

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 11/01/1983
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) TRUSTEES OF LIQUOR & ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA 7716 MADISON STREET RIVER FOREST, IL 60305
2b	Employer Identification Number (EIN) 36-3265979
2c	Plan Sponsor's telephone number 312-243-4300
2d	Business code (see instructions) 424800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/12/2026	PATRICK DUFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BOARD OF TRUSTEES LIQUOR & ALLIED UNION LOCAL 3 HEALTH & WELFARE SALE 7716 MADISON STREET RIVER FOREST, IL 60305		3b Administrator's EIN 36-3265979
		3c Administrator's telephone number 312-243-4300
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	2186
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)	2172
	6a(2)	2023
	6b	19
	6c	
	6d	2042
	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	12

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

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

4A 4C 4D 4E 4F 4H

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 4
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **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
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LIQUOR & ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA	D Employer Identification Number (EIN) 36-3265979	

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.
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1 Coverage Information:

(a) Name of insurance carrier
DEARBORN NATIONAL 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
36-2598882	71129	F007873	2081	11/01/2024	10/31/2025

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	(b) Total amount of fees paid
18891	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
ELITE ADMINISTRATION
1211 W 22ND ST, STE 820
OAK BROOK, IL 60523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18891			3

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	392458
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LIQUOR & ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA	D Employer Identification Number (EIN) 36-3265979	

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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	NWL00108IL-06	2042	11/01/2024	10/31/2025

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	(b) Total amount of fees paid
217782	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	
ELITE ADMINISTRATION & INSURANCE GR	1300 W. HIGGINS, SUITE 208 PARK RIDGE, IL 60068

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
217782			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	2177824
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LIQUOR & ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA	D Employer Identification Number (EIN) 36-3265979	

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.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	170907	2042	11/01/2024	10/31/2025

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	(b) Total amount of fees paid
7599	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
ELITE ADMINISTRATION
1211 W 22ND ST, STE 820
OAK BROOK, IL 60523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7599			3

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	75986	
(2) Increase (decrease) in amount due but unpaid	9a(2)	40	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		76026
b Benefit charges (1) Claims paid	9b(1)	30000	
(2) Increase (decrease) in claim reserves	9b(2)	-922	
(3) Incurred claims (add (1) and (2))	9b(3)		29078
(4) Claims charged	9b(4)		29078
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	7599	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	12799	
(E) Taxes	9c(1)(E)	373	
(F) Charges for risks or other contingencies	9c(1)(F)	6084	
(G) Other retention charges	9c(1)(G)	20090	
(H) Total retention	9c(1)(H)		46945
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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)		15056
(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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LIQUOR & ALLIED WORKER UNION LOCAL 3 HEALTH AND WELFARE SA	D Employer Identification Number (EIN) 36-3265979	

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.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	762006	107	03/01/2024	02/28/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7265	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
ELITE ADMINISTRATION
1211 W 22ND ST, STE 820
OAK BROOK, IL 60523-3223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7265			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	72648	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-5587	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		67061
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)	7265	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	8256	
(E) Taxes	9c(1)(E)	327	
(F) Charges for risks or other contingencies	9c(1)(F)	5913	
(G) Other retention charges	9c(1)(G)	45297	
(H) Total retention	9c(1)(H)		67058
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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)		12048
(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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

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

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

BLACKROCK FUND ADVISORS	1 UNIVERSITY SQUARE DRIVE PRINCETON, NJ 08540
-------------------------	--

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

THE VANGUARD GROUP, INC	100 VANGUARD BLVD MALVERN, PA 19355
-------------------------	--

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

SCHWAB ASSET MANAGEMENT	3000 SCHWAB WAY WESTLAKE, TX 76262
-------------------------	---------------------------------------

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

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

(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

(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)

BLUE CROSS AND BLUE SHIELD

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	908066	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ELITE ADMINISTRATION

36-2238689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 53	NONE	521058	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

SAV-RX

47-0527013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	149791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOCAL 3 UNION

36-4044987

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	RELATED UNION	101602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOPE EMPLOYEE ASSISTANCE

81-1574820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	74481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDCARE MANAGEMENT

88-0429522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	62008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOCAL 3 SALES PENSION

36-6527340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	RELATED FUND	54525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES HENRY DUFF

36-1802277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37723	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FLORENCE MARTINEZ

36-3265979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARIO FIORITO

36-3265979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP

47-0900880

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

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

KEEBECK WEALTH MANAGEMENT

83-0689199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	21463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DENTAL NETWORK OF AMERICA

36-3339483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	20677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROFESSIONAL ACCOUNTING SERVICES

92-1530140

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

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

BELMONT BANK

8250 W BELMONT AVENUE
CHICAGO, IL 60634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	9152	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

SEGAL CONSULTING

101 NORTH WACKER DRIVE, SUITE 500
CHICAGO, IL 60606-1724

(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	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	35

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY & DEPOSIT CO OF MD 3910 KESWICK RD BALTIMORE, MD 21211	15% OF INSURANCE PREMIUM

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	2175

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHUBB INSURANCE 15 MOUNTAINVIEW RD WARREN, NJ 07059	15% OF INSURANCE PREMIUM

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	1159

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HUDSON INSURANCE GROUP 101 N. WACKER DRIVE CHICAGO, IL 60606	15% OF INSURANCE PREMIUM

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	784
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO 1625 EYE STREET WASHINGTON, DC 20006	15% OF INSURANCE PREMIUM	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	23979
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAV-RX 224 NORTH PARK AVE FREMONT, NE 68025	\$0.35 PER RX	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	12577
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PNA 7900 S CASS AVE, STE 110 DARIEN, IL 60561	5% OF CLAIM SAVINGS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

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

Part I

Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1694762	23805
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1587402	144264
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1997373	1381280
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	29790345	34114557
(2) U.S. Government securities	1c(2)	2099020	1740035
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	2382267	3072837
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	5330	5330
f Total assets (add all amounts in lines 1a through 1e)	1f	39556499	40482108
Liabilities			
g Benefit claims payable	1g	5705219	6251012
h Operating payables	1h	4106	7280
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5709325	6258292
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	33847174	34223816

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)	42424468	
(B) Participants	2a(1)(B)	212702	
(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)		42637170
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1438261	
(B) U.S. Government securities	2b(1)(B)	33543	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1471804
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	136369	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		136369
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	602090	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	610083	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-7993
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5464	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		5464

		(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)		154790
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		44397604

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39344259	
(2) To insurance carriers for the provision of benefits	2e(2)	2667105	
(3) Other	2e(3)	1586289	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		43597653
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	18000	
(4) IQPA audit fees	2i(4)	24000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	30615	
(7) Actuarial fees	2i(7)	5000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	345694	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		423309
j Total expenses. Add all expense amounts in column (b) and enter total	2j		44020962

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		376642
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: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

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

FINANCIAL STATEMENTS

OCTOBER 31, 2025



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

FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of October 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division as of October 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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



Responsibilities of Management for the Financial Statements (continued)

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

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

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

Calibre CPA Group, PLLC

Chicago, IL
July 23, 2026

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2025 AND 2024

	2025	2024
Assets		
Cash		
Checking accounts, non interest-bearing	\$ 23,805	\$ 1,694,762
Checking accounts, interest-bearing	674,645	653,351
Savings account	<u>114,452</u>	<u>110,793</u>
Total cash	<u>812,902</u>	<u>2,458,906</u>
Investments - at fair value		
Government and government agency obligations	1,740,035	2,099,020
Exchange traded and mutual funds	3,072,837	2,382,267
Money market funds	69,066	48,862
Certificates of deposit	<u>33,256,394</u>	<u>28,977,339</u>
Total investments, at fair value	<u>38,138,332</u>	<u>33,507,488</u>
Receivables		
Interest and dividends receivable	395,580	313,795
Employer contributions	144,264	1,587,402
Stop-loss receivables	882,826	1,668,436
Due from related organizations	<u>102,874</u>	<u>15,142</u>
Total receivables	<u>1,525,544</u>	<u>3,584,775</u>
Property and equipment		
Software in progress	<u>5,330</u>	<u>5,330</u>
Net property and equipment	<u>5,330</u>	<u>5,330</u>
Total assets	<u>40,482,108</u>	<u>39,556,499</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	<u>7,280</u>	<u>4,106</u>
Total liabilities	<u>7,280</u>	<u>4,106</u>
Net assets available for benefits	<u>\$ 40,474,828</u>	<u>\$ 39,552,393</u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED OCTOBER 31, 2025 AND 2024

	2025	2024
Additions		
Contributions		
Employer	\$ 42,424,468	\$ 42,560,774
Participants	212,702	106,339
Total contributions	<u>42,637,170</u>	<u>42,667,113</u>
Investment income		
Net appreciation in fair value of investments	152,261	415,067
Interest and dividend income	1,608,173	1,646,480
Investment management fees	<u>(21,463)</u>	<u>(18,101)</u>
Net investment income	<u>1,738,971</u>	<u>2,043,446</u>
Other income	<u>-</u>	<u>1,840</u>
Total additions	<u>44,376,141</u>	<u>44,712,399</u>
Deductions		
Cost of benefits		
Life insurance premiums	230,287	231,545
Disability insurance premiums	258,993	258,993
Stop-loss premiums	2,177,824	2,140,060
Claims expense	38,798,467	36,939,973
Claims administration fees	1,449,800	1,482,735
HOPE employee assistance program	74,481	78,681
Medical services review program	<u>62,008</u>	<u>62,073</u>
Total cost of benefits	43,051,860	41,194,060
Administrative expenses	386,463	473,680
Fees mandated by the Patient Protection and Affordable Care Act	<u>15,383</u>	<u>13,817</u>
Total deductions	<u>43,453,706</u>	<u>41,681,557</u>
Net change	922,435	3,030,842
Net assets available for benefits		
Beginning of year	<u>39,552,393</u>	<u>36,521,551</u>
End of year	<u>\$ 40,474,828</u>	<u>\$ 39,552,393</u>

See accompanying notes to financial statements.

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

STATEMENTS OF BENEFIT OBLIGATIONS

OCTOBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable to or for participants, beneficiaries and dependents		
Medical and prescription benefits payable	\$ 1,634,612	\$ 722,419
Other obligations for current benefit coverage, at estimated amounts		
Claims incurred but not reported	<u>4,616,400</u>	<u>4,982,800</u>
Total benefit obligations	<u>\$ 6,251,012</u>	<u>\$ 5,705,219</u>

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

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED OCTOBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable to or for participants, beneficiaries and dependents		
Balance at beginning of year	\$ 722,419	\$ 823,803
Change during the year attributable to changes in medical and prescription benefits payable	<u>912,193</u>	<u>(101,384)</u>
Balance at end of year	<u>1,634,612</u>	<u>722,419</u>
Other obligations for current benefit coverage		
Balance at beginning of year	4,982,800	4,541,100
Change during the year attributable to changes in claims incurred but not reported	<u>(366,400)</u>	<u>441,700</u>
Balance at end of year	<u>4,616,400</u>	<u>4,982,800</u>
Total benefit obligations	<u>\$ 6,251,012</u>	<u>\$ 5,705,219</u>



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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division (the Plan) was established on November 1, 1983 as a result of a collective bargaining agreement to provide benefits for eligible employees and their dependents. Benefits provided by the Plan include life, medical, loss of time indemnity benefits, short-term counseling, assessment referral member assistance program for eligible employees and their dependents, and long-term disability insurance for eligible participants. Substantially all medical benefits are self-insured, with stop-loss coverage on claims in excess of certain levels. During the years ended October 31, 2025 and 2024, the Plan recognized stop-loss income of \$882,826 and \$1,668,436, respectively. This amount is netted against claims expense on the statements of changes in net assets available for benefits.

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

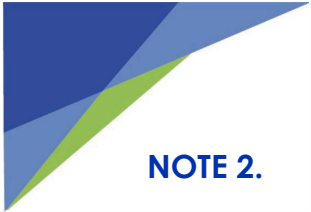
The Plan was amended to comply with the Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act (HCERA) of 2010. Changes include benefit improvements for preventative/wellness services as well as providing coverage for dependents to age 26.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Benefit Obligations - Plan obligations at October 31, 2025 and 2024 for claims payable and incurred but not reported were estimated by Segal, Liquor and the Plan's consultant, based on prior claim payment history, eligibility counts, claim lag studies, percentage factors, paid and incurred claims cost studies, and other data as considered necessary. These amounts are paid by the Plan only if claims are submitted and approved for payment.

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

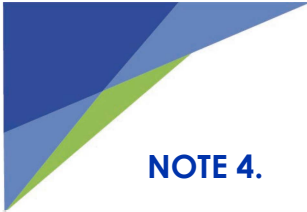
Benefits - Benefits payments are recorded when paid.

Stop-Loss Insurance - The Plan has a contract with Nationwide Insurance Company which provides stop-loss protection for claims expense. The stop-loss attachment point was \$250,000, during the years ended October 31, 2025 and 2024. During the years ended October 31, 2025 and 2024, the amount of stop-loss premiums paid was \$2,177,824 and \$2,140,060, respectively. During the years ended October 31, 2025 and 2024, the amount of stop-loss income was \$882,826 and \$1,668,436, respectively. At October 31, 2025 and 2024, the stop-loss receivable was \$882,826 and \$1,668,436, respectively.

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

NOTE 3. CONCENTRATION OF CASH

The Plan maintains its cash at one financial institution. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Amounts on deposit for one bank account are spread across multiple other financial institutions under an insured cash sweep arrangement designed to maximize FDIC insurance coverage. As of October 31, 2025, the Plan's cash in excess of FDIC insurance coverage totaled approximately \$1,732,000. The Plan has not experienced any losses in its cash balances and believes it is not exposed to any significant risk.



NOTE 4. PRIORITIES UPON TERMINATION

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

NOTE 5. TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to the fiscal year ended October 31, 2022.

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

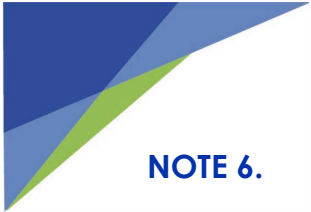
Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of October 31, 2025 and 2024. At October 31, 2025 and 2024, the Plan did not have any investment assets at fair value classified within Levels 2 or 3.

2025				
Description	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and agency obligations	\$ 1,740,035	\$ 1,740,035	\$ -	\$ -
Exchange traded funds	3,072,837	3,072,837	-	-
Money market funds	69,066	69,066	-	-
Certificates of deposit	33,256,394	-	33,256,394	-
	<u>\$ 38,138,332</u>	<u>\$ 4,881,938</u>	<u>\$ 33,256,394</u>	<u>\$ -</u>

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



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at October 31, 2025 and 2024.

Level 1

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

Level 2

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

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

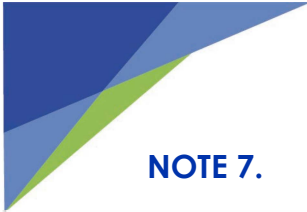
NOTE 7. RELATED ORGANIZATIONS AND PARTY-IN-INTEREST TRANSACTIONS

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

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

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

The operating expenses of the land and building of the Local Union, a related party, are paid initially by the Local Union or the Liquor and Allied Workers' Union Local No. 3 Pension Fund - Salesmen's Representatives Division (Pension Fund) and are allocated among the Funds on a basis approved by the Trustees. Computer related expenses are paid by the Pension Fund and are allocated on an annual basis. Reimbursements to the Local Union for operating expenses for the years ended October 31, 2025 and 2024 were \$101,602 and \$97,237, respectively.



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

Reimbursements to the Pension Fund for operating expenses were \$199,684 and \$295,669 for the years ended October 31, 2025 and 2024, respectively. At October 31, 2025 and 2024, amounts due from related organizations was \$102,874 and \$15,142, respectively.

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

NOTE 8. FUNDING POLICY

The participating employers contribute such amounts as are required under their collective bargaining agreements. The monthly contribution rate was \$1,736 and \$1,658 for the years ended October 31, 2025 and 2024, respectively. Participant contributions are allowed to provide Consolidated Omnibus Budget Reconciliation Act benefits to otherwise terminated participants. Participant contribution rates are determined annually based on claims experience.

NOTE 9. SIGNIFICANT CONTRIBUTING EMPLOYERS

During the years ended October 31, 2025 and 2024, the Plan received approximately 88% and 81%, respectively, of contributions from three employers.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended October 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	\$ 40,474,828	\$ 39,552,393
Benefit obligations payable	<u>(6,251,012)</u>	<u>(5,705,219)</u>
Net assets available for benefits per the Form 5500	<u>\$ 34,223,816</u>	<u>\$ 33,847,174</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the years ended October 31, 2025 and 2024:

	2025	2024
Total additions per audited financial statements	\$ 44,376,141	\$ 44,712,399
Investment management expenses	<u>21,463</u>	<u>18,101</u>
Total additions per the Form 5500	<u>\$ 44,397,604</u>	<u>\$ 44,730,500</u>



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

	2025	2024
Total deductions per audited financial statements	\$ 43,453,706	\$ 41,681,557
Effects of changes in benefit obligations	545,793	340,316
Investment management expenses	21,463	18,101
Total deductions per the Form 5500	<u>\$ 44,020,962</u>	<u>\$ 42,039,974</u>

NOTE 11. SIGNIFICANT UNCERTAINTIES

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

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

NOTE 12. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through July 23, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

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

We have audited the financial statements of Liquor and Allied Workers' Union Local No. 3 Health and Welfare Fund - Sales Division as of and for the year ended October 31, 2025, and our report thereon dated July 23, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted accounting standards.

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

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



Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses and employer contributions are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Chicago, IL
July 23, 2026

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED OCTOBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Accounting, audit, and actuarial fees	\$ 47,000	\$ 42,000
Bank charges	9,152	8,764
Insurance expense	27,461	27,573
Office expense	1,564	2,437
Reimbursed administrative expenses		
Liquor and Allied Workers' Union Local 3	101,602	97,237
Liquor and Allied Workers' Union Local 3		
Pension Fund - Sales Representatives Division	<u>199,684</u>	<u>295,669</u>
Total	<u>\$ 386,463</u>	<u>\$ 473,680</u>

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2025

Schedule H, Line 4i

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

		(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
Line 1(c)(1)	Interest bearing cash							
	Belmont Bank	Checking account	N/A	N/A	Variable	N/A	\$ 674,645	\$ 674,645
	Belmont Bank	Savings account	N/A	N/A	Variable	N/A	114,452	114,452
	Dreyfus Insured Deposit Program I	Money market fund	N/A	N/A	Variable	N/A	69,066	69,066
	Banterra Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Beneficial State Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	BOKF, National Association	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	CCB COMMUNITY BANK	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	212,464	212,464
	Community Bank of Santa Maria	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Cornerstone Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	51,254	51,254
	Great Plains National Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	OMB Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	173,823	173,823
	Peoples Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Provident Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Stifel Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Summit State Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	112,065	112,065
	West Coast Community Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	b1BANK	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Banterra Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	163,019	163,019
	California Bank of Commerce, N/A	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	ChoiceOne Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	4,000	4,000
	CNB St. Louis Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	112,304	112,304
	Columbia Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Community National Bank & Trust	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	170,494	170,494
	Crossroads Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Five Star Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Fortress Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Independent Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Louisiana National Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	150,163	150,163
	Mechanics Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Mission National Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Old National Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Alliance Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	39,732	39,732
	Bank 7	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Bank of America, N A	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Bank of Utah	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Branson Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Community Spirit Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	26,000	26,000
	EntreBank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Farmers & Merchants Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Arkansas Bank and Trust	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Bank Chicago	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Carolina Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Community Bank of Tennessee	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Frontier Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	191,075	191,075
	Great Plains State Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	138,000	138,000
	Guranty State Bank and Trust Co	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	997	997
	Hebron Savings Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	191,926	191,926
	Liberity National Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Meridian Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Metairie Bank & Trust Company	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Panhandle First Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	PrimeSouth Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Rockland and Trust Company	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Secuity Financial Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Stockmens Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	12,236	12,236
	Sunrise Banks	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	The Citizens Bank of Clovis	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	100,000	100,000
	The First National Bank of Granbury	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	TowneBank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	TriState Capital Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	65,545	65,545
	Ultima Bank Minnesota	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Unico Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	United Community Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Valley National Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500

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

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

OCTOBER 31, 2025

Schedule H, Line 4i

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

		(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Washington State Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	\$ 243,500	\$ 243,500
	Wayne Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	West Gate Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Westfield Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Banterra Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	80,481	80,481
	BOKF, National Association	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	217,253	217,253
	Carrollton Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Centreville Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Clear Fork Bank, National Association	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	235,000	235,000
	FirstBank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Heritage Bank of Commerce	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Independence Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Lumbee Guaranty Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Southern First Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	BOKF, National Association	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	26,247	26,247
	Dallas Capital Bank, N.A.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Decatur County Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Dreams First Bank, N.A.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	36,140	36,140
	Great Plains National Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	204,582	204,582
	KS Bank, Inc.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Peoples Bank of Kentucky, Inc.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Stifel Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Texas Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	The Union Station Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Vision Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Alerus Financial N.A.	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Alliance Bank Central Texas	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Armstrong Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	BankNorth	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Cadence Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Dakota Heritage Bank of North Dakota	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Dayspring Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	152,500	152,500
	EagleBank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	East West Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Exchange Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First Choice Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First Citizens National Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First National Bank of Pennsylvania	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First United Bank and Trust Company	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First Western Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Gibsonland Bank & Trust Company	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	71,014	71,014
	Grand Savings Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Great Plains National Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	37,917	37,917
	INB	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	140,014	140,014
	Iowa Trust and Savings Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Journey Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Mainstreet Community Bank of Florida	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Peterfish, Skiles & Co.	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Platinum Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Presence Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Prevail Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Secuity Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	St. Louis Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Stellar Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	The Camden National Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	The Queenstown Bank of Maryland	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	TrustBank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Two Rivers Bank & Trust	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Waterford Bank, N.A.	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	42 North Private Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	American Bank and Trust Co.	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	American National Bank & Trust	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	BankNewport	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002

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

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

OCTOBER 31, 2025

Schedule H, Line 4i

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

		(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Brunswick State Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	\$ 201,307	\$ 201,307
	Cathay Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Central State Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Chambers Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	36,412	36,412
	CIBC Bank USA	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Classic Bank, National Association	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Commercial Capital Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Cross River Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	CS Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	D. L. Evans Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Equity Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Farmers Bank and Trust Company	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	First Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	235,538	235,538
	First Bank of the Lake	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	First Community Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	First-Citizens Bank & Trust Company	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	138,118	138,118
	Genesis Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Legacy Bank & Trust Company	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	26,716	26,716
	MainStreet Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Morton Community Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Pinnacle Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Reliance Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	River City Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Security First Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Southern Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Stearns Bank N.A.	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	United Fidelity Bank, fsb	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	West Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Western Alliance Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Wilson Bank and Trust	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Total interest bearing cash						34,114,557	34,114,557
	United States Treasury Note	U.S. Treasury security	N/A	12/15/2025	4.000%	1,740,000	1,721,382	1,740,035
	Total U.S. government securities						1,721,382	1,740,035
Line (13)	Exchange traded and mutual funds							
	BlackRock ETF TR II iShares AAA CLO Active ETF	Exchange traded fund	N/A	N/A	N/A	1,840	95,524	95,542
	BlackRock ETF TR II iShares Flexible Income Active ETF	Exchange traded fund	N/A	N/A	N/A	1,201	64,081	63,965
	iShares TR 7-10 YR TREAS BD ETF	Exchange traded fund	N/A	N/A	N/A	2,767	264,531	267,984
	iShares TR 1-3 YR TREAS BD ETF	Exchange traded fund	N/A	N/A	N/A	939	77,746	77,918
	iShares TR Broad USB INBD ETFVT GRADE CORP BD ETF	Exchange traded fund	N/A	N/A	N/A	904	46,669	47,153
	iShares TR 3-7 YR TREAS BD ETF	Exchange traded fund	N/A	N/A	N/A	1,829	217,733	219,023
	iShares TR Short Treas BD ETF	Exchange traded fund	N/A	N/A	N/A	1,409	155,561	155,680
	iShares TR 10+ YR INVT GRADE CORPORATE BD ETF	Exchange traded fund	N/A	N/A	N/A	1,853	93,289	95,300
	iShares TR AAA A RATED CORP BD ETF	Exchange traded fund	N/A	N/A	N/A	1,957	95,472	94,856
	iShares TR FLTG RATE NT ETF	Exchange traded fund	N/A	N/A	N/A	4,953	252,943	252,950
	iShares U S ETF TR INT RATE HEDGED CORPORATE BD ETF	Exchange traded fund	N/A	N/A	N/A	3,672	342,047	342,781
	iShares TR TREAS FLTG RATE BD ETF	Exchange traded fund	N/A	N/A	N/A	12,299	622,329	622,452
	iShares TR INVT GRADE SYSTEMATIC BD ETF	Exchange traded fund	N/A	N/A	N/A	16,039	730,897	737,233
	Total exchange traded and mutual funds						3,058,822	3,072,837
	Total assets (held at end of year)						\$ 38,894,761	\$ 38,927,422

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED OCTOBER 31, 2025

Form 5500, Schedule H, Line 4j

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

(a) Identity of Party Involved	(b) Description of Assets (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Dreyfus Insured Deposits	\$ 4,575,578	N/A	N/A	N/A	\$ 4,575,578	\$ 4,575,578	\$ -
N/A	Dreyfus Insured Deposits	N/A	\$ 4,555,374	N/A	N/A	4,555,374	4,555,374	-

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OCTOBER 31, 2025

Schedule H, Line 4i

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

		(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
Line 1(c)(1)	Interest bearing cash							
	Belmont Bank	Checking account	N/A	N/A	Variable	N/A	\$ 674,645	\$ 674,645
	Belmont Bank	Savings account	N/A	N/A	Variable	N/A	114,452	114,452
	Dreyfus Insured Deposit Program I	Money market fund	N/A	N/A	Variable	N/A	69,066	69,066
	Banterra Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Beneficial State Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	BOKF, National Association	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	CCB COMMUNITY BANK	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	212,464	212,464
	Community Bank of Santa Maria	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Cornerstone Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	51,254	51,254
	Great Plains National Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	OMB Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	173,823	173,823
	Peoples Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Provident Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Stifel Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	Summit State Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	112,065	112,065
	West Coast Community Bank	Certificate of deposit	N/A	03/12/2026	3.922%	N/A	243,500	243,500
	b1BANK	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Banterra Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	163,019	163,019
	California Bank of Commerce, N/A	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	ChoiceOne Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	4,000	4,000
	CNB St. Louis Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	112,304	112,304
	Columbia Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Community National Bank & Trust	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	170,494	170,494
	Crossroads Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Five Star Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Fortress Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Independent Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Louisiana National Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	150,163	150,163
	Mechanics Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Mission National Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Old National Bank	Certificate of deposit	N/A	11/20/2025	3.970%	N/A	246,000	246,000
	Alliance Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	39,732	39,732
	Bank 7	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Bank of America, N A	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Bank of Utah	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Branson Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Community Spirit Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	26,000	26,000
	EntreBank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Farmers & Merchants Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Arkansas Bank and Trust	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Bank Chicago	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Carolina Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	First Community Bank of Tennessee	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Frontier Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	191,075	191,075
	Great Plains State Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	138,000	138,000
	Guranty State Bank and Trust Co	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	997	997
	Hebron Savings Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	191,926	191,926
	Liberity National Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Meridian Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Metairie Bank & Trust Company	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Panhandle First Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	PrimeSouth Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Rockland and Trust Company	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Secuity Financial Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Stockmens Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	12,236	12,236
	Sunrise Banks	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	The Citizens Bank of Clovis	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	100,000	100,000
	The First National Bank of Granbury	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	TowneBank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	TriState Capital Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	65,545	65,545
	Ultima Bank Minnesota	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Unico Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	United Community Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Valley National Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500

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

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

OCTOBER 31, 2025

Schedule H, Line 4i

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

		(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Washington State Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	\$ 243,500	\$ 243,500
	Wayne Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	West Gate Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Westfield Bank	Certificate of deposit	N/A	11/06/2025	4.162%	N/A	243,500	243,500
	Banterra Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	80,481	80,481
	BOKF, National Association	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	217,253	217,253
	Carrollton Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Centreville Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Clear Fork Bank, National Association	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	235,000	235,000
	FirstBank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Heritage Bank of Commerce	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Independence Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Lumbbee Guaranty Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	Southern First Bank	Certificate of deposit	N/A	12/04/2025	4.162%	N/A	243,500	243,500
	BOKF, National Association	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	26,247	26,247
	Dallas Capital Bank, N.A.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Decatur County Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Dreams First Bank, N.A.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	36,140	36,140
	Great Plains National Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	204,582	204,582
	KS Bank, Inc.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Peoples Bank of Kentucky, Inc.	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Stifel Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Texas Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	The Union Station Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Vision Bank	Certificate of deposit	N/A	12/26/2025	4.162%	N/A	243,500	243,500
	Alerus Financial N.A.	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Alliance Bank Central Texas	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Armstrong Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	BankNorth	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Cadence Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Dakota Heritage Bank of North Dakota	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Dayspring Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	152,500	152,500
	EagleBank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	East West Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Exchange Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First Choice Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First Citizens National Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First National Bank of Pennsylvania	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First United Bank and Trust Company	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	First Western Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Gibsonland Bank & Trust Company	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	71,014	71,014
	Grand Savings Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Great Plains National Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	37,917	37,917
	INB	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	140,014	140,014
	Iowa Trust and Savings Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Journey Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Mainstreet Community Bank of Florida	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Peterfish, Skiles & Co.	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Platinum Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Presence Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Prevail Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Secuity Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	St. Louis Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Stellar Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	The Camden National Bank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	The Queenstown Bank of Maryland	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	TrustBank	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Two Rivers Bank & Trust	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	Waterford Bank, N.A.	Certificate of deposit	N/A	02/05/2026	4.162%	N/A	242,500	242,500
	42 North Private Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	American Bank and Trust Co.	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	American National Bank & Trust	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	BankNewport	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002

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

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

OCTOBER 31, 2025

Schedule H, Line 4i

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

		(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Brunswick State Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	\$ 201,307	\$ 201,307
	Cathay Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Central State Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Chambers Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	36,412	36,412
	CIBC Bank USA	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Classic Bank, National Association	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Commercial Capital Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Cross River Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	CS Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	D. L. Evans Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Equity Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Farmers Bank and Trust Company	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	First Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	235,538	235,538
	First Bank of the Lake	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	First Community Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	First-Citizens Bank & Trust Company	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	138,118	138,118
	Genesis Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Legacy Bank & Trust Company	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	26,716	26,716
	MainStreet Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Morton Community Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Pinnacle Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Reliance Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	River City Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Security First Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Southern Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Stearns Bank N.A.	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	United Fidelity Bank, fsb	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	West Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Western Alliance Bank	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Wilson Bank and Trust	Certificate of deposit	N/A	11/06/2025	4.402%	N/A	245,002	245,002
	Total interest bearing cash						34,114,557	34,114,557
	United States Treasury Note	U.S. Treasury security	N/A	12/15/2025	4.000%	1,740,000	1,721,382	1,740,035
	Total U.S. government securities						1,721,382	1,740,035
Line (13)	Exchange traded and mutual funds							
	BlackRock ETF TR II iShares AAA CLO Active ETF	Exchange traded fund	N/A	N/A	N/A	1,840	95,524	95,542
	BlackRock ETF TR II iShares Flexible Income Active ETF	Exchange traded fund	N/A	N/A	N/A	1,201	64,081	63,965
	iShares TR 7-10 YR TREAS BD ETF	Exchange traded fund	N/A	N/A	N/A	2,767	264,531	267,984
	iShares TR 1-3 YR TREAS BD ETF	Exchange traded fund	N/A	N/A	N/A	939	77,746	77,918
	iShares TR Broad USB INBD ETFVT GRADE CORP BD ETF	Exchange traded fund	N/A	N/A	N/A	904	46,669	47,153
	iShares TR 3-7 YR TREAS BD ETF	Exchange traded fund	N/A	N/A	N/A	1,829	217,733	219,023
	iShares TR Short Treas BD ETF	Exchange traded fund	N/A	N/A	N/A	1,409	155,561	155,680
	iShares TR 10+ YR INVT GRADE CORPORATE BD ETF	Exchange traded fund	N/A	N/A	N/A	1,853	93,289	95,300
	iShares TR AAA A RATED CORP BD ETF	Exchange traded fund	N/A	N/A	N/A	1,957	95,472	94,856
	iShares TR FLTG RATE NT ETF	Exchange traded fund	N/A	N/A	N/A	4,953	252,943	252,950
	iShares U S ETF TR INT RATE HEDGED CORPORATE BD ETF	Exchange traded fund	N/A	N/A	N/A	3,672	342,047	342,781
	iShares TR TREAS FLTG RATE BD ETF	Exchange traded fund	N/A	N/A	N/A	12,299	622,329	622,452
	iShares TR INVT GRADE SYSTEMATIC BD ETF	Exchange traded fund	N/A	N/A	N/A	16,039	730,897	737,233
	Total exchange traded and mutual funds						3,058,822	3,072,837
	Total assets (held at end of year)						\$ 38,894,761	\$ 38,927,422

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
STOP-LOSS RECEIVABLE	1,668,436.	882,826.
INTEREST AND DIVIDENDS RECEIVABLE	313,795.	395,580.
DUE FROM RELATED ORGANIZATIONS	15,142.	102,874.
TOTAL TO SCHEDULE H, LINE 1B(3)	1,997,373.	1,381,280.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 2
DESCRIPTION		AMOUNT
CLAIMS ADMINISTRATION FEES		1,449,800.
HOPE EMPLOYEE ASSISTANCE PROGRAM		74,481.
MEDICAL SERVICES REVIEW PROGRAM		62,008.
TOTAL TO SCHEDULE H, LINE 2E(3)		1,586,289.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
INSURANCE EXPENSE		27,461.
REIMBURSED ADMINISTRATIVE EXPENSES - LOCAL 3 UNION		101,602.
REIMBURSED ADMINISTRATIVE EXPENSES - LOCAL 3 PENSION SALES DIVISION		54,525.
FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT		15,383.
SALARIES REIMBURSED TO OTHER FUND		145,159.
OFFICE EXPENSE		1,564.
TOTAL TO SCHEDULE H, LINE 2I(11)		345,694.

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>11/01/2024</u> and ending <u>10/31/2025</u>	
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 LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 HEALTH AND WELFARE FUND - SALES DIVISION	1b Three-digit plan number (PN) ▶ <u>501</u> 1c Effective date of plan <u>11/01/1983</u>
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) TRUSTEES OF LIQUOR & ALLIED WORKER UNION LOCAL 3 HE 7716 MADISON STREET RIVER FOREST IL 60305	2b Employer Identification Number (EIN) <u>36-3265979</u> 2c Plan Sponsor's telephone number <u>312-243-4300</u> 2d Business code (see instructions) <u>424800</u>

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		<u>8/2/26</u>	PATRICK DUFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☐ Same as Plan Sponsor
BOARD OF TRUSTEES LIQUOR & ALLIED
UNION LOCAL 3 HEALTH & WELFARE SALE

7716 MADISON STREET
RIVER FOREST

IL 60305

3b Administrator's EIN
36-3265979

3c Administrator's telephone number
312-243-4300

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	2,186
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	2,172
a(2) Total number of active participants at the end of the plan year	6a(2)	2,023
b Retired or separated participants receiving benefits	6b	19
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,042
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	12

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ 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

- (1) ☐ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☒ **A** (Insurance Information) - Number Attached **4**
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED OCTOBER 31, 2025

Form 5500, Schedule H, Line 4j

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

(a) Identity of Party Involved	(b) Description of Assets (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Dreyfus Insured Deposits	\$ 4,575,578	N/A	N/A	N/A	\$ 4,575,578	\$ 4,575,578	\$ -
N/A	Dreyfus Insured Deposits	N/A	\$ 4,555,374	N/A	N/A	4,555,374	4,555,374	-