

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: WINE, LIQUOR & DISTILLERY WORKERS UNION LOCAL 1-D, MAJOR MEDICAL PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 11/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): WINE, LIQUOR & DISTILLERY WORKERS UNION PLAN
2b Employer Identification Number (EIN): 13-1973409
2c Plan Sponsor's telephone number: 718-331-2311
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for GLEN CARTER and MATTHEW MATASSA.

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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1105
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1105
	6a(2)	
	6b	1072
	6c	
	6d	1072
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	22

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 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 type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE 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 WINE, LIQUOR & DISTILLERY WORKERS UNION LOCAL 1-D, MAJOR MEDICAL PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 WINE, LIQUOR & DISTILLERY WORKERS UNION PLAN		D Employer Identification Number (EIN) 13-1973409

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
AMERICAN GENERAL LIFE 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
25-0598210	60488	2EP00839	1	06/10/2023	06/10/2024

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 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

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	(c) Amount	(d) Purpose	

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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

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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	

(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	655565
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 type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 629491
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 26074
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 26074
d	Total of balance and additions (add lines 7b and 7c(6))	7d 655565
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 655565

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 WINE, LIQUOR & DISTILLERY WORKERS UNION LOCAL 1-D, MAJOR MEDICAL PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 WINE, LIQUOR & DISTILLERY WORKERS UNION PLAN	D Employer Identification Number (EIN) 13-1973409

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
FORETHOUGHT LIFE 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
06-1016329	91642	200196897	0	06/17/2024	06/17/2025

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 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	

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	(c) Amount	(d) Purpose	

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(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	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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	1250359	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	55373	
	7c(4)		
	7c(5)		
	(6) Total additions	7c(6)	55373
d Total of balance and additions (add lines 7b and 7c(6))	7d	1305732	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	32327
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	1273405
▶ WITHDRAWAL			
(5) Total deductions	7e(5)	1305732	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0	

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 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 WINE, LIQUOR & DISTILLERY WORKERS UNION LOCAL 1-D, MAJOR MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WINE, LIQUOR & DISTILLERY WORKERS UNION PLAN	D Employer Identification Number (EIN) 13-1973409	

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)

EMBLEM HEALTH, INC.

13-3941542

(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	459510	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)

ARETHIA BAZEMORE

13-1973409

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62463	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 LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR-REL'D ORGANIZATIO	57900	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)

LYNDAROSE ERRICOLO

13-1973409

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56532	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)

VILMA REINHARDT

13-1973409

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44834	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)

LINDA ERRICOLO

13-1973409

(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?
	EMPLOYEE	36109	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)

WELLS FARGO ADVISORS

48-1305000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	33365	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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	CONSULTANT-REL'D ORG'N	33300	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)

ZAZZALI, P.C.

22-1973215

(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	27033	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	CUSTODIAN-REL'D ORG'N	23637	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.	<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 WINE, LIQUOR & DISTILLERY WORKERS UNION LOCAL 1-D, MAJOR MEDICAL PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 WINE, LIQUOR & DISTILLERY WORKERS UNION PLAN	D Employer Identification Number (EIN) 13-1973409

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
Assets			
a Total noninterest-bearing cash	1a	4609417	3486861
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	479241	503129
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	281907	1226835
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	684718	4523217
(2) U.S. Government securities	1c(2)	4557941	5155828
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	371086	416429
(B) All other	1c(3)(B)	626454	1425102
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	125936	0
(B) Common	1c(4)(B)	3600427	503422
(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)	326554	3170444
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1879850	655565
(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	17543531	21066832
Liabilities			
g Benefit claims payable.....	1g	3236000	2570000
h Operating payables.....	1h	34489	43039
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3270489	2613039
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14273042	18453793

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)	22008395	
(B) Participants.....	2a(1)(B)	22550	
(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)		22030945
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	34296	
(B) U.S. Government securities.....	2b(1)(B)	129073	
(C) Corporate debt instruments.....	2b(1)(C)	71397	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	59853	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		294619
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	38652	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	37308	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		75960
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5597709	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4253342	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1344367
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1037031	
(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)		345105
c Other income	2c		2461910
d Total income. Add all income amounts in column (b) and enter total	2d		25515875

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20240605	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		20240605
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)	193606	
(2) Contract administrator fees	2i(2)	459510	
(3) Recordkeeping fees	2i(3)	5400	
(4) IQPA audit fees	2i(4)	52500	
(5) Investment advisory and investment management fees	2i(5)	57002	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	27033	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	299468	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1094519
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21335124

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4180751
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WEAVER AND TIDWELL LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

Financial Report
December 31, 2024

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ERISA-Required Supplementary Information

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

Independent Auditor's Report

To the Board of Trustees
Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan

Opinion

We have audited the financial statements of Wine, Liquor & Distillery Workers Union Local 1-D Major Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and 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 ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits and Plan's benefit obligations of the Plan 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Plan's ability to continue as a going concern for one year after the date the financial statements are issued or are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

The Board of Trustees
Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan

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.

Jericho, New York
December 16, 2025

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

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

	2024	2023
ASSETS		
Investments, at fair value		
U.S. government and governmental agencies obligations	\$ 5,155,828	\$ 4,557,941
Corporate and other bonds and notes	1,841,531	997,540
Common stocks	503,422	3,600,427
Preferred stocks	-	125,936
Mutual funds	3,170,444	326,554
Certificates of deposit	-	259,744
Interest-bearing cash	4,065,978	54,287
Money market fund	457,239	370,687
	15,194,442	10,293,116
Investments, at contract value		
Variable annuity contracts	655,565	1,879,850
	15,850,007	12,172,966
Receivables		
Employers contributions	503,129	479,241
Stop-loss reimbursements	991,131	-
Prescription drug rebates	-	53,488
Interest and dividends	35,580	24,847
	1,529,840	557,576
Cash	3,486,861	4,609,417
Prepaid expenses	28,351	28,351
Due from Wine, Liquor & Distillery Workers Union Local 1-D, U.F.C.W.	171,464	171,464
Computer equipment, net of accumulated depreciation of \$31,067 and \$27,619 at December 31, 2024 and 2023, respectively	309	3,757
Leasehold improvements, net of accumulated amortization of \$109,334 at December 31, 2024 and 2023	-	-
	21,066,832	17,543,531
LIABILITIES		
Accounts payable and accrued expenses	43,039	34,489
NET ASSETS AVAILABLE FOR BENEFITS	\$ 21,023,793	\$ 17,509,042

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

Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 652,441	\$ 522,018
Interest	294,619	199,629
Dividends	75,960	108,216
	<u>1,023,020</u>	<u>829,863</u>
Less investment expenses	<u>57,002</u>	<u>62,940</u>
Net investment income	966,018	766,923
Contributions		
Employers	22,008,395	21,109,152
Participants	22,550	38,629
Total contributions	<u>22,030,945</u>	<u>21,147,781</u>
Stop-loss insurance reimbursements	2,258,003	-
Prescription drug rebates	195,920	197,717
Other income	<u>7,987</u>	<u>684</u>
Total additions	25,458,873	22,113,105
DEDUCTIONS		
Benefits paid to or for participants, beneficiaries and dependents		
Health claims	18,829,822	10,323,220
Insurance premiums	<u>2,076,783</u>	<u>5,587,063</u>
Total benefits paid to or on behalf of participants, beneficiaries or dependents	20,906,605	15,910,283
Medical benefit consultants	23,630	33,200
Medical access fees	459,510	459,408
ACA PCORI fees	7,883	7,740
Administrative expenses	<u>546,494</u>	<u>740,508</u>
Total deductions	<u>21,944,122</u>	<u>17,151,139</u>
Net increase	3,514,751	4,961,966
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>17,509,042</u>	<u>12,547,076</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 21,023,793</u>	<u>\$ 17,509,042</u>

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

**Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan**

Statements of Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNT CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Benefit claims payable	\$ 2,471,000	\$ 3,112,000
Other obligations for current benefit coverage, at present value of estimated amounts		
Claims incurred but not reported	99,000	124,000
TOTAL BENEFIT OBLIGATIONS	\$ 2,570,000	\$ 3,236,000

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

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 3,112,000	\$ 1,043,000
Claims reported and approved for payment	20,265,605	17,979,283
Benefits paid	(20,906,605)	(15,910,283)
Balance at end of year	2,471,000	3,112,000
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	124,000	52,000
Net change during year		
Claims incurred but not reported	(25,000)	72,000
Balance at end of year	99,000	124,000
TOTAL BENEFIT OBLIGATIONS	\$ 2,570,000	\$ 3,236,000

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

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of the Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan (the Plan) provides only general information about the Plan's provisions. Participants should refer to the *Plan document* for a complete description of the Plan's provisions, which is available from Plan management.

General

The Plan is a multiemployer benefit plan established under the provisions of an agreement and Declaration of Trust, effective as of November 1, 1962, as restated and amended, among the Wine, Liquor & Distillery Workers Union Local 1-D (the Union) and various employers having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Plan provides hospital, surgical, medical, prescription drug and similar benefits to eligible participants and their covered dependents. The Plan also provides death benefits. Participating employers make one monthly contribution for each eligible employee active at any time during the month. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured Benefits

For the period from January 1, 2023, through March 31, 2023, the Plan was fully insured for hospital, surgical, medical, dental, optical and prescription drug benefits. Premiums for these were paid to the insurance company from the general assets of the Plan.

Self-Insured Benefits

For the period from April 1, 2023 through December 31, 2024, all Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processor under an administrative service only (ASO) arrangement. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the general assets of the Plan. Despite the Plan's utilization of a third-party claim's processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Eligibility

Coverage under the Plan begins on the first day of the second month after which a monthly contribution is paid to the Plan on an employee's behalf.

Wine, Liquor & Distillery Workers Union

Local 1-D, Major Medical Plan

Notes to Financial Statements

All employees who wish to have benefits must enroll upon hire or during the enrollment periods set by the Plan Administrator. An employee who has elected to participate in the Plan (or to waive such participation) may not change election during the Plan year unless there is a qualified change in status and the participant makes an election change that is consistent with the change in status.

Contributions

Contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement. Contribution rates vary depending on the types of coverage negotiated.

In addition, the Union, a related party, makes contributions to the Plan on behalf of its employees.

The Plan is noncontributory for employees except for COBRA premiums as required by law and is funded mainly from contributions received from employers.

Insurance Premiums

For the period from January 1, 2023, through March 31, 2023, the Plan paid insurance premiums to certain insurance carriers for the Plan's fully insured arrangements under the Plan. Effective April 1, 2023, the Plan also pays stop-loss premiums for its self-insured medical arrangement under the Plan.

Third-Party Administrators

The Plan utilizes a third-party administrator for the administration of the Plan's self-insured medical and prescription drug arrangement under the terms of an administrative service agreement. However, the responsibility for payment of benefits is retained by the Plan and Trust.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan 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

The Plan's investments, with the exception of the variable annuity contracts, 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. The Plan's Board of Trustees determines the Plan's valuation policies. See note 5 for discussion of fair value measurements.

Wine, Liquor & Distillery Workers Union

Local 1-D, Major Medical Plan

Notes to Financial Statements

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

Cash

The Plan considers all non-interest-bearing cash deposits to be cash.

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 Plan 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 Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits and plan's benefit obligations.

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 Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits and plan's benefit obligations.

Stop Loss

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds totaling \$2,258,003 for 2024 are reported in the accompanying statements of changes in net assets available for benefits.

Refunds and Rebates

Prescription refunds due from the Plan's Pharmacy Benefit Manager are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits. Pharmacy rebates totaling \$195,920 for 2024 have been reported in the accompanying statements of changes in net assets available for benefits.

Reclassifications

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

Wine, Liquor & Distillery Workers Union

Local 1-D, Major Medical Plan

Notes to Financial Statements

Depreciation and Amortization

Computer equipment is depreciated using the straight-line method over five years. Leasehold improvements are amortized over the shorter of the remaining lease period or the estimated useful life of the improvement. Depreciation and amortization expense amounted to \$3,448 and \$6,276 for the years ended December 31, 2024 and 2023, respectively.

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Plan through December 16, 2025, the date the financial statements were available to be issued.

Note 3. Claims Incurred but not Reported

Plan obligations at December 31, 2024 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Note 4. Fully Benefit Responsive Investment Contracts

During 2024 and 2023, the Plan held fully benefit-responsive deferred annuity contracts with American General and Forethought Life. The Plan maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The deferred annuity contracts issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 4 percent. The crediting rate is reviewed on a quarterly basis for resetting. The deferred annuity contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit responsive investment contract criteria, and therefore is reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due in accordance with the fully benefit responsive investment contract is dependent on the third party issuer's ability to meet its financial obligations. The issuer's ability to meet its contraction obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Wine, Liquor & Distillery Workers Union

Local 1-D, Major Medical Plan

Notes to Financial Statements

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include (1) a breach of material obligation under the contract, (2) a material misrepresentation, or (3) a material amendment to the agreement without the consent of the issuer. At December 31, 2024 and 2023, the Plan had variable annuity contracts with the following insurance companies:

	2024	2023
Forethought Life Insurance Company	\$ -	\$ 1,250,359
American General Life Insurance Company	655,565	629,491
Total variable annuity contracts	\$ 655,565	\$ 1,879,850

The Plan's variable annuity contracts are valued at contract value and represents contributions made under the contracts, plus investment income earned, less administrative expenses charged by the contract providers.

Note 5. 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 Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; 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.

Wine, Liquor & Distillery Workers Union

Local 1-D, Major Medical Plan

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.

U.S. government and governmental agencies obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and other bonds and notes: 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.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the 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 Plan are deemed to be actively traded.

Money market funds: Valued using the NAV of the fund shares.

Certificates of deposit: Stated at amortized cost plus accrued interest which approximates fair value.

Interest-bearing cash: Held primarily in short-term money market funds, which are valued at cost plus accrued interest.

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

	2024	2023
Level 1:		
U.S. government and governmental agencies obligations	\$ 4,853,554	\$ 4,104,097
Common stocks	503,422	3,600,427
Preferred stocks	-	125,936
Mutual funds	3,170,444	326,554
Money market funds	457,239	370,687
	8,984,659	8,527,701
Level 2:		
U.S. government and governmental agencies obligations	302,274	453,844
Corporate and other bonds and notes	1,841,531	997,540
Interest bearing cash accounts	4,065,978	54,287
Certificates of deposit	-	259,744
	6,209,783	1,765,415
Investments at fair value	\$ 15,194,442	\$ 10,293,116

Wine, Liquor & Distillery Workers Union

Local 1-D, Major Medical Plan

Notes to Financial Statements

Note 6. Employee Benefit Plan

The Plan participates in the Retirement Plan of the Wine, Liquor & Distillery Workers Union Local 1-D Pension Plan (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 Multiemployer Plan, the unfunded obligations of the Multiemployer Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in the Multiemployer Plan, the Plan may be required to pay the Multiemployer Plan an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.
- The Plan's participation in the Multiemployer Plan for the years ended December 31, 2024 and 2023 is outlined in the following table. 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, 2022 and 2021. The zone status is based on the information that the Plan 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 Plan is subject.

Pension Plan:	Wine, Liquor & Distillery Workers Union Local 1-D Pension Plan	
EIN/Pension Plan Number:	51-0164380/001	
	2024	2023
Pension Protection Act zone status	Green	Green
FIP/RP status pending/implemented	RP Implemented	RP Implemented
Total plan contributions	\$12,845	\$18,880
Plan contributions are more than 5% of total plan contributions	No	No
Surcharge imposed	None	None
Expiration date of collective bargaining agreement	N/A	N/A

Note 7. Administrative Expenses

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

Wine, Liquor & Distillery Workers Union

Local 1-D, Major Medical Plan

Notes to Financial Statements

Note 8. Tax Status

The Plan received an exemption letter from the Internal Revenue Service (IRS) dated July 14, 1995 stating that the trust was in compliance with applicable requirements of the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 and 2023 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan 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 Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Plan 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 Plan termination, the assets of the Plan 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 10. Related Party Transactions and Party In Interest Transactions

The Plan operates in a jointly administered office and shares salaries, rent, utilities, and other administrative expenses with related and other organizations. Payroll and overhead expenses common to all organizations are apportioned among such entities. Direct charges are made for expenses when applicable. Payroll and clerical expenses allocated to the Plan amounted to \$87,276 and \$124,328 for the years ended December 31, 2024 and 2023, respectively. The Plan also shares office space with related and other organizations, and its share of rent, utilities and maintenance was \$37,496 during 2024 (\$20,360 for rent and \$17,136 for utilities, telephone, and maintenance) and \$61,174 during 2023 (\$44,299 for rent and \$16,875 for utilities, telephone, and maintenance). The net amount due from related parties was \$171,464 at December 31, 2024 and 2023.

Note 11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, 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 the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and plan benefit obligations.

Note 12. Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash and employers' contributions receivable. While the Plan attempts to limit any financial exposure by maintaining accounts at several financial institutions, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan
Notes to Financial Statements

Contributions from three employers represent approximately 74% and 64% of the total contributions for the years ended December 31, 2024, and 2023, respectively. Contributions from one employer represented approximately 92% and 97% of total contributions receivable at December 31, 2024, and 2023, respectively.

Note 13. 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	\$ 21,023,793	\$ 17,509,042
Benefit claims payable	(2,471,000)	(3,112,000)
Claims incurred but not reported	(99,000)	(124,000)
Net assets available for benefits per Form 5500	\$ 18,453,793	\$ 14,273,042

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

	2024	2023
Benefits paid to or behalf of participants, beneficiaries and dependents per the financial statements	\$ 20,906,605	\$ 15,910,283
Add benefit claims payable at December 31, 2024 and 2023	2,471,000	3,112,000
Less benefit claims payable at December 31, 2023 and 2022	(3,112,000)	(1,043,000)
Add claims incurred but not reported at December 31, 2024 and 2023	99,000	124,000
Less claims incurred but not reported at December 31, 2023 and 2022	(124,000)	(52,000)
Claims paid per Form 5500	\$ 20,240,605	\$ 18,051,283

Supplementary Information

Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan #501 / EIN: 13-1973409
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:							
Fhlmc A6 4998	Fixed income	2037	6.000	N/A	789,706	\$ 6,957	\$ 6,367
Fhlmc A7 8009	Fixed income	2038	6.500	N/A	716,041	7,180	6,673
Fhlmc A8 1150	Fixed income	2038	5.500	N/A	1,017,907	3,511	3,239
Fhlmc Go 2348	Fixed income	2036	5.500	N/A	1,038,440	6,076	5,627
Fhlmc Go 3054	Fixed income	2037	5.000	N/A	2,233,135	17,344	15,949
Fhlmc Go 3551	Fixed income	2037	6.000	N/A	535,284	4,316	4,044
Fhlmc Go 3604	Fixed income	2038	5.500	N/A	1,841,946	11,627	10,792
Fhlmc Go 3867	Fixed income	2038	5.500	N/A	3,903,507	15,967	14,645
Fhlmc Go 3954	Fixed income	2038	5.500	N/A	306,092	4,551	4,183
Fhlmc Go 4587	Fixed income	2038	5.500	N/A	3,102,774	21,997	20,109
Fhlmc Go 4936	Fixed income	2038	6.500	N/A	227,927	6,156	5,780
Fhlmc Go 5120	Fixed income	2038	5.500	N/A	1,059,254	6,810	6,272
Fhlmc Go 5132	Fixed income	2038	5.000	N/A	4,072,984	41,232	37,614
Fhlmc Go 7021	Fixed income	2039	5.000	N/A	607,415	18,394	16,799
Fnma P256845	Fixed income	2037	6.500	N/A	408,236	4,592	4,231
Fnma P257005	Fixed income	2037	6.500	N/A	325,495	3,571	3,266
Fnma P257236	Fixed income	2038	6.500	N/A	430,000	4,341	4,376
Fnma P745147	Fixed income	2035	4.500	N/A	237,108	2,843	2,891
Fnma P885603	Fixed income	2036	6.000	N/A	652,165	4,168	4,198
Fnma P910953	Fixed income	2037	5.000	N/A	768,461	8,665	8,172
Fnma P995024	Fixed income	2037	5.500	N/A	1,032,916	17,769	16,401
Fnma P995246	Fixed income	2035	5.000	N/A	606,315	8,636	7,899
Fnma Paa8619	Fixed income	2039	5.000	N/A	120,000	14,930	14,513
Fnma Pab0513	Fixed income	2038	6.500	N/A	501,799	3,736	3,488
Fnma Pma0219	Fixed income	2039	6.000	N/A	235,000	7,436	7,183
Fnma Pma2642	Fixed income	2046	3.500	N/A	205,000	28,528	24,211
Gnm P486085x	Fixed income	2030	0.085	N/A	425,843	1,876	1,739
Gnm P553244x	Fixed income	2033	5.500	N/A	306,619	4,234	4,142
Gnm P581070x	Fixed income	2032	0.060	N/A	504,217	2,263	2,286
Gnm P605872x	Fixed income	2033	5.500	N/A	191,000	1,963	1,902
Gnm P613012x	Fixed income	2033	4.500	N/A	327,870	15,264	15,142
Gnm P631401x	Fixed income	2035	4.500	N/A	100,258	4,509	4,438
Gnm P641986x	Fixed income	2036	6.500	N/A	150,273	188	185
Gnm P645634x	Fixed income	2036	6.500	N/A	145,122	3,762	3,707
Gnm P647769x	Fixed income	2035	4.500	N/A	65,006	3,165	3,110
Gnm P691572x	Fixed income	2038	6.500	N/A	820,717	6,756	6,701
U.S. Treasury Infl	Fixed income	1/15/2031	0.125	N/A	129,000	139,049	138,818
U.S. Treasury note	Fixed income	5/15/2025	0.021	N/A	385,000	379,079	381,985
U.S. Treasury note	Fixed income	5/15/2026	0.016	N/A	615,000	591,269	593,592
U.S. Treasury note	Fixed income	5/15/2027	0.024	N/A	721,000	704,460	690,480
U.S. Treasury note	Fixed income	5/15/2028	0.029	N/A	645,000	614,423	616,104
U.S. Treasury note	Fixed income	1/15/1931	0.140	N/A	818,000	777,571	754,008
U.S. Treasury note	Fixed income	6/30/2025	4.625	N/A	510,000	505,839	516,711
U.S. Treasury note	Fixed income	5/15/2031	0.016	N/A	408,000	355,115	344,205
U.S. Treasury note	Fixed income	2/15/2032	0.019	N/A	437,000	378,518	367,556
U.S. Treasury note	Fixed income	5/15/2032	0.029	N/A	450,000	421,016	404,145
U.S. Treasury note	Fixed income	5/15/2033	0.034	N/A	50,000	47,911	45,950
Total U.S. government and governmental agencies obligations						5,239,563	5,155,828

(a) * = Party-in-interest

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

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

Plan #501 / EIN: 13-1973409

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 and other bonds and notes:							
	Air Lease Corp	Fixed income	04/01/27	3.63%	N/A	50,000	51,344	48,320
	Capital One Financial Co	Fixed income	02/01/29	5.62%	N/A	100,000	105,901	101,370
	Citigroup Inc	Fixed income	06/09/27	1.54%	N/A	96,000	85,232	91,405
	Citizens Financial Group	Fixed income	01/23/30	5.76%	N/A	53,000	52,994	53,781
	Crown Castle Intl Corp	Fixed income	11/15/29	3.41%	N/A	149,000	131,946	135,563
	Energy Transfer Operatng	Fixed income	06/01/27	5.43%	N/A	132,000	133,695	133,695
	Fifth Third Bancorp	Fixed income	10/27/28	6.15%	N/A	53,000	54,015	54,800
	Intercontinentalexchange	Fixed income	06/15/31	5.20%	N/A	80,000	80,861	80,818
	Jefferies Fin Group Inc	Fixed income	04/14/34	6.02%	N/A	79,000	79,988	81,415
	Jpmorgan Chase & Co	Fixed income	03/24/31	4.61%	N/A	140,000	130,999	136,413
	Keycorp	Fixed income	04/06/27	2.25%	N/A	60,000	54,479	56,611
	Pepsico Inc	Fixed income	07/18/32	4.17%	N/A	115,000	108,105	107,484
	PNC Financial Services	Fixed income	06/12/26	5.79%	N/A	79,000	79,132	79,330
	Qualcomm	Fixed income	05/20/32	4.42%	N/A	96,000	93,648	92,353
	Simon Property Group LP	Fixed income	02/01/32	2.65%	N/A	185,000	184,260	157,451
	Siriuspoint Ltd	Fixed income	04/05/29	6.80%	N/A	53,000	53,685	54,491
	Truist Financial Corp	Fixed income	06/07/29	2.09%	N/A	92,000	80,439	83,003
	US Bancorp	Fixed income	04/05/29	4.70%	N/A	81,000	79,299	80,179
	Verizon Communications	Fixed income	09/21/28	5.61%	N/A	84,000	81,861	82,274
	Wells Fargo & Company	Fixed income	04/22/28	1.54%	N/A	96,000	80,689	81,316
	Wells Fargo & Company	Fixed income	06/03/26	4.14%	N/A	50,000	50,250	49,459
	Total corporate and other bonds and notes						1,852,822	1,841,531

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-1973409
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
Common stocks:							
American Pwr Corp New	Equity	N/A	N/A	N/A	10,000	12,035	12,035
AT&T Inc	Equity	N/A	N/A	N/A	2,475	61,776	56,356
Consolidated Edison Inc Ed	Equity	N/A	N/A	N/A	500	25,066	44,615
Eli Lilly & Co Lly	Equity	N/A	N/A	N/A	250	18,878	193,000
GE Aerospace	Equity	N/A	N/A	N/A	312	36,897	52,038
GE Healthcare Gehc	Equity	N/A	N/A	N/A	104	13,932	8,130
GE Vernova Llc	Equity	N/A	N/A	N/A	78	9,642	25,657
Intel Corp	Equity	N/A	N/A	N/A	600	19,377	12,030
Lumen Technologies Inc	Equity	N/A	N/A	N/A	1,000	38,352	5,310
Pfizer Inc	Equity	N/A	N/A	N/A	1,200	34,530	31,836
Verizon Communications Com	Equity	N/A	N/A	N/A	1,295	59,680	51,787
Viatis Inc	Equity	N/A	N/A	N/A	148	1,893	1,843
Wabtec	Equity	N/A	N/A	N/A	13	1,015	2,465
Warner Bros Discovery	Equity	N/A	N/A	N/A	598	19,274	6,320
Total common stocks						352,347	503,422

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

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

Plan #501 / EIN: 13-1973409

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
	Mutual funds:							
	Alerian MLP ETF	Mutual funds	N/A	N/A	N/A	270	17,554	13,033
	Health Care Select SPDR	Mutual funds	N/A	N/A	N/A	370	25,186	50,900
	Invesco Finl Preferred ETF	Mutual funds	N/A	N/A	N/A	3958	74,990	57,589
	iShares US Preferred Stock ETF	Mutual funds	N/A	N/A	N/A	1971	74,977	61,958
	Technology Select Sector SPDR	Mutual funds	N/A	N/A	N/A	605	24,925	140,675
	Vanguard 500 Index	Mutual funds	N/A	N/A	N/A	394	2,498,787	2,817,956
	Vanguard Total Bond Mkt	Mutual funds	N/A	N/A	N/A	394	34,942	28,333
	Total mutual funds						2,751,361	3,170,444
	Variable annuity contract:							
	American General Life Insurance Company	Annuity contract	02/15/60	3.750	N/A	N/A	655,565	655,565
	Interest-bearing cash:							
	Flagstar Bank	Cash	N/A	Variable	Variable	4,065,978	4,065,978	4,065,978
	Money market fund:							
	ML Bank Deposit Program	Money market fund	Demand	Various	N/A	457,239	457,239	457,239
	Total investments						<u>\$ 15,374,875</u>	<u>\$ 15,850,007</u>

Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
Plan #501 / EIN: 13-1973409
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:						
ML Bank Deposit Program	\$ 7,212,574	\$ -	\$ 7,212,574	\$ 7,212,574	\$ -	
ML Bank Deposit Program	-	7,060,475	7,060,475	7,060,475	-	

Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan #501 / EIN: 13-1973409
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:							
Fhlmc A6 4998	Fixed income	2037	6.000	N/A	789,706	\$ 6,957	\$ 6,367
Fhlmc A7 8009	Fixed income	2038	6.500	N/A	716,041	7,180	6,673
Fhlmc A8 1150	Fixed income	2038	5.500	N/A	1,017,907	3,511	3,239
Fhlmc Go 2348	Fixed income	2036	5.500	N/A	1,038,440	6,076	5,627
Fhlmc Go 3054	Fixed income	2037	5.000	N/A	2,233,135	17,344	15,949
Fhlmc Go 3551	Fixed income	2037	6.000	N/A	535,284	4,316	4,044
Fhlmc Go 3604	Fixed income	2038	5.500	N/A	1,841,946	11,627	10,792
Fhlmc Go 3867	Fixed income	2038	5.500	N/A	3,903,507	15,967	14,645
Fhlmc Go 3954	Fixed income	2038	5.500	N/A	306,092	4,551	4,183
Fhlmc Go 4587	Fixed income	2038	5.500	N/A	3,102,774	21,997	20,109
Fhlmc Go 4936	Fixed income	2038	6.500	N/A	227,927	6,156	5,780
Fhlmc Go 5120	Fixed income	2038	5.500	N/A	1,059,254	6,810	6,272
Fhlmc Go 5132	Fixed income	2038	5.000	N/A	4,072,984	41,232	37,614
Fhlmc Go 7021	Fixed income	2039	5.000	N/A	607,415	18,394	16,799
Fnma P256845	Fixed income	2037	6.500	N/A	408,236	4,592	4,231
Fnma P257005	Fixed income	2037	6.500	N/A	325,495	3,571	3,266
Fnma P257236	Fixed income	2038	6.500	N/A	430,000	4,341	4,376
Fnma P745147	Fixed income	2035	4.500	N/A	237,108	2,843	2,891
Fnma P885603	Fixed income	2036	6.000	N/A	652,165	4,168	4,198
Fnma P910953	Fixed income	2037	5.000	N/A	768,461	8,665	8,172
Fnma P995024	Fixed income	2037	5.500	N/A	1,032,916	17,769	16,401
Fnma P995246	Fixed income	2035	5.000	N/A	606,315	8,636	7,899
Fnma Paa8619	Fixed income	2039	5.000	N/A	120,000	14,930	14,513
Fnma Pab0513	Fixed income	2038	6.500	N/A	501,799	3,736	3,488
Fnma Pma0219	Fixed income	2039	6.000	N/A	235,000	7,436	7,183
Fnma Pma2642	Fixed income	2046	3.500	N/A	205,000	28,528	24,211
Gnm P486085x	Fixed income	2030	0.085	N/A	425,843	1,876	1,739
Gnm P553244x	Fixed income	2033	5.500	N/A	306,619	4,234	4,142
Gnm P581070x	Fixed income	2032	0.060	N/A	504,217	2,263	2,286
Gnm P605872x	Fixed income	2033	5.500	N/A	191,000	1,963	1,902
Gnm P613012x	Fixed income	2033	4.500	N/A	327,870	15,264	15,142
Gnm P631401x	Fixed income	2035	4.500	N/A	100,258	4,509	4,438
Gnm P641986x	Fixed income	2036	6.500	N/A	150,273	188	185
Gnm P645634x	Fixed income	2036	6.500	N/A	145,122	3,762	3,707
Gnm P647769x	Fixed income	2035	4.500	N/A	65,006	3,165	3,110
Gnm P691572x	Fixed income	2038	6.500	N/A	820,717	6,756	6,701
U.S. Treasury Infl	Fixed income	1/15/2031	0.125	N/A	129,000	139,049	138,818
U.S. Treasury note	Fixed income	5/15/2025	0.021	N/A	385,000	379,079	381,985
U.S. Treasury note	Fixed income	5/15/2026	0.016	N/A	615,000	591,269	593,592
U.S. Treasury note	Fixed income	5/15/2027	0.024	N/A	721,000	704,460	690,480
U.S. Treasury note	Fixed income	5/15/2028	0.029	N/A	645,000	614,423	616,104
U.S. Treasury note	Fixed income	1/15/1931	0.140	N/A	818,000	777,571	754,008
U.S. Treasury note	Fixed income	6/30/2025	4.625	N/A	510,000	505,839	516,711
U.S. Treasury note	Fixed income	5/15/2031	0.016	N/A	408,000	355,115	344,205
U.S. Treasury note	Fixed income	2/15/2032	0.019	N/A	437,000	378,518	367,556
U.S. Treasury note	Fixed income	5/15/2032	0.029	N/A	450,000	421,016	404,145
U.S. Treasury note	Fixed income	5/15/2033	0.034	N/A	50,000	47,911	45,950
Total U.S. government and governmental agencies obligations						5,239,563	5,155,828

(a) * = Party-in-interest

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-1973409
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 and other bonds and notes:							
Air Lease Corp	Fixed income	04/01/27	3.63%	N/A	50,000	51,344	48,320
Capital One Financial Co	Fixed income	02/01/29	5.62%	N/A	100,000	105,901	101,370
Citigroup Inc	Fixed income	06/09/27	1.54%	N/A	96,000	85,232	91,405
Citizens Financial Group	Fixed income	01/23/30	5.76%	N/A	53,000	52,994	53,781
Crown Castle Intl Corp	Fixed income	11/15/29	3.41%	N/A	149,000	131,946	135,563
Energy Transfer Operatng	Fixed income	06/01/27	5.43%	N/A	132,000	133,695	133,695
Fifth Third Bancorp	Fixed income	10/27/28	6.15%	N/A	53,000	54,015	54,800
Intercontinentalexchange	Fixed income	06/15/31	5.20%	N/A	80,000	80,861	80,818
Jefferies Fin Group Inc	Fixed income	04/14/34	6.02%	N/A	79,000	79,988	81,415
Jpmorgan Chase & Co	Fixed income	03/24/31	4.61%	N/A	140,000	130,999	136,413
Keycorp	Fixed income	04/06/27	2.25%	N/A	60,000	54,479	56,611
Pepsico Inc	Fixed income	07/18/32	4.17%	N/A	115,000	108,105	107,484
PNC Financial Services	Fixed income	06/12/26	5.79%	N/A	79,000	79,132	79,330
Qualcomm	Fixed income	05/20/32	4.42%	N/A	96,000	93,648	92,353
Simon Property Group LP	Fixed income	02/01/32	2.65%	N/A	185,000	184,260	157,451
Siriuspoint Ltd	Fixed income	04/05/29	6.80%	N/A	53,000	53,685	54,491
Truist Financial Corp	Fixed income	06/07/29	2.09%	N/A	92,000	80,439	83,003
US Bancorp	Fixed income	04/05/29	4.70%	N/A	81,000	79,299	80,179
Verizon Communications	Fixed income	09/21/28	5.61%	N/A	84,000	81,861	82,274
Wells Fargo & Company	Fixed income	04/22/28	1.54%	N/A	96,000	80,689	81,316
Wells Fargo & Company	Fixed income	06/03/26	4.14%	N/A	50,000	50,250	49,459
Total corporate and other bonds and notes						1,852,822	1,841,531

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

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

Plan #501 / EIN: 13-1973409

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
Common stocks:							
American Pwr Corp New	Equity	N/A	N/A	N/A	10,000	12,035	12,035
AT&T Inc	Equity	N/A	N/A	N/A	2,475	61,776	56,356
Consolidated Edison Inc Ed	Equity	N/A	N/A	N/A	500	25,066	44,615
Eli Lilly & Co Lly	Equity	N/A	N/A	N/A	250	18,878	193,000
GE Aerospace	Equity	N/A	N/A	N/A	312	36,897	52,038
GE Healthcare Gehc	Equity	N/A	N/A	N/A	104	13,932	8,130
GE Vernova Llc	Equity	N/A	N/A	N/A	78	9,642	25,657
Intel Corp	Equity	N/A	N/A	N/A	600	19,377	12,030
Lumen Technologies Inc	Equity	N/A	N/A	N/A	1,000	38,352	5,310
Pfizer Inc	Equity	N/A	N/A	N/A	1,200	34,530	31,836
Verizon Communications Com	Equity	N/A	N/A	N/A	1,295	59,680	51,787
Viatis Inc	Equity	N/A	N/A	N/A	148	1,893	1,843
Wabtec	Equity	N/A	N/A	N/A	13	1,015	2,465
Warner Bros Discovery	Equity	N/A	N/A	N/A	598	19,274	6,320
Total common stocks						352,347	503,422

Wine, Liquor & Distillery Workers Union Local 1-D, Major Medical Plan

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

Plan #501 / EIN: 13-1973409

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
	Mutual funds:							
	Alerian MLP ETF	Mutual funds	N/A	N/A	N/A	270	17,554	13,033
	Health Care Select SPDR	Mutual funds	N/A	N/A	N/A	370	25,186	50,900
	Invesco Finl Preferred ETF	Mutual funds	N/A	N/A	N/A	3958	74,990	57,589
	iShares US Preferred Stock ETF	Mutual funds	N/A	N/A	N/A	1971	74,977	61,958
	Technology Select Sector SPDR	Mutual funds	N/A	N/A	N/A	605	24,925	140,675
	Vanguard 500 Index	Mutual funds	N/A	N/A	N/A	394	2,498,787	2,817,956
	Vanguard Total Bond Mkt	Mutual funds	N/A	N/A	N/A	394	34,942	28,333
	Total mutual funds						2,751,361	3,170,444
	Variable annuity contract:							
	American General Life Insurance Company	Annuity contract	02/15/60	3.750	N/A	N/A	655,565	655,565
	Interest-bearing cash:							
	Flagstar Bank	Cash	N/A	Variable	Variable	4,065,978	4,065,978	4,065,978
	Money market fund:							
	ML Bank Deposit Program	Money market fund	Demand	Various	N/A	457,239	457,239	457,239
	Total investments						<u>\$ 15,374,875</u>	<u>\$ 15,850,007</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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



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

Part II Basic Plan Information - enter all requested information

1a Name of plan WINE, LIQUOR & DISTILLERY WORKERS UNION LOCAL 1-D, MAJOR MEDICAL PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;">501</td> </tr> <tr> <td colspan="2">1c Effective date of plan 11/01/1962</td> </tr> <tr> <td colspan="2">2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WINE, LIQUOR & DISTILLERY WORKERS UNION PLAN</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 13-1973409</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (718) 331-2311</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 813930</td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan 11/01/1962		2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WINE, LIQUOR & DISTILLERY WORKERS UNION PLAN		2b Employer Identification Number (EIN) 13-1973409		2c Plan Sponsor's telephone number (718) 331-2311		2d Business code (see instructions) 813930	
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8402 18TH AVENUE BROOKLYN NY 11214													

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		12/19/2025	GLEN CARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/19/2025	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

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

Form 5500 (2024)
v. 240311

Wine, Liquor & Distillery Workers Union
Local 1-D, Major Medical Plan
 Schedule H, Line 4j – Schedule of Reportable Transactions
 Plan #501 / EIN: 13-1973409
 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:					
	ML Bank Deposit Program	\$ 7,212,574	\$ -	\$ 7,212,574	\$ 7,212,574	\$ -
	ML Bank Deposit Program	-	7,060,475	7,060,475	7,060,475	-