

EATON VANCE MANAGEMENT

13-3040307

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

METROPOLITAN WEST ASSET MGMT, LLC

95-3703295

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

VANGUARD

23-2376849

(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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	ACTUARY	96823	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)

ARROWSTREET CAPITAL LIMITED PARTNER

04-3472863

(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?
28 50 51	INVESTMENT MANAGEMENT	57243	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)

LOOMIS, SAYLES & COMPANY, L.P

04-3200030

(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?
28 50 51	INVESTMENT MANAGEMENT	17969	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)

NORTHERN TRUST CORPORATION

36-1561860

(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 50	TRUSTEE	17581	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)

BARBICH,HOOPER,KING,DILL,HOFFMAN

93-3215332

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	5421	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GALLO PENSION PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GALLO VINEYARDS, INC.</u>	D Employer Identification Number (EIN) <u>94-1409660</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWSTREET INTERNATIONAL EQUITY FD</u>		
b Name of sponsor of entity listed in (a): <u>ARROWSTREET CAPITAL LIMITED PARTNERSHIP</u>		
c EIN-PN <u>45-6500555-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6834748</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FIXED FUND</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6207640</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM CORE PLUS COMMINGLED POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO</u>		
c EIN-PN <u>20-4659714-052</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6225465</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INSTITUTIONAL 500 INDEX TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>81-6327546-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11004978</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GALLO PENSION PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GALLO VINEYARDS, INC.	D Employer Identification Number (EIN) 94-1409660

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	228311 59622
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	19831819 30272831
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11591097 2165565
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	31651227	32498018
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	31651227	32498018

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4441	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		872073
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2628284
c Other income	2c		-145
d Total income. Add all income amounts in column (b) and enter total	2d		3504653

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2413335	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2413335
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	67727	
(4) IQPA audit fees	2i(4)	5421	
(5) Investment advisory and investment management fees	2i(5)	75212	
(6) Bank or trust company trustee/custodial fees	2i(6)	17581	
(7) Actuarial fees	2i(7)	29096	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	49490	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		244527
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2657862

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		846791
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BARBICH,HOOPER,KING,DILL,HOFFMAN**

(2) EIN: **93-3215332**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550111.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GALLO PENSION PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GALLO VINEYARDS, INC.</u>	D Employer Identification Number (EIN) <u>94-1409660</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-3046063 04-1590850

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		22
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Gallo Pension Plan for Non-Union Employees

***Financial Statements
December 31, 2024 and 2023***

Gallo Pension Plan for Non-Union Employees

Table of Contents

Page(s)

Independent Auditors' Report

1 - 3

Financial Statements

Statements of net assets available for benefits

4

Statements of changes in net assets available for benefits

5

Notes to financial statements

6 - 13

Supplementary Information

Schedule of assets (held at end of year)

14

Schedule of reportable transactions

15



Independent Auditors' Report

Gallo Pension Plan for Non-Union Employees Committee:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Gallo Pension Plan for Non-Union Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Gallo Pension Plan for Non-Union Employees' financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023 stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Gallo Pension Plan for Non-Union Employees and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Gallo Pension Plan for Non-Union Employees' ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Gallo Pension Plan for Non-Union Employees' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Gallo Pension Plan for Non-Union Employees' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of assets (held at end of year) as of December 31, 2024 and the Schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**BARBICH HOOPER KING
DILL HOFFMAN, LLP**

Barbich Hooper King

Bakersfield, California
August 29, 2025

Gallo Pension Plan for Non-Union Employees

***Statements of Net Assets Available for Benefits
December 31, 2024 and 2023***

<i>ASSETS</i>	<i>2024</i>	<i>2023</i>
<i>Cash and cash equivalents</i>	<i>\$ 59,622</i>	<i>\$ 228,311</i>
<i>Investments, at fair value:</i>		
Registered investment companies	2,165,565	2,521,647
Collective investment trusts	30,272,831	28,901,269
	<u>32,438,396</u>	<u>31,422,916</u>
 <i>Net assets available for benefits</i>	 <i>\$ 32,498,018</i>	 <i>\$ 31,651,227</i>

See Notes to Financial Statements.

Gallo Pension Plan for Non-Union Employees

***Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023***

	<i>2024</i>	<i>2023</i>
<i>Additions to net assets:</i>		
<i>Investment income:</i>		
Interest and dividends	\$ 4,441	\$ 51,214
Net appreciation in fair value of investments	3,500,212	4,892,346
Total additions	3,504,653	4,943,560
<i>Deductions from net assets:</i>		
Benefits paid to participants	(2,413,335)	(4,153,377)
Payments to PBGC	(49,490)	(49,536)
Plan fees	(195,037)	(173,735)
Total deductions	(2,657,862)	(4,376,648)
Increase in net assets	846,791	566,912
<i>Net assets available for benefits:</i>		
Beginning of year	31,651,227	31,084,315
End of year	\$ 32,498,018	\$ 31,651,227

See Notes to Financial Statements.

Gallo Pension Plan for Non-Union Employees

Notes to Financial Statements

Note 1. Plan Description

The following brief description of the Gallo Pension Plan for Non-Union Employees (the Plan) is provided for general information purposes only. Effective December 31, 2019 the Plan's name was changed, which was formerly known as the Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan. Participants should refer to the summary plan description for more complete information.

General:

The Plan is a defined benefit plan which provides pension benefits to substantially all full-time hourly paid ranch employees of Gallo Vineyards, Inc. (the Company). The Plan also provided pension benefits to substantially all employees of the Gallo Sales Company (Gallo Sales) and Wholesale Wine Division of Valley Vintners, Inc. (Valley Vintners). Effective January 1, 2009, employees of Gallo Sales and Valley Vintners no longer accrue Plan benefits for the periods beginning on or after January 1, 2009. Effective January 1, 2010, employees who are employed at the New Jersey worksite of Gallo Sales will no longer accrue Plan benefits for the periods beginning on or after January 1, 2010.

The board of directors approved effective December 31, 2019, the merger of the Gallo Distributors Retirement Income Plan and the Valley Vintners, Inc., Wholesale Wine Division Retirement Income Plan in to and with the Gallo Pension Plan for Non-Union Employees (previously named the Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan). As of the effective date, the Plan assumed all assets and liabilities of the Gallo Distributors Retirement Income Plan and the Valley Vintners, Inc., Wholesale Wine Division Retirement Income Plan. On January 2, 2020, all of the Distributors Plan's and Valley Vintners Plan's assets were transferred in-kind to the Gallo Pension Plan for Non-Union Employees. As a result of the merger, participants of the merged plans were allowed to participate in the Gallo Pension Plan for Non-Union Employees effective December 31, 2019.

Effective December 31, 2022, the Plan was no longer available for participation to newly hired employees.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

The Company's funding policy is to contribute an amount to the Plan which will meet or exceed the annual ERISA minimum funding requirement. The Company's annual contributions are based on actuarially determined amounts. The Plan satisfied the minimum funding requirements of ERISA for the years 2024 and 2023.

Vesting and benefit payments:

The Plan has a 5 year cliff vesting schedule, whereby the participants' benefits are 100% vested upon completion of five years of service and are payable beginning at age 65.

Notes to Financial Statements

Employees may elect to receive the value of their accumulated plan benefits as a lump sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity, payable monthly from retirement. Employees may also elect to receive their benefits as a joint and survivor annuity payable monthly after retirement or termination. When an annuity is elected, it is based on the benefit rate, years of service and the employee's compensation.

Plan termination:

The Plan is intended to be permanent; however, the Company's Board of Directors retains the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, accrued benefits for all participants become fully vested and the assets of the Plan shall be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency), up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For terminations occurring during 2024, the maximum guaranteed amount is \$7,431 per month (\$89,181 annually). That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Notes to Financial Statements

Note 2. Significant Accounting Policies

The following is a summary of significant accounting policies applied in the preparation of these financial statements:

Basis of accounting:

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

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits during the reporting period and disclosure of the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 change could materially affect the amounts reported in the statements of net assets available for benefits.

Benefit payments:

Benefit payments are recorded when paid.

Plan fees:

During the years ended December 31, 2024 and 2023, certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Reclassification:

Certain reclassifications have been made to the 2023 financial statements in order to conform to the 2024 presentation.

Notes to Financial Statements

Note 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB are described as follows: Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access; Level 2 - inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means; Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement. There were no changes in the methods used to measure fair value at December 31, 2024 and 2023.

The following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed actively traded.

Collective trusts: Represents a pool of capital invested in mutual funds and valued at the net asset value of the underlying mutual funds.

The preceding methods described may produce a fair value calculation that may not be indicative of net realized 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.

Notes to Financial Statements

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

<i>December 31, 2024</i>				
<i>Fair Value Measurements Using:</i>				
<i>Fair Value</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	
Registered investment companies	\$ 2,165,565	\$ 2,165,565	\$ -	\$ -
Collective investment trusts	30,272,831	-	30,272,831	-
<i>Total assets at fair value</i>	<i>\$ 32,438,396</i>	<i>\$ 2,165,565</i>	<i>\$ 30,272,831</i>	<i>\$ -</i>

<i>December 31, 2023</i>				
<i>Fair Value Measurements Using:</i>				
<i>Fair Value</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	
Registered investment companies	\$ 2,521,647	\$ 2,521,647	\$ -	\$ -
Collective investment trusts	28,901,269	-	28,901,269	-
<i>Total assets at fair value</i>	<i>\$ 31,422,916</i>	<i>\$ 2,521,647</i>	<i>\$ 28,901,269</i>	<i>\$ -</i>

Realized and unrealized gains and losses, included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation (depreciation) in fair value of investments.

Note 4. Certified Investment Information

As of and for the years ended December 31, 2024 and 2023, the following information was obtained by management and agreed to or derived from information certified as complete and accurate by the Northern Trust Company, the trustee of the Plan, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes the following:

	<u><i>2024</i></u>	<u><i>2023</i></u>
Cash and cash equivalents	\$ 59,622	\$ 228,311
Registered investment companies	2,165,565	2,521,647
Collective investment trusts	30,272,831	28,901,269
	<u><u>\$ 32,498,018</u></u>	<u><u>\$ 31,651,227</u></u>
	<u><i>2024</i></u>	<u><i>2023</i></u>
Interest and dividends	\$ 4,441	\$ 51,214
Net appreciation in fair value	3,500,212	4,892,346
	<u><u>\$ 3,504,653</u></u>	<u><u>\$ 4,943,560</u></u>

Notes to Financial Statements

Note 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts, excluded from Plan assets, are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Aon, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 and January 1, 2023 were: (a) life expectancy of participants (the Pri-2012 Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was between 55 to 70), and (c) investment return. The 2024 and 2023 valuations included an assumed average rate of return of 7.0% and 6.5%, respectively. Assumption changes were made and have been reflected in the plan reporting to better reflect plan experience in the following: retirement age assumption for active participants; retirement age assumption for terminated vested participants; withdrawal rates; disability rates; the percent married assumption and spouse age difference assumption.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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.

Notes to Financial Statements

The actuarial present value of accumulated plan benefits at January 1, 2024 were as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 5,027,727
Other participants	17,139,558
Total	<u>22,167,285</u>
Nonvested benefits	
Total	<u><u>-</u></u> <u>\$22,167,285</u>

The change in the actuarial present value of accumulated plan benefits is attributable to the following:

Beginning of year, January 1, 2023	\$25,113,415
<i>Changes during the year attributable to:</i>	
Interest	1,499,512
Benefits paid (accrual basis)	(4,153,377)
Assumption changes	(1,262,788)
Other changes	970,523
End of year, January 1, 2024	<u><u>\$22,167,285</u></u>

Note 6. Party-in-Interest Transactions

For the years ended December 31, 2024 and 2023, fees paid to trustees and service providers amounted to \$195,037 and \$173,735 for the years ended December 31, 2024 and 2023, respectively. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

Note 7. Reconciliation of Financial Statements to Form 5500

Certain balances included on Schedule H, Part I, II on the Annual Return/Report of Employee Benefit Plan (Form 5500) have been reclassified for the purpose of presentation in the financial statements.

Note 8. Tax Status

The Plan obtained its latest determination letter on January 25, 2018, in which the Internal Revenue Service stated that 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 determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Notes to Financial Statements

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

Note 9. Subsequent Events

The Plan has evaluated events and transactions subsequent to December 31, 2024 through the date the financial statements were available to be issued, noting no significant items requiring further discussion.

Gallo Pension Plan for Non-Union Employees

EIN 94-1409660

Plan No. 001

Schedule H, Line 4i, Form 5500 – Schedule of Assets (Held at End of Year)

December 31, 2024

(c)						
		Description of investment				
		including maturity date,				
		rate of interest, collateral,				
(a)	(b)	(d)	(e)			
Identity of issue, borrower,	lessor or similar party	par, or maturity value	Cost	Current Value		
	Eaton Vance	Atlanta Sm Cp	\$ 1,904,005	\$ 2,165,565		
	Vanguard	Institutional 500 Index Fund	7,716,535	11,004,978		
	Loomis	Loomis Sayles C/P	6,435,940	6,207,641		
*	Arrowstreet Capital	Arrowstreet US Group Trust	3,902,320	6,834,747		
	FIAM	FIAM Core Plus Com. Pool Class F	5,823,563	6,225,465		
*	Northern Trust	Cash	59,622	59,622		
				<u>\$ 32,498,018</u>		
*	Party-in-interest					

Gallo Pension Plan for Non-Union Employees

EIN 94-1409660

Plan No. 001

**Schedule H, Line 4j, Form 5500 – Schedule of Reportable Transactions
December 31, 2024**

(a) Identity Of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard	Institutional 500 Index Trust	\$ 137	\$ -	N/A	\$ -	\$ 1,669,478	\$ 1,669,478	\$ -
Vanguard	Institutional 500 Index Trust	\$ 2,603,777	\$ -	N/A	\$ -	\$ 2,603,777	\$ 2,603,777	\$ -
Vanguard	Institutional 500 Index Trust	\$ -	\$ 2,964,205	N/A	\$ -	\$ 2,197,569	\$ 2,964,205	\$ 766,636
Northern Trust	Collective Govt ST	\$ 5,301,082		N/A	\$ -	\$ 5,301,082	\$ 5,301,082	\$ -
Northern Trust	Collective Govt ST	\$ -	\$ 5,469,656	N/A	\$ -	\$ 5,469,656	\$ 5,469,656	\$ -

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Gallo Pension Plan for Non-Union Employees
 EIN: 94-1409660 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	1	6								
40-44	2	13	2							
45-49		15	5	1						
50-54		9	4	2	1	1	2	2		
55-59		13	5	4	2	1		1		
60-64	1	8	2	2	4	6	2	7	3	2
65-69	1	5			3	1	1	5	4	8
70+			1					1	2	1

N-158

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization.
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	GVI — 3.75%.
Optional Payment Form Election Percentage	80% elect lumpsum, 10% elect single life annuity, 5% elect 50% joint & survivor annuity, and 5% elect 100% joint & survivor annuity.
Optional Payment Form Conversion Interest Rate	Lumpsum: Same as funding interest rates Annuity: 6.25%
Optional Payment Form Conversion Mortality	Lumpsum: Current IRC section 417(e) table Annuity: 1951 Group Annuity Mortality table for males
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62.
Mortality Rates	
Healthy	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.
Withdrawal Rates	See Table 2.
Disability Rates	Included in termination and retirement rates.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500) –2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Surviving Spouse Benefit

It is assumed that 50% of males and 50% of females have an eligible spouse, and that for male participants, males are two years older than their spouses, and that for female participants, female are one year younger than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Fair market value.

Trust Expenses Included in Target Normal Cost

Average of actual prior three-year expenses (net of PBGC premium paid) plus current year PBGC premium, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, are described in more detail in the 2024 assumptions study results ("20240812_2024 Gallo Pension and OPEB Demographic Assumptions Review_meeting follow ups.pdf").

Schedule SB Attachment (Form 5500) –2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	30.00%
56	12.50%
57	12.50%
58	5.00%
59	15.00%
60	25.00%
61	15.00%
62	15.00%
63	5.00%
64	5.00%
65	30.00%
66	20.00%
67	12.50%
68	20.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Gallo Pension Plan for Non-Union Employees
 EIN: 94-1409660 PN: 001

Table 2

Withdrawal Rates

Age	Rate
30	8.00%
31	8.00%
32	8.00%
33	8.00%
34	8.00%
35	8.00%
36	8.00%
37	8.00%
38	8.00%
39	8.00%
40	13.00%
41	13.00%
42	13.00%
43	13.00%
44	13.00%
45	13.00%
46	13.00%
47	13.00%
48	13.00%
49	13.00%
50	15.00%
51	15.00%
52	15.00%
53	15.00%
54	15.00%
55+	0.00%

Gallo Pension Plan for Non-Union Employees

EIN 94-1409660

Plan No. 001

**Schedule H, Line 4j, Form 5500 – Schedule of Reportable Transactions
December 31, 2024**

(a) Identity Of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard	Institutional 500 Index Trust	\$ 137	\$ -	N/A	\$ -	\$ 1,669,478	\$ 1,669,478	\$ -
Vanguard	Institutional 500 Index Trust	\$ 2,603,777	\$ -	N/A	\$ -	\$ 2,603,777	\$ 2,603,777	\$ -
Vanguard	Institutional 500 Index Trust	\$ -	\$ 2,964,205	N/A	\$ -	\$ 2,197,569	\$ 2,964,205	\$ 766,636
Northern Trust	Collective Govt ST	\$ 5,301,082		N/A	\$ -	\$ 5,301,082	\$ 5,301,082	\$ -
Northern Trust	Collective Govt ST	\$ -	\$ 5,469,656	N/A	\$ -	\$ 5,469,656	\$ 5,469,656	\$ -

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GALLO PENSION PLAN FOR NON-UNION EMPLOYEES		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GALLO VINEYARDS, INC		D Employer Identification Number (EIN) 94-1409660	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a	31,651,198	
b Actuarial value.....	2b	31,651,198	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	68	5,595,630	5,595,630
b For terminated vested participants.....	264	8,205,565	8,205,565
c For active participants.....	158	11,665,406	11,665,406
d Total.....	490	25,466,601	25,466,601
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.18%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	303,601	
b Expected plan-related expenses.....	6b	220,000	
c Target normal cost.....	6c	523,601	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

TROY L. WARE

Signature of actuary

TROY L. WARE

Type or print name of actuary

AON CONSULTING, INC.

Firm name

MSC #17858
PO Box 803507
Dallas TX 75380

Address of the firm

08/08/2025

Date

2307419

Most recent enrollment number

303-639-4157

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	256,111	5,481,564
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	256,111	650,311
9	Amount remaining (line 7 minus line 8)	0	4,831,253
10	Interest on line 9 using prior year's actual return of <u>16.95%</u>	0	818,897
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	5,650,150

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.09%
15	Adjusted funding target attainment percentage	15	124.28%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.42%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 523,601

b Excess assets, if applicable, but not greater than line 31a **31b** 523,601

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Gallo Pension Plan for Non-Union Employees
 EIN: 94-1409660 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	29.97%	8.58	471.88
56	12.49%	2.75	153.82
57	12.48%	2.90	165.13
58	4.99%	1.21	70.24
59	14.98%	4.94	291.38
60	24.96%	8.97	538.15
61	14.97%	5.22	318.35
62	14.97%	5.17	320.33
63	4.99%	1.76	110.67
64	4.99%	2.06	131.83
65	29.92%	14.97	973.16
66	19.94%	8.74	576.96
67	12.46%	5.22	349.46
68	19.93%	7.65	520.27
69	29.88%	10.01	690.66
70	100.00%	28.26	1993.54
	Total	118.40	7675.82
	Weighted Average		64.83

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization.
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	GVI — 3.75%.
Optional Payment Form Election Percentage	80% elect lumpsum, 10% elect single life annuity, 5% elect 50% joint & survivor annuity, and 5% elect 100% joint & survivor annuity.
Optional Payment Form Conversion Interest Rate	Lumpsum: Same as funding interest rates Annuity: 6.25%
Optional Payment Form Conversion Mortality	Lumpsum: Current IRC section 417(e) table Annuity: 1951 Group Annuity Mortality table for males
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62.
Mortality Rates	
Healthy	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.
Withdrawal Rates	See Table 2.
Disability Rates	Included in termination and retirement rates.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Surviving Spouse Benefit

It is assumed that 50% of males and 50% of females have an eligible spouse, and that for male participants, males are two years older than their spouses, and that for female participants, female are one year younger than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Fair market value.

Trust Expenses Included in Target Normal Cost

Average of actual prior three-year expenses (net of PBGC premium paid) plus current year PBGC premium, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, are described in more detail in the 2024 assumptions study results ("20240812_2024 Gallo Pension and OPEB Demographic Assumptions Review_meeting follow ups.pdf").

Schedule SB Attachment (Form 5500) –2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	30.00%
56	12.50%
57	12.50%
58	5.00%
59	15.00%
60	25.00%
61	15.00%
62	15.00%
63	5.00%
64	5.00%
65	30.00%
66	20.00%
67	12.50%
68	20.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Gallo Pension Plan for Non-Union Employees
 EIN: 94-1409660 PN: 001

Table 2

Withdrawal Rates

Age	Rate
30	8.00%
31	8.00%
32	8.00%
33	8.00%
34	8.00%
35	8.00%
36	8.00%
37	8.00%
38	8.00%
39	8.00%
40	13.00%
41	13.00%
42	13.00%
43	13.00%
44	13.00%
45	13.00%
46	13.00%
47	13.00%
48	13.00%
49	13.00%
50	15.00%
51	15.00%
52	15.00%
53	15.00%
54	15.00%
55+	0.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Plan	Gallo Pension Plan for Non-Union Employees
Employer Identification Number/Plan Number	94-1409660/001
Effective Date	January 1, 1978.
Most Recent Plan Amendment	December 31, 2019: Effective December 31, 2019 the Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan name was changed to the Gallo Pension Plan for Non-Union Employees. Additionally, the Gallo Distributors Retirement Income Plan and Valley Vintners, Inc. Wholesale Wine Division Retirement Income Plan were both merged into the plan.
Plan Year	January 1 to December 31.
Employer	Gallo Vineyards, Inc.
Employee	Any person who is employed by the Employer except members of a bargaining unit which has not bargained for coverage and employees accruing benefits under another qualified defined benefit plan maintained by the Employer.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service. Special rules apply for authorized leaves of absence.
Credited Service	For each plan year in which 1,000 hours or more have been completed, the ratio of (a) the lesser of hours of service with the employer and 1,875, to (b) 1,875; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Normal Retirement Benefit

The monthly amount payable in normal form is equal to:

- \$8 times credited service prior to 1994;
- plus 1/12 of 1.25% of each year's compensation after 1993 but before 1998;
- plus 1/12 of 2.50% of each year's compensation after 1997.

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution.

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Employees Gallo Distributors Retirement Income Plan

Plan	Gallo Distributors Retirement Income Plan Effective December 31, 2019, the Gallo Distributors Retirement Income Plan merged into the Gallo Pension Plan for Non-Union Employees (f/k/a Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan). Effective January 1, 2008, the Gallo Wine Company of Louisiana, Inc. Retirement Income Plan and the Gallo Wine Sales of New Jersey, Inc. Retirement Income Plan merged into the Plan retaining both previous plans' provisions. See separate Plan Summaries below.
Effective Date	July 1, 1976.
Plan Year	January 1 to December 31.
Employer	Gallo Sales Company, Inc.
Employee	Any person who is employed by the Employer except members of a bargaining unit which has not bargained for coverage and employees accruing benefits under another qualified defined benefit plan maintained by the Employer.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment. Benefit accruals were frozen effective January 1, 2009 for participants employed at the Hayward worksite.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service; special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (a) the lesser of hours of service with the employer and 2,000, to (b) 2,000; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Late Retirement Date	First of month coinciding with or next following normal retirement date.
Average Salary	Total base pay during the period of credited service before December 31, 1990 divided by the number of months in such period for participants in the former Bartolomeo Pio, Inc. Retirement Income Plan.
Normal Retirement Benefit	<p>The monthly amount payable in normal form is equal to \$50 times credited service. No future benefit accruals on or after January 1, 2009 for participants employed at the Hayward worksite.</p> <p>Participants in the former Mountain Wine Distributing Company Retirement Income Plan and Gallo Sales Company Employees' Pension Plan: For service prior to 1991, the monthly amount payable in normal form is equal to \$30 times credited service.</p> <p>Participants in the former Bartolomeo Pio, Inc. Retirement Income Plan: For service prior to 1991, the monthly amount payable in normal form is equal to \$50 times credited service earned prior to 1984 plus the larger of (1) and (2):</p> <ol style="list-style-type: none">(1) \$50 times credited service earned after 1983 until December 31, 1990(2) 1% of average salary times credited service earned after 1983 until December 31, 1990
Termination Benefit	A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.
Early Retirement Benefit	Actuarial equivalent of the normal retirement benefit.
Actuarial Equivalence	1951 Group Annuity Mortality table for males and 6.25% interest.
Normal Forms	
Unmarried Members	Annuity payable for life.
Married Members	100% joint and survivor annuity.
Optional Forms	Lump sum distribution, 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Employees of the Gallo Wine Company of
Louisiana, Inc. Retirement Income Plan

Effective Date	January 1, 1976.
Plan Year	January 1 to December 31.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service; special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (1) the lesser of hours of service with the employer and 2,000, to (2) 2,000; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.
Normal Retirement Benefit	The monthly amount payable in normal form is equal to: (1) For members of Local 271, General Truck Drivers, Chauffeurs, Warehousemen and Helpers Union, \$4 times credited service prior to April 1973, plus \$6 times credited service earned after March 1973, plus \$15 times credited service earned after December 31, 1998. (2) For all other participants, \$20 times years of credited service earned prior to 1989 plus \$25 times years of credited service earned after 1988 and prior to 1996, plus \$40 times years of credited service earned after 1995.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit. As of January 1, 2005, an employee who is a participant of the plan between January 1, 2005 and the plant closure date of the Gallo Wine Company of Louisiana, Inc. shall have a 100% vested interest in his or her accrued benefit at the time of the participant's termination of employment.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution, 50% joint and survivor annuity.

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Employees of the Gallo Wine Sales of New Jersey,
Inc. Retirement Income Plan

Effective Date	January 1, 1976.
Plan Year	January 1 to December 31.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment. Effective January 1, 2010, participants who are employed at Gallo Wine Sales of New Jersey, Inc. shall accrue no plan benefits for periods beginning on or after January 1, 2010.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service. Special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (1) the lesser of hours of service with the employer and 2,000, to (2) 2,000; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.
Normal Retirement Benefit	For service prior to 1991, the greater of (1) and (2): <ul style="list-style-type: none">(1) \$30 times credited service as of December 31, 1990(2) 1% of average monthly salary times credited service as of December 31, 1990 For service after 1990, the monthly amount is equal to \$50 times credited service after 1990.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Average Monthly Salary

The total base pay during the period of credited service prior to December 31, 1990, divided by the number of months in such period.

No future benefit accruals on or after January 1, 2010 for participants who are employed at Gallo Wine Sales of New Jersey, Inc.

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution, 50% joint and survivor annuity.

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Valley Vintners, Inc. Wholesale Wine Division
Retirement Income Plan

Plan	Valley Vintners, Inc. Wholesale Wine Division Retirement Income Plan Effective December 31, 2019, the Valley Vintners, Inc. Wholesale Wine Division Retirement Income Plan merged into the Gallo Pension Plan for Non-Union Employees (f/k/a Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan).
Effective Date	January 1, 1976.
Plan Year	January 1 to December 31.
Employer	Gallo Sales Company, Inc.
Employee	Any person who is employed by the Employer except members of a bargaining unit which has not bargained for coverage and employees accruing benefits under another qualified defined benefit plan maintained by the Employer.
Participation	The plan was closed to new participants effective December 31, 2008. Prior to that date, eligibility for participation was based on attainment of first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service; special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (1) the lesser of hours of service with the employer and 2,000, to (2) 2,000; service from a prior plan is excluded for purposes of determining credited service. Participants shall accrue no further credited service effective January 1, 2009.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Average Salary

Total base pay during the period of credited service before December 31, 1990 divided by the number of months in such period.

Normal Retirement Benefit

With respect to an employee whose service commenced prior to 1991, the monthly amount payable in normal form is equal to the larger of (1) and (2):

(1) \$30 times credited service at December 31, 1990

(2) 1% of average salary times credited service at December 31, 1990

With respect to service after 1990, the monthly amount payable in normal form is equal to \$50 times credited service after 1990. Effective January 1, 2009, participants shall accrue no plan benefits for periods beginning on or after January 1, 2009.

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit. Effective September 30, 2005, all members who on September 30, 2005 were employees associated with the Oregon distributorship business (dba Valley Wine Company) shall have a 100% vested interest in his or her accrued benefit. Effective November 30, 2005, all members who on November 30, 2005 were employees associated with the Washington distributorship business shall have a 100% vested interest in his or her accrued benefit.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution, 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the salary scale for GVI (Ranch) from 4.10% to 3.75%.
- A change in the optional payment form election percentage to better reflect plan experience.
- A change in the retirement age assumption for active participants to better reflect plan experience.
- A change in the retirement age assumption for terminated vested participants from age 65 to age 62.
- A change in the withdrawal rates to better reflect plan experience.
- A change in the disability rates to better reflect plan experience.
- A change in the percent married assumption from 80% to 50%.
- A change in the spouse age difference assumption to better reflect plan experience.
- A change in the unlimited expected rate of return on assets from 6.50% to 7.00%.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Gallo Pension Plan for Non-Union Employees
 EIN: 94-1409660 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	1	6								
40-44	2	13	2							
45-49		15	5	1						
50-54		9	4	2	1	1	2	2		
55-59		13	5	4	2	1		1		
60-64	1	8	2	2	4	6	2	7	3	2
65-69	1	5			3	1	1	5	4	8
70+			1					1	2	1

N-158

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Gallo Pension Plan for Non-Union Employees
 EIN: 94-1409660 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	29.97%	8.58	471.88
56	12.49%	2.75	153.82
57	12.48%	2.90	165.13
58	4.99%	1.21	70.24
59	14.98%	4.94	291.38
60	24.96%	8.97	538.15
61	14.97%	5.22	318.35
62	14.97%	5.17	320.33
63	4.99%	1.76	110.67
64	4.99%	2.06	131.83
65	29.92%	14.97	973.16
66	19.94%	8.74	576.96
67	12.46%	5.22	349.46
68	19.93%	7.65	520.27
69	29.88%	10.01	690.66
70	100.00%	28.26	1993.54
	Total	118.40	7675.82
	Weighted Average		64.83

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Plan	Gallo Pension Plan for Non-Union Employees
Employer Identification Number/Plan Number	94-1409660/001
Effective Date	January 1, 1978.
Most Recent Plan Amendment	December 31, 2019: Effective December 31, 2019 the Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan name was changed to the Gallo Pension Plan for Non-Union Employees. Additionally, the Gallo Distributors Retirement Income Plan and Valley Vintners, Inc. Wholesale Wine Division Retirement Income Plan were both merged into the plan.
Plan Year	January 1 to December 31.
Employer	Gallo Vineyards, Inc.
Employee	Any person who is employed by the Employer except members of a bargaining unit which has not bargained for coverage and employees accruing benefits under another qualified defined benefit plan maintained by the Employer.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service. Special rules apply for authorized leaves of absence.
Credited Service	For each plan year in which 1,000 hours or more have been completed, the ratio of (a) the lesser of hours of service with the employer and 1,875, to (b) 1,875; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Normal Retirement Benefit

The monthly amount payable in normal form is equal to:

- \$8 times credited service prior to 1994;
- plus 1/12 of 1.25% of each year's compensation after 1993 but before 1998;
- plus 1/12 of 2.50% of each year's compensation after 1997.

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution.

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Employees Gallo Distributors Retirement Income Plan

Plan	Gallo Distributors Retirement Income Plan Effective December 31, 2019, the Gallo Distributors Retirement Income Plan merged into the Gallo Pension Plan for Non-Union Employees (f/k/a Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan). Effective January 1, 2008, the Gallo Wine Company of Louisiana, Inc. Retirement Income Plan and the Gallo Wine Sales of New Jersey, Inc. Retirement Income Plan merged into the Plan retaining both previous plans' provisions. See separate Plan Summaries below.
Effective Date	July 1, 1976.
Plan Year	January 1 to December 31.
Employer	Gallo Sales Company, Inc.
Employee	Any person who is employed by the Employer except members of a bargaining unit which has not bargained for coverage and employees accruing benefits under another qualified defined benefit plan maintained by the Employer.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment. Benefit accruals were frozen effective January 1, 2009 for participants employed at the Hayward worksite.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service; special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (a) the lesser of hours of service with the employer and 2,000, to (b) 2,000; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Late Retirement Date	First of month coinciding with or next following normal retirement date.
Average Salary	Total base pay during the period of credited service before December 31, 1990 divided by the number of months in such period for participants in the former Bartolomeo Pio, Inc. Retirement Income Plan.
Normal Retirement Benefit	<p>The monthly amount payable in normal form is equal to \$50 times credited service. No future benefit accruals on or after January 1, 2009 for participants employed at the Hayward worksite.</p> <p>Participants in the former Mountain Wine Distributing Company Retirement Income Plan and Gallo Sales Company Employees' Pension Plan: For service prior to 1991, the monthly amount payable in normal form is equal to \$30 times credited service.</p> <p>Participants in the former Bartolomeo Pio, Inc. Retirement Income Plan: For service prior to 1991, the monthly amount payable in normal form is equal to \$50 times credited service earned prior to 1984 plus the larger of (1) and (2):</p> <ol style="list-style-type: none">(1) \$50 times credited service earned after 1983 until December 31, 1990(2) 1% of average salary times credited service earned after 1983 until December 31, 1990
Termination Benefit	A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.
Early Retirement Benefit	Actuarial equivalent of the normal retirement benefit.
Actuarial Equivalence	1951 Group Annuity Mortality table for males and 6.25% interest.
Normal Forms	
Unmarried Members	Annuity payable for life.
Married Members	100% joint and survivor annuity.
Optional Forms	Lump sum distribution, 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Employees of the Gallo Wine Company of
Louisiana, Inc. Retirement Income Plan

Effective Date	January 1, 1976.
Plan Year	January 1 to December 31.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service; special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (1) the lesser of hours of service with the employer and 2,000, to (2) 2,000; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.
Normal Retirement Benefit	The monthly amount payable in normal form is equal to: (1) For members of Local 271, General Truck Drivers, Chauffeurs, Warehousemen and Helpers Union, \$4 times credited service prior to April 1973, plus \$6 times credited service earned after March 1973, plus \$15 times credited service earned after December 31, 1998. (2) For all other participants, \$20 times years of credited service earned prior to 1989 plus \$25 times years of credited service earned after 1988 and prior to 1996, plus \$40 times years of credited service earned after 1995.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit. As of January 1, 2005, an employee who is a participant of the plan between January 1, 2005 and the plant closure date of the Gallo Wine Company of Louisiana, Inc. shall have a 100% vested interest in his or her accrued benefit at the time of the participant's termination of employment.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution, 50% joint and survivor annuity.

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Employees of the Gallo Wine Sales of New Jersey,
Inc. Retirement Income Plan

Effective Date	January 1, 1976.
Plan Year	January 1 to December 31.
Participation	An employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment. Effective January 1, 2010, participants who are employed at Gallo Wine Sales of New Jersey, Inc. shall accrue no plan benefits for periods beginning on or after January 1, 2010.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service. Special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (1) the lesser of hours of service with the employer and 2,000, to (2) 2,000; service from a prior plan is excluded for purposes of determining credited service.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.
Normal Retirement Benefit	For service prior to 1991, the greater of (1) and (2): <ul style="list-style-type: none">(1) \$30 times credited service as of December 31, 1990(2) 1% of average monthly salary times credited service as of December 31, 1990 For service after 1990, the monthly amount is equal to \$50 times credited service after 1990.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Average Monthly Salary

The total base pay during the period of credited service prior to December 31, 1990, divided by the number of months in such period.

No future benefit accruals on or after January 1, 2010 for participants who are employed at Gallo Wine Sales of New Jersey, Inc.

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution, 50% joint and survivor annuity.

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Plan Provisions for Valley Vintners, Inc. Wholesale Wine Division
Retirement Income Plan

Plan	Valley Vintners, Inc. Wholesale Wine Division Retirement Income Plan Effective December 31, 2019, the Valley Vintners, Inc. Wholesale Wine Division Retirement Income Plan merged into the Gallo Pension Plan for Non-Union Employees (f/k/a Gallo Vineyards, Inc. Hourly-Paid Ranch Employees Retirement Income Plan).
Effective Date	January 1, 1976.
Plan Year	January 1 to December 31.
Employer	Gallo Sales Company, Inc.
Employee	Any person who is employed by the Employer except members of a bargaining unit which has not bargained for coverage and employees accruing benefits under another qualified defined benefit plan maintained by the Employer.
Participation	The plan was closed to new participants effective December 31, 2008. Prior to that date, eligibility for participation was based on attainment of first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more hours of service in the 12-month consecutive period commencing on his date of employment.
Vesting Service	One year for each plan year during which a participant has at least 1,000 hours of service; special rules apply for authorized leaves of absence.
Credited Service	For each plan year the ratio of (1) the lesser of hours of service with the employer and 2,000, to (2) 2,000; service from a prior plan is excluded for purposes of determining credited service. Participants shall accrue no further credited service effective January 1, 2009.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65.
Early Retirement Date	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed five years of vesting service.
Late Retirement Date	First of month coinciding with or next following normal retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Average Salary

Total base pay during the period of credited service before December 31, 1990 divided by the number of months in such period.

Normal Retirement Benefit

With respect to an employee whose service commenced prior to 1991, the monthly amount payable in normal form is equal to the larger of (1) and (2):

- (1) \$30 times credited service at December 31, 1990
- (2) 1% of average salary times credited service at December 31, 1990

With respect to service after 1990, the monthly amount payable in normal form is equal to \$50 times credited service after 1990. Effective January 1, 2009, participants shall accrue no plan benefits for periods beginning on or after January 1, 2009.

Termination Benefit

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit. Effective September 30, 2005, all members who on September 30, 2005 were employees associated with the Oregon distributorship business (dba Valley Wine Company) shall have a 100% vested interest in his or her accrued benefit. Effective November 30, 2005, all members who on November 30, 2005 were employees associated with the Washington distributorship business shall have a 100% vested interest in his or her accrued benefit.

Early Retirement Benefit

Actuarial equivalent of the normal retirement benefit.

Actuarial Equivalence

1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members

Annuity payable for life.

Married Members

100% joint and survivor annuity.

Optional Forms

Lump sum distribution, 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Death Benefits

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Postretirement

None except as provided by the annuity form elected.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Gallo Pension Plan for Non-Union Employees

EIN 94-1409660

Plan No. 001

Schedule H, Line 4i, Form 5500 – Schedule of Assets (Held at End of Year)

December 31, 2024

(c)		(d)	(e)
(b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
(a)	Identity of issue, borrower, lessor or similar party		
	Eaton Vance	\$ 1,904,005	\$ 2,165,565
	Vanguard	7,716,535	11,004,978
	Loomis	6,435,940	6,207,641
*	Arrowstreet Capital	3,902,320	6,834,747
	FIAM	5,823,563	6,225,465
*	Northern Trust	59,622	59,622
			<u>\$ 32,498,018</u>
*	Party-in-interest		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Gallo Pension Plan for Non-Union Employees
EIN: 94-1409660 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the salary scale for GVI (Ranch) from 4.10% to 3.75%.
- A change in the optional payment form election percentage to better reflect plan experience.
- A change in the retirement age assumption for active participants to better reflect plan experience.
- A change in the retirement age assumption for terminated vested participants from age 65 to age 62.
- A change in the withdrawal rates to better reflect plan experience.
- A change in the disability rates to better reflect plan experience.
- A change in the percent married assumption from 80% to 50%.
- A change in the spouse age difference assumption to better reflect plan experience.
- A change in the unlimited expected rate of return on assets from 6.50% to 7.00%.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.