

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan LIQUOR SALESMENS UNION LOCAL 2 INSURANCE TRUST FUN
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/1953
2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TRUSTEES OF THE LIQUOR SALESMENS UNION LOCAL 2 INSURANCE
2b Employer Identification Number (EIN) 13-6118802
2c Plan Sponsor's telephone number 718-331-0030
2d Business code (see instructions) 813930

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, Name. Rows for Stephen Booras (Plan Administrator) and Matthew Matassa (Employer/Plan Sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 13-6118802	
a Sponsor's name LIQUOR SALES UNION LOCAL 2-D INSURA		4d PN 501	
c Plan Name UFCW LOCAL 2-D INSURANCE TRUST FUND			
5 Total number of participants at the beginning of the plan year	5		449
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)		449
a(2) Total number of active participants at the end of the plan year	6a(2)		436
b Retired or separated participants receiving benefits	6b		
c Other retired or separated participants entitled to future benefits	6c		
d Subtotal. Add lines 6a(2), 6b, and 6c	6d		436
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f Total. Add lines 6d and 6e	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		4

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan LIQUOR SALESMENS UNION LOCAL 2 INSURANCE TRUST FUN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LIQUOR SALESMENS UNION LOCAL 2 INSURANCE</p>	<p>D Employer Identification Number (EIN) 13-6118802</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GENWORTH LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0283385	70025	FA0002531	1	11/10/2023	11/10/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	165354
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 148610
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 16744
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 16744
d	Total of balance and additions (add lines 7b and 7c(6))	7d 165354
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 165354

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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**

A Name of plan LIQUOR SALESMENS UNION LOCAL 2 INSURANCE TRUST FUN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LIQUOR SALESMENS UNION LOCAL 2 INSURANCE		D Employer Identification Number (EIN) 13-6118802

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

OXFORD LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
86-0216483	76112	RS70001635	1	07/03/2023	07/03/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	122556
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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

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

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

6b	
6c	
6d	

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

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

b Balance at the end of the previous year	7b	125932	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
	(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	125932	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	3376
▶ OTHER			
(5) Total deductions	7e(5)	3376	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	122556	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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**

A Name of plan LIQUOR SALESMENS UNION LOCAL 2 INSURANCE TRUST FUN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LIQUOR SALESMENS UNION LOCAL 2 INSURANCE	D Employer Identification Number (EIN) 13-6118802

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

LINCOLN LIFE AND ANNUITY COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	62057	000010265891	454	03/01/2024	02/28/2025

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

(a) Total amount of commissions paid 4713	(b) Total amount of fees paid 13018
---	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ACRISURE LLC
100 OTTAWA AVE SW
GRAND RAPIDS, MI 49503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4713	5704	FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7314	OVERIDES AND BROKER BONUS	3

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	71303
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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 LIQUOR SALESMENS UNION LOCAL 2 INSURANCE TRUST FUN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LIQUOR SALESMENS UNION LOCAL 2 INSURANCE	D Employer Identification Number (EIN) 13-6118802	

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

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

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

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	COUNSEL-REL'D ORG'N	71454	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)

RAYMOND PAPAleo

13-6118802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	59024	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)

WEAVER AND TIDWELL, L.L.P

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT OF RELATED ORG	25250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMPIRE HEALTH CHOICE ASSURANCE INC.

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	14817	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)

MANNING & NAPIER ADVISORS LLC

45-3328488

(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	INVST. MGR OF RELATED ORG	12412	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)

SEGAL MARCO ADVISORS

13-2646110

(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?
27	INVST. ADV OF RELATED ORG	10000	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)

MERRILL LYNCH

13-5674085

(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?
19	NONE	9375	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 LIQUOR SALESMENS UNION LOCAL 2 INSURANCE TRUST FUN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE LIQUOR SALESMENS UNION LOCAL 2 INSURANCE	D Employer Identification Number (EIN) 13-6118802

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	434234	304527
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16302	16352
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14244	16757
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	59821	13920
(2) U.S. Government securities	1c(2)	2866084	2838630
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	197064	302341
(B) All other	1c(3)(B)	469860	520806
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	951350	1185101
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	281983	287910
(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	5290942	5486344
Liabilities			
g Benefit claims payable.....	1g	21364	23364
h Operating payables.....	1h	2324	12136
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	23688	35500
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5267254	5450844

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)	756906	
(B) Participants.....	2a(1)(B)	7647	
(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)		764553
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3594	
(B) U.S. Government securities.....	2b(1)(B)	64214	
(C) Corporate debt instruments.....	2b(1)(C)	32939	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1045	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		101792
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	14638	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14638
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	757475	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	773000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-15525
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	23469	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		222473
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1111400

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	486775	
(2) To insurance carriers for the provision of benefits	2e(2)	68609	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		555384
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)	154139	
(2) Contract administrator fees	2i(2)	14817	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	25250	
(5) Investment advisory and investment management fees	2i(5)	22413	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	5400	
(8) Legal fees	2i(8)	71454	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	78953	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		372426
j Total expenses. Add all expense amounts in column (b) and enter total	2j		927810

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		183590
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WEAVER AND TIDWELL, L.L.P.

(2) EIN: 75-0786316

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

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

Part IV Compliance Questions

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

During the plan year:

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

Liquor Salesmens Union Local 2 Insurance Trust Fund

Financial Report
December 31, 2024

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

Independent Auditor's Report

To the Board of Trustees of
Liquor Salesmens Union Local 2 Insurance Trust Fund

Opinion

We have audited the financial statements of Liquor Salesmens Union Local 2 Insurance Trust Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits and plans' benefit obligations as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan's benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but certain supplementary information is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

The Board of Trustees of
Liquor Salesmens Union Local 2 Insurance Trust Fund

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

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

New York, New York
October 3, 2025

Liquor Salesmens Union Local 2 Insurance Trust Fund
Statements of Net Assets Available for Benefits and Plan's Benefit Obligations
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
U.S. government and governmental agencies obligations	\$ 2,838,630	\$ 2,866,084
Corporate bonds, notes and debentures	823,147	666,924
Mutual Funds	1,185,101	951,350
Short-term investment fund	13,920	59,821
	4,860,798	4,544,179
Investments, at contract value		
Annuity contracts	287,910	281,983
	5,148,708	4,826,162
Receivables		
Contributions receivable	16,352	16,302
Interest receivable	16,757	14,244
	33,109	30,546
Cash	304,527	434,234
	5,486,344	5,290,942
LIABILITIES		
Accounts payable	12,136	2,324
	12,136	2,324
Net assets available for benefits	5,474,208	5,288,618
BENEFIT OBLIGATIONS		
Amount currently payable to or on behalf of participants, beneficiaries or dependents		
Benefit claims payable	15,000	14,000
Insurance premiums payable	6,364	6,364
Other obligations for current benefit coverage, at estimated amounts		
Benefit claims incurred but not yet reported	2,000	1,000
	23,364	21,364
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	\$ 5,450,844	\$ 5,267,254

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

Liquor Salesmens Union Local 2 Insurance Trust Fund

Statements of Changes in Net Assets Available for Benefits

and Plan's Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 230,417	\$ 152,266
Interest and dividends	116,430	120,216
	346,847	272,482
Less investment expenses	31,788	31,707
	315,059	240,775
Contributions from employers	756,906	774,471
COBRA contributions	7,647	4,052
	1,079,612	1,019,298
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to or on behalf of participants, beneficiaries or dependents		
Health benefits	409,775	377,754
Death benefits	75,000	-
Insurance premiums	68,609	67,803
	553,384	445,557
Benefit claims processing fees	14,817	12,595
Administrative expenses	325,821	269,182
	894,022	727,334
Total deductions	894,022	727,334
Net increase	185,590	291,964

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

Liquor Salesmens Union Local 2 Insurance Trust Fund

Statements of Changes in Net Assets Available for Benefits and Plan's Benefit Obligations – Continued Years Ended December 31, 2024 and 2023

	2024	2023
NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS		
ATTRIBUTABLE TO		
Increase (decrease) in amounts payable to or on behalf of participants, beneficiaries or dependents		
Benefit claims payable	1,000	1,000
Insurance premiums payable	-	1,419
Increase (decrease) in other obligations for current benefit coverage, at estimated amounts		
Benefit claims incurred but not yet reported	1,000	-
Net increase in benefit obligations	2,000	2,419
Increase in excess of net assets available for benefits over benefit obligations	183,590	289,545
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, beginning of year	5,267,254	4,977,709
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, end of year	\$ 5,450,844	\$ 5,267,254

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

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

Note 1. Fund Description

The following brief description of the Liquor Salesmens Union Local 2 Insurance Trust Fund (the Fund) is provided for general information purposes only. Participants should refer to the Fund Regulations for a more complete description of the Fund's provisions.

In the current year the financial statements fund name was changed from U.F.C.W. Local 2-D Insurance Trust Fund to Liquor Salesmens Union Local 2 Insurance Trust Fund. The name was changed to align with all legal documents of the Fund.

General

The Fund, a multi-employer benefit plan, was established under the provisions of an Agreement and Declaration of Trust, as restated and amended, among the Liquor Salesmen's Union Local 2 (the Union) and various employers having collective bargaining agreements with the Union. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

All members represented by the Union are eligible provided they are employed by an employer required to make contributions on their behalf. Members under the Collective Bargaining Agreement will become eligible when the first contribution is made on the members behalf.

Generally, a participant will remain eligible as long as actively employed with a participating employer.

Contributions

Contributions are made to the Fund in accordance with the terms of the collective bargaining agreements entered into between the Union and the employers.

Benefits

The Fund provides death, dental, long-term disability, scriptsave, heart scan and optical benefits to eligible participants and their covered dependents. Participating employers make one monthly contribution for each eligible employee active at any time during the month. The Fund also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Fund's death, dental, scriptsave, heart scan and optical benefits, are self-funded. All claim payments to participants and providers are made directly by the Fund.

Insured Benefits

The Fund fully insures the long-term disability benefits. Premiums for long-term disability benefits are paid to the insurance company directly by the Fund.

Insurance Premiums

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

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

Third-Party Administrators

The Fund utilizes third-party administrators for the administration of the Fund's self-insured dental and optical and management of COBRA contributions to the Fund. However, the responsibility for payment of benefits is retained by the Fund.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Fund are prepared using the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

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 4 for discussion of fair value measurements.

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

Cash and Cash Equivalents

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

Employers' Contributions and Related Receivables

Contributions receivables are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Fund estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. As of December 31, 2024 and 2023, the allowance for doubtful accounts was \$0. Changes in the allowance for doubtful accounts are recorded in administrative expenses in the statements of changes in net assets available for benefits.

Payment of Benefits

Premiums paid by the Fund are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Fund are recorded as payable to claims administrators in the accompanying statements of benefit obligations.

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Fund through October 3, 2025, the date the financial statements were available to be issued.

Note 3. Claims Incurred but not Reported

Fund benefit obligations at December 31 for claims incurred but not reported are estimated by the Fund's actuary in accordance with accepted actuarial principles based on claims data provided by the Fund's third-party claims administrators. These amounts are paid by the Fund only if claims are submitted and approved for payment.

Note 4. Fair Value Measurements

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

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

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

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

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

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

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

Short-term investment fund: Valued using the NAV of the fund shares.

U.S. government and governmental agencies obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. U.S. Treasury securities are carried at fair value as determined by quoted market prices in active markets.

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

	2024	2023
Level 1:		
U.S. government and governmental agencies obligations	\$ 2,745,568	\$ 2,840,982
Mutual funds	1,185,101	951,350
Short-term investment fund	13,920	59,821
	3,944,589	3,852,153
Level 2:		
U.S. government and governmental agencies obligations	93,062	25,102
Corporate bonds, notes and debentures	823,147	666,924
	916,209	692,026
Investments at fair value	\$ 4,860,798	\$ 4,544,179

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

Note 5. Annuity Contracts

The annuity contracts are a single premium, fixed deferred annuity. The Fund's annuity contracts with the Oxford Life Insurance Company (Oxford) and Genworth Life and Annuity Insurance Company (Genworth), are valued at contract value. Contract value represents contributions made under the contract, plus investment income earned, less pension benefits and administrative expenses charged by Oxford and Genworth. The contract value of Oxford at December 31, 2024 and 2023, are \$122,556 and \$130,151, respectively. The contract value of Genworth at December 31, 2024 and 2023, are \$165,354 and \$151,832, respectively.

Note 6. Administrative Expenses

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

Note 7. Tax Status

The Fund received an exemption letter from the Internal Revenue Service (IRS) stating that the Fund was in compliance with applicable requirements of the provisions of Section 501(c)(9) of the IRC. However, as a result of the Fund's funding policy, from time to time the fund may be subject to income taxes. No federal or state income taxes have been recorded in 2024 and 2023 for unrelated business taxable income. The Fund is required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Fund Administrator believes that the Fund is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

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

Note 8. Fund Termination

Although the Board of Trustees has not expressed any intent to do so, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of Fund termination, the assets of the Fund would continue to be used to pay reasonable administrative expenses and to distribute and apply remaining surplus as the trustees so determine, until no assets remain.

Note 9. Related Party Transactions and Party in Interest Transactions

Certain Fund assets are invested in a common trust fund managed by the custodian of the Fund. As described in Note 4, the Fund has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

The Fund shares certain common governance with Liquor Salesmen's Union Local 2, Liquor Salesmens Union Local 2 Pension Fund, Wine and Liquor Salesmen of New Jersey Local No. 19D Welfare, all of which are tax-exempt. Additionally, the Fund shares facilities, equipment, and staff with these related entities. All shared administrative costs are initially paid by the Fund and subsequently allocated to the respective entities.

These expenses, along with fees incurred to hold the Fund's assets by the Fund's custodian and fees paid to investment managers to oversee the Fund's investments, are recorded as investment expenses on the statements of changes in net assets available for benefits.

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

Note 10. Risks and Uncertainties

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

Financial instruments that subject the Fund to concentrations of credit risk include interest-bearing cash, cash and receivables. The Fund maintains accounts at several financial institutions. While the Fund's deposit balances may, at times, exceed federally insured limits, the Fund has not experienced any losses on such accounts.

Contributions from two employers accounted for approximately 99 percent of total employer contributions collected for the years ended December 31, 2024 and 2023.

The Fund's benefit obligations, which consist of benefit claims incurred but not reported, are based upon certain assumptions and are estimated by the Fund's consulting actuary in accordance with accepted actuarial principles. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 11. Pension Plans for Employees

The Fund participates in the U.F.C.W. Local 2-D Money Purchase Plan covering substantially all its employees. Pension expense amounted to \$6,140 and \$10,035 for the years ended December 31, 2024 and 2023, respectively.

The Fund participates in the Liquor Salesmen's Union Local 2 Pension Fund (the Multiemployer Plan), a defined benefit multiemployer pension plan which covers its employees. The risks of participating in multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the Multiemployer Plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Fund chooses to stop participating in the Multiemployer Plan, the Fund may be required to pay the Multiemployer Plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

The Fund's participation in the Multiemployer Plan for the years ended December 31, 2024 and 2023 is outlined in the table below. The "EIN/Pension Plan Number" row provides the Multiemployer Plan's Employee Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Multiemployer Plan's year end at December 31, 2024 and December 31, 2023, respectively. The zone status is based on information that the Fund received from the Multiemployer Plan and is certified by the Multiemployer Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" row indicates whether a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The "Surcharge imposed" row indicates whether a surcharge was imposed by the Multiemployer Plan. The last row lists the expiration date of the collective bargaining agreement to which the Fund is subject:

Pension Fund	Liquor Salesmen's Union Local 2 Pension Fund	
EIN/Pension plan number	51-0156423/001	
	2024	2023
Pension Protection Act zone status	Green	Green
FIP/RP Status Pending/Implemented	No	No
Total Fund contributions	\$1,722	\$336
Fund contributions are more than 5% of total plan contributions	No	No
Surcharge imposed	No	No
Expiration date of collective bargaining agreement	N/A	N/A

There have been no significant changes that affect the comparability of the 2024 and 2023 contributions.

Note 12. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 5,474,208	\$ 5,288,618
Benefit obligations currently payable	(23,364)	(21,364)
Net assets available for benefits per Form 5500	\$ 5,450,844	\$ 5,267,254

Liquor Salesmens Union Local 2 Insurance Trust Fund

Notes to Financial Statements

The following is a reconciliation of claims paid per the financial statements for the years ended December 31, 2024 and 2023, to Form 5500:

	2024	2023
Claims paid per the financial statements	\$ 484,775	\$ 377,754
Amounts payable at December 31, 2024	17,000	-
Amounts payable at December 31, 2023	(15,000)	15,000
Amounts payable at December 31, 2022	-	(14,000)
	-	(14,000)
Claims paid per Form 5500	\$ 486,775	\$ 378,754
	2024	2023
Premiums paid per the financial statements	\$ 68,609	\$ 67,803
Amounts payable at December 31, 2024	6,364	-
Amounts payable at December 31, 2023	(6,364)	6,364
Amounts payable at December 31, 2022	-	(4,945)
	-	(4,945)
Premiums paid per Form 5500	\$ 68,609	\$ 69,222

Supplementary Information

Liquor Salesmens Union Local 2 Insurance Trust Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan #501 / EIN: 13-6118802
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	U.S. Government and governmental agencies obligations:							
	U.S. Treasury Note	Fixed income	05/15/25	2.125	N/A	295,000	\$ 289,054	\$ 292,690
	U.S. Treasury Note	Fixed income	05/15/26	1.625	N/A	385,000	381,680	371,598
	U.S. Treasury Note	Fixed income	05/15/27	2.375	N/A	383,000	378,827	366,788
	U.S. Treasury Note	Fixed income	05/15/28	2.875	N/A	397,000	399,595	379,214
	U.S. Treasury Note	Fixed income	05/15/33	3.375	N/A	31,000	28,682	28,488
	U.S. Treasury Note	Fixed income	05/15/29	2.375	N/A	440,000	420,395	405,579
	U.S. Treasury Note	Fixed income	05/15/30	0.625	N/A	382,000	306,093	313,446
	U.S. Treasury Note	Fixed income	05/15/31	1.625	N/A	219,000	188,902	184,757
	U.S. Treasury Note	Fixed income	02/15/32	1.875	N/A	209,000	181,967	175,788
	U.S. Treasury Note	Fixed income	05/15/32	2.875	N/A	253,000	235,838	227,219
	Federal Home Loan Mortgage G30403	Fixed income	06/01/28	5.500	N/A	75,591	388	359
	Federal Home Loan Mortgage A66380	Fixed income	09/01/37	6.000	N/A	124,808	722	682
	Federal Home Loan Mortgage A68547	Fixed income	11/01/37	5.500	N/A	818,230	1,474	1,369
	Federal Home Loan Mortgage GO3604	Fixed income	01/01/38	5.500	N/A	491,186	3,106	2,878
	Federal Home Loan Mortgage GO4587	Fixed income	08/01/38	5.500	N/A	258,564	1,833	1,676
	Federal Home Loan Mortgage GO7326	Fixed income	04/01/41	5.500	N/A	105,412	6,312	5,825
	Treasury Inflation Note	Fixed income	01/15/31	0.125	N/A	66,000	71,176	71,023
	Federal National Mortgage Association							
	Federal NATL MTG ASSN 910953	Fixed income	02/01/37	5.000	N/A	153,693	1,731	1,634
	Federal NATL MTG ASSN 975097	Fixed income	06/01/38	5.000	N/A	101,920	1,233	1,136
	Government National Mortgage Association							
	Pool #485384	Fixed income	04/15/31	6.000	N/A	80,855	58	58
	Pool #553244	Fixed income	05/15/33	5.500	N/A	65,309	902	882
	Pool #605872	Fixed income	05/15/33	5.500	N/A	67,000	689	667
	Pool #656198	Fixed income	08/15/36	6.000	N/A	98,000	2,919	2,933
	Pool #663101	Fixed income	02/15/37	6.500	N/A	63,799	1,926	1,937
	Total U.S. government and governmental agencies obligations						2,905,503	2,838,630

(a) * = Party-in-interest

Liquor Salesmens Union Local 2 Insurance Trust Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-6118802
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Corporate bonds, notes and debentures:							
	Air Lease Corp	Fixed income	04/01/27	3.625	N/A	29,000	26,833	28,025
	Amazon.com Inc	Fixed income	04/13/27	3.300	N/A	71,000	66,981	69,293
	Capital One Financial Co	Fixed income	02/01/30	VAR	N/A	35,000	35,310	35,480
	Citigroup Inc	Fixed income	06/09/27	VAR	N/A	65,000	58,454	61,889
	Crown Castle Intl Corp	Fixed income	11/15/29	3.100	N/A	78,000	67,360	70,966
	Energy Transfer Operating	Fixed income	06/01/27	5.500	N/A	68,000	67,292	68,873
	Intercontinentalexchange	Fixed income	06/15/31	5.250	N/A	41,000	41,434	41,419
	JPMorgan Chase	Fixed income	03/24/31	VAR	N/A	71,000	66,963	69,181
	Pepsico	Fixed income	07/18/32	3.900	N/A	65,000	66,433	60,752
	PNC Financial Services	Fixed income	06/12/26	VAR	N/A	40,000	40,072	40,167
	Qualcomm Inc	Fixed income	05/20/32	4.250	N/A	65,000	62,701	62,531
	Simon Property Group	Fixed income	02/01/32	2.650	N/A	105,000	104,580	89,364
	US Bancorp	Fixed income	02/01/29	VAR	N/A	41,000	40,139	40,585
	Verizon Communications	Fixed income	09/21/28	4.329	N/A	44,000	41,470	43,096
	Verizon Communications	Fixed income	03/16/27	4.125	N/A	42,000	45,429	41,526
	Total corporate bonds, notes and debentures						831,450	823,147

(a) * = Party-in-interest

Liquor Salesmens Union Local 2 Insurance Trust Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-6118802
December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Annuity contracts:							
Genworth Life and Annuity Insurance Company	Annuity contract	N/A	N/A	N/A	N/A	165,354	165,354
Oxford Life Insurance Company	Annuity contract	07/03/68	1.00	N/A	N/A	122,556	122,556
Total annuity contracts						287,910	287,910
Mutual Funds:							
Vanguard 500 Index Fund	Mutual Funds	N/A	N/A	N/A	2,199	889,508	1,185,101
Short-term investment fund:							
ML Bank Deposit Program	Money Market Fund	Demand	Various	N/A	13,920	13,920	13,920
Total investments						\$ 4,928,290	\$ 5,148,707

(a) * = Party-in-interest

Liquor Salesmens Union Local 2 Insurance Trust Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 13-6118802

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding 5% of Plan Assets						
MI Bank Deposit Program	\$ 942,384	\$ -	\$ 942,384	\$ 942,384	\$ -	
MI Bank Deposit Program	-	896,481	896,481	896,481	-	
U.S. Treasury Note - 2.125% due May 15 2025	192,933	-	192,933	192,933	-	
U.S. Treasury Note - 2.125% due May 15 2025	-	257,055	258,457	257,055	(1,402)	

Liquor Salesmens Union Local 2 Insurance Trust Fund

Schedules of Payments for Direct Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
PAYMENTS TO HEALTH CARE PROVIDERS		
Optical	\$ 66,613	\$ 32,846
Dental	341,362	332,618
Scriptsave	-	6,590
Heart scan	1,800	5,700
	<hr/>	<hr/>
Total payments to health care providers	409,775	377,754
PAYMENTS TO BENEFICIARIES OR DEPENDENTS		
Death	75,000	-
	<hr/>	<hr/>
PAYMENTS TO INSURANCE CARRIERS		
Group insurance premiums - LTD	68,609	67,803
	<hr/>	<hr/>
Total payments to insurance carriers	68,609	67,803
	<hr/>	<hr/>
TOTAL BENEFITS PAID TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES OR DEPENDENTS	<u>\$ 553,384</u>	<u>\$ 445,557</u>

Liquor Salesmens Union Local 2 Insurance Trust Fund

Schedules of Administrative Expenses Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Salaries and employee benefits	\$ 154,139	\$ 133,100
Auditing fees	25,250	46,000
Legal	71,454	22,264
Consulting	5,400	4,050
Rent, utilities and maintenance	17,272	18,153
Computer services, stationery and office expenses	50,954	43,150
Insurance	1,352	2,465
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 325,821</u>	<u>\$ 269,182</u>

Liquor Salesmens Union Local 2 Insurance Trust Fund

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

Plan #501 / EIN: 13-6118802

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	U.S. Government and governmental agencies obligations:							
	U.S. Treasury Note	Fixed income	05/15/25	2.125	N/A	295,000	\$ 289,054	\$ 292,690
	U.S. Treasury Note	Fixed income	05/15/26	1.625	N/A	385,000	381,680	371,598
	U.S. Treasury Note	Fixed income	05/15/27	2.375	N/A	383,000	378,827	366,788
	U.S. Treasury Note	Fixed income	05/15/28	2.875	N/A	397,000	399,595	379,214
	U.S. Treasury Note	Fixed income	05/15/33	3.375	N/A	31,000	28,682	28,488
	U.S. Treasury Note	Fixed income	05/15/29	2.375	N/A	440,000	420,395	405,579
	U.S. Treasury Note	Fixed income	05/15/30	0.625	N/A	382,000	306,093	313,446
	U.S. Treasury Note	Fixed income	05/15/31	1.625	N/A	219,000	188,902	184,757
	U.S. Treasury Note	Fixed income	02/15/32	1.875	N/A	209,000	181,967	175,788
	U.S. Treasury Note	Fixed income	05/15/32	2.875	N/A	253,000	235,838	227,219
	Federal Home Loan Mortgage G30403	Fixed income	06/01/28	5.500	N/A	75,591	388	359
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	Federal Home Loan Mortgage A68547	Fixed income	11/01/37	5.500	N/A	818,230	1,474	1,369
	Federal Home Loan Mortgage GO3604	Fixed income	01/01/38	5.500	N/A	491,186	3,106	2,878
	Federal Home Loan Mortgage GO4587	Fixed income	08/01/38	5.500	N/A	258,564	1,833	1,676
	Federal Home Loan Mortgage GO7326	Fixed income	04/01/41	5.500	N/A	105,412	6,312	5,825
	Treasury Inflation Note	Fixed income	01/15/31	0.125	N/A	66,000	71,176	71,023
	Federal National Mortgage Association							
	Federal NATL MTG ASSN 910953	Fixed income	02/01/37	5.000	N/A	153,693	1,731	1,634
	Federal NATL MTG ASSN 975097	Fixed income	06/01/38	5.000	N/A	101,920	1,233	1,136
	Government National Mortgage Association							
	Pool #485384	Fixed income	04/15/31	6.000	N/A	80,855	58	58
	Pool #553244	Fixed income	05/15/33	5.500	N/A	65,309	902	882
	Pool #605872	Fixed income	05/15/33	5.500	N/A	67,000	689	667
	Pool #656198	Fixed income	08/15/36	6.000	N/A	98,000	2,919	2,933
	Pool #663101	Fixed income	02/15/37	6.500	N/A	63,799	1,926	1,937
	Total U.S. government and governmental agencies obligations						2,905,503	2,838,630

(a) * = Party-in-interest

Liquor Salesmens Union Local 2 Insurance Trust Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-6118802
December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Corporate bonds, notes and debentures:							
Air Lease Corp	Fixed income	04/01/27	3.625	N/A	29,000	26,833	28,025
Amazon.com Inc	Fixed income	04/13/27	3.300	N/A	71,000	66,981	69,293
Capital One Financial Co	Fixed income	02/01/30	VAR	N/A	35,000	35,310	35,480
Citigroup Inc	Fixed income	06/09/27	VAR	N/A	65,000	58,454	61,889
Crown Castle Intl Corp	Fixed income	11/15/29	3.100	N/A	78,000	67,360	70,966
Energy Transfer Operating	Fixed income	06/01/27	5.500	N/A	68,000	67,292	68,873
Intercontinentalexchange	Fixed income	06/15/31	5.250	N/A	41,000	41,434	41,419
JPMorgan Chase	Fixed income	03/24/31	VAR	N/A	71,000	66,963	69,181
Pepsico	Fixed income	07/18/32	3.900	N/A	65,000	66,433	60,752
PNC Financial Services	Fixed income	06/12/26	VAR	N/A	40,000	40,072	40,167
Qualcomm Inc	Fixed income	05/20/32	4.250	N/A	65,000	62,701	62,531
Simon Property Group	Fixed income	02/01/32	2.650	N/A	105,000	104,580	89,364
US Bancorp	Fixed income	02/01/29	VAR	N/A	41,000	40,139	40,585
Verizon Communications	Fixed income	09/21/28	4.329	N/A	44,000	41,470	43,096
Verizon Communications	Fixed income	03/16/27	4.125	N/A	42,000	45,429	41,526
Total corporate bonds, notes and debentures						831,450	823,147

(a) * = Party-in-interest

Liquor Salesmens Union Local 2 Insurance Trust Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-6118802
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Annuity contracts:							
	Genworth Life and Annuity Insurance Company	Annuity contract	N/A	N/A	N/A	N/A	165,354	165,354
	Oxford Life Insurance Company	Annuity contract	07/03/68	1.00	N/A	N/A	122,556	122,556
	Total annuity contracts						287,910	287,910
	Mutual Funds:							
	Vanguard 500 Index Fund	Mutual Funds	N/A	N/A	N/A	2,199	889,508	1,185,101
	Short-term investment fund:							
	ML Bank Deposit Program	Money Market Fund	Demand	Various	N/A	13,920	13,920	13,920
	Total investments						\$ 4,928,290	\$ 5,148,707

(a) * = Party-in-interest

Electronic Filing Authorization

Name of Plan: Liquor Salesmens Union Local 2 Insurance Trust Fund

EIN: 13-6118802; PN: 501

Plan Year Ending: December 31, 2024

Authorization of Practitioner to Electronically Sign and File

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

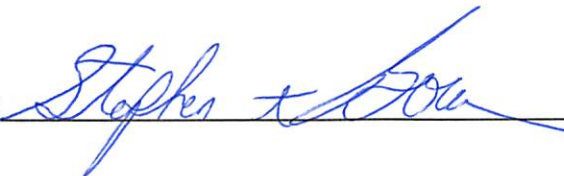
2024 Form 5500

I understand that in granting this authority that:

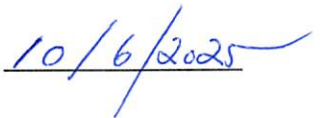
- Weaver will retain a copy of this written authorization in its records;
- Weaver will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding these annual returns/reports; and
- A copy of my signature,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

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

Plan Administrator:



Date:



The designated service provider must retain this authorization.

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

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>			
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is:	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
		<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>	
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
		<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>		

Part II Basic Plan Information - enter all requested information			
1a	Name of plan	1b	Three-digit plan number (PN) ▶
	LIQUOR SALESMENS UNION LOCAL 2 INSURANCE TRUST FUN		501
		1c	Effective date of plan
			01/01/1953
2a	Plan sponsor's name (employer, if for a single-employer plan)	2b	Employer Identification Number (EIN)
	Mailing address (include room, apt., suite no. and street, or P.O. Box)		13-6118802
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c	Plan Sponsor's telephone number
	BOARD OF TRUSTEES OF THE LIQUOR SALESMENS UNION LO		718-331-0030
	100 ST. MARY'S AVENUE	2d	Business code (see instructions)
	STATEN ISLAND NY 10305		813930

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

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

SIGN HERE		10/6/2025	STEPHEN BOORAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/6/2025	MATTHEW MATASSA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Liquor Salesmens Union Local 2 Insurance Trust Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 13-6118802

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding 5% of Plan Assets						
MI Bank Deposit Program	\$ 942,384	\$ -	\$ 942,384	\$ 942,384	\$ -	
MI Bank Deposit Program	-	896,481	896,481	896,481	-	
U.S. Treasury Note - 2.125% due May 15 2025	192,933	-	192,933	192,933	-	
U.S. Treasury Note - 2.125% due May 15 2025	-	257,055	258,457	257,055	(1,402)	