



<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  INSURANCE COMMITTEE OF THE ALABAMA PHARMACY ASSOCIATION  1211 CARMICHAEL WAY MONTGOMERY, AL 36106	<b>3b</b> Administrator's EIN 63-0003995																				
	<b>3c</b> Administrator's telephone number  																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 892																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr> <td><b>6a(1)</b></td> <td>892</td> </tr> <tr> <td><b>6a(2)</b></td> <td>804</td> </tr> <tr> <td><b>6b</b></td> <td>0</td> </tr> <tr> <td><b>6c</b></td> <td>0</td> </tr> <tr> <td><b>6d</b></td> <td>804</td> </tr> <tr> <td><b>6e</b></td> <td></td> </tr> <tr> <td><b>6f</b></td> <td></td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td></td> </tr> </table>	<b>6a(1)</b>	892	<b>6a(2)</b>	804	<b>6b</b>	0	<b>6c</b>	0	<b>6d</b>	804	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	892																				
<b>6a(2)</b>	804																				
<b>6b</b>	0																				
<b>6c</b>	0																				
<b>6d</b>	804																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**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 4B 4D 4E

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

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

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

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

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

**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 160542178

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ALABAMA PHARMACY ASSOCIATION HEALTH &amp; WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALABAMA PHARMACY ASSOCIATION</b>		<b>D</b> Employer Identification Number (EIN) <b>46-7360323</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS BLUE SHIELD OF ALABAMA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>63-0103830</b>	<b>55433</b>	<b>16000</b>	<b>804</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	8483271
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	8483271
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	7684022
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	87100
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	7771122
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	490009	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>	135732	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	149176	
(G) Other retention charges .....	<b>9c(1)(G)</b>	-5890	
(H) Total retention .....	<b>9c(1)(H)</b>		769027
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	655200
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ALABAMA PHARMACY ASSOCIATION HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALABAMA PHARMACY ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>46-7360323</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**USABLE LIFE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>71-0505232</b>	<b>94358</b>	<b>50012532</b>	<b>124</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>1136</b>	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**ABLE BENEFIT SOLUTIONS INC**  
**PO BOX 11407**  
**DEPT 2142**  
**BIRMINGHAM, AL 35246**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>1136</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	8171
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ALABAMA PHARMACY ASSOCIATION HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALABAMA PHARMACY ASSOCIATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>46-7360323</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**CANOPY INSURANCE CORP**

(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
87-1420345	17138	SBS0001017	4	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>166</b></p>	<p><b>(b)</b> Total amount of fees paid</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**CULVER, MILTON** **130 INVERNESS PLAZA**  
**BIRMINGHAM, AL 35242**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
166			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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	1660	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		1660
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	379	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		379
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	166	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	199	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>	27	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		392
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>ALABAMA PHARMACY ASSOCIATION HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALABAMA PHARMACY ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>46-7360323</b>	

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

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

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

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

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

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

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

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

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

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

APA SERVICE CORP.

1211 CARMICHAEL WAY  
MONTGOMERY, AL 36106

47-2068480

(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?
15	ADMINISTRATION	153411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOBBY GILES

(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?
70	LOBBYIST	36190	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALDIRDGE, BORDEN & COMPANY, PC

P.O. BOX 33  
MONTGOMERY, AL 36101

63-0781330

(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	CPA	2000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALABAMA PHARMACY ASSOCIATION HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALABAMA PHARMACY ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>46-7360323</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	196110	195918
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	7288	5723
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1325146	2506006
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1528544	2707647
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	134892	91993
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	67180	784998
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	202072	876991
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1326472	1830656

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	9234598	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9234598
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	74765	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(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)	
<b>c</b> Other income .....	2c	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	9309363

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	8503961
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	8503961
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	153411
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	2000
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	145807
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	301218
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	8805179

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	504184
<b>l</b> 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: **ALDRIDGE, BORDEN & COMPANY, PC**

(2) EIN: **63-0781330**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**2024 Financial Statements**

**Alabama Pharmacy  
Association Health and  
Welfare Plan**

Montgomery, Alabama



#### Partners

Rhonda L. Sibley, CPA, AEP®

Jeffrey T. Windham, CPA, ABV, CFF, CVA

B. David Chandler, CPA, CVA

Scott E. Grier, CPA, CVA

Corey R. Savoie, CPA

Jason A. Westbrook, CPA, CVA

Caterina A. Mozingo, CPA, PFS

Jessica L. Hudson, CPA

Amanda B. Hines, CPA

D. Joseph Mills, CPA

#### Principals

Melissa W. Hill, CPA

Callis C. Blake, CPA

## Independent Auditor's Report

To the Insurance Committee  
Alabama Pharmacy Association  
Health and Welfare Plan  
Montgomery, Alabama

### ***Opinion***

We have audited the accompanying financial statements of Alabama Pharmacy Association Health and Welfare Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.


In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits 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. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 74 Commerce Street, Montgomery, AL 36104  
P.O. Box 33, 36101-0033, Montgomery, AL

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

***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 Schedule H, Line 4i – Schedule of Assets (Held at Year End) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 auditing standards.

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

*Albridge, Borden and Company, P.C.*

Montgomery, Alabama  
September 30, 2025

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**Alabama Pharmacy Association Health and Welfare Plan**  
**Montgomery, Alabama**  
**December 31, 2024 and 2023**

**Index**

**Independent Auditor's Report**

**Statements of Net Assets Available for Benefits** **Page 1**

**Statements of Changes in Net Assets Available for Benefits** **Page 2**

**Notes to Financial Statements** **Page 3**

**Supplementary Information**

**Schedule H, Line 4i - Schedule of Assets (Held at Year End)** **Page 7**

## Statements of Net Assets Available for Benefits

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**Alabama Pharmacy Association Health and Welfare Plan**  
**Montgomery, Alabama**  
**As of December 31**

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments, at fair value:		
Cash and cash equivalents	\$ 2,506,006	\$ 1,325,146
Cash and cash equivalents	195,918	196,110
Accounts receivable	5,723	7,288
Prepaid premiums		704,125
<b>Total assets</b>	<b>2,707,647</b>	<b>2,232,669</b>
<b>Liabilities</b>		
Accounts payable - related party	91,993	134,892
Deferred participating employer contributions	784,998	771,305
<b>Total liabilities</b>	<b>876,991</b>	<b>906,197</b>
<b>Net assets available for benefits</b>	<b>\$ 1,830,656</b>	<b>\$ 1,326,472</b>

*The accompanying notes are an integral part of these financial statements.*

## Statements of Changes in Net Assets Available for Benefits

---

Alabama Pharmacy Association Health and Welfare Plan  
Montgomery, Alabama  
For the year ended December 31

	2024	2023
<b>Additions:</b>		
Participating employer contributions	\$ 9,234,598	\$ 9,897,561
Interest income	74,765	67,082
<b>Total additions</b>	<b>9,309,363</b>	<b>9,964,643</b>
<b>Deductions:</b>		
Benefits paid:		
Premiums paid	8,503,961	9,332,701
Plan expenses:		
Accounting and audit	2,000	18,000
Administrative fees	153,411	680,128
Advertising and sponsorship	80,750	46,200
Governmental affairs	36,190	55,440
Miscellaneous expense	5,048	11,579
Office expense	5,418	2,812
Rent	16,476	63,983
Travel expense	1,925	522
<b>Total deductions</b>	<b>8,805,179</b>	<b>10,211,365</b>
<b>Net increase (decrease)</b>	<b>504,184</b>	<b>(246,722)</b>
<b>Net assets available for benefits - beginning of year</b>	<b>1,326,472</b>	<b>1,573,194</b>
<b>Net assets available for benefits - end of year</b>	<b>\$ 1,830,656</b>	<b>\$ 1,326,472</b>

*The accompanying notes are an integral part of these financial statements.*

# Notes to Financial Statements

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## Alabama Pharmacy Association Health and Welfare Plan Montgomery, Alabama December 31, 2024 and 2023

### Note 1 - Description of the Plan

The following description of the Alabama Pharmacy Association Health and Welfare Plan (the Plan) provides only general information. Participants should refer to the Plan Summary and Trust Agreement for a complete description of the Plan's provisions. The Plan Summary includes the Benefit Options Summary applicable to each benefit offered by the Plan.

General - The Plan is a multiple employer welfare arrangement (MEWA) sponsored by the Alabama Pharmacy Association (the Association), a bona fide association of employers, and was established October 1, 2014 to provide a medical, dental, vision and group life/accidental death and dismemberment (AD&D) benefits plan for participating employers (members) of its sponsor, the Association. The Plan collects contributions from members and remits premiums to the appropriate insurance providers. Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974, as amended (ERISA).

Eligibility - Employers within the meaning of Section 3(5) of ERISA who are members of the Association and the Association itself (collectively, Employers) may offer the benefit options to their employees and other service providers.

Benefits - The Plan provides for medical, dental, vision, and group life/AD&D benefits for participants. Whether, when, and to what extent a participant or his/her dependent is entitled to a particular type of benefit depends on the specific benefits in question and the individual having satisfied all requirements pertaining to the benefit. The Plan document should be referred to for specific information regarding specific benefits. Current medical claims of active participants and their dependents and beneficiaries are provided under a group insurance contract with Blue Cross and Blue Shield (BCBS). Dental claims are provided under a group insurance contract with BCBS and Southland Benefit Solutions. Other benefits are provided under group insurance contracts with USABLE Life.

Insured Benefits - The Plan fully insures all benefits. The Plan purchases annual insurance contracts for these insured benefits. Premiums for all insured benefits are paid from the assets of the VEBA trust. The Plan has no liability for medical expenses that fall outside of the group insurance contracts.

Contributions - The Plan is funded by participating employer contributions at determined contribution rates specified in the Participating Employer Agreements between the Plan and the participating employers. Participants pay the full cost of all insurance programs based on the current group rate premium cost.

### Note 2 - Summary of Accounting Policies

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

Payment of benefits - Premiums paid by the Plan are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

Valuation of investments - The Plan's investments consist of interest-bearing cash and are stated at cost which approximates fair value. The interest rate on the Plan's investments at December 31, 2024 and 2023 was 2.65% and 4.00%, respectively.

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**Notes to Financial Statements (Continued)**  
**Alabama Pharmacy Association**  
**Health and Welfare Plan**  
**Montgomery, Alabama**  
**December 31, 2024 and 2023**

Note 2 - Summary of Accounting Policies (continued)

Cash and cash equivalents - The Plan considers all highly liquid investments with a maturity date of three months or less, when purchased, to be cash equivalents.

Leases - The Plan had one lease for the year ended December 31, 2023, which was an operating lease with a term of 12 months. The lease was not renewed for the year ended December 31, 2024 and continued month to month for three months. The Plan adopted the accounting provisions of ASC 842, Leases, prospectively as of January 1, 2022. The Plan elected the package of practical expedients not to reassess (a) whether existing contracts contain leases, (b) lease classification for existing leases, and (c) any initial direct cost for any existing leases. See Note 3 for further information regarding the lease.

Use of estimates - In preparing the financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent events - The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were available to be issued.

Note 3 - Related Party and Party in Interest Transactions

The Plan and related Trust are managed by the Association and operations are conducted in common facilities. Additionally, the Association's Insurance Committee serves as administrator of the Plan.

The Plan had a lease agreement with the Association for the year ended December 31, 2023. The Plan did not renew the lease for the year ended December 31, 2024. However, the Plan paid three months of rent for the year ended December 31, 2024. During the years ended December 31, 2024 and 2023, the Plan paid \$16,476 and \$63,983 to the Association in connection with the lease, respectively. As of December 31, 2024 and 2023, the Plan had no prepaid amounts associated with this agreement. The lease was considered an operating lease and rental expense is recognized when incurred.

The Plan had an Administrative Services Agreement (the Agreement) with APA Service Corp. for the years ended December 31, 2024 and 2023. APA Service Corp. is a wholly owned for-profit subsidiary of the Association. The Agreement provides for the administration of the Plan, including record-keeping and reporting obligations, among other responsibilities. During the years ended December 31, 2024 and 2023, the Plan paid \$153,411 and \$680,128 to APA Service Corp. in connection with the Agreement, respectively. As of December 31, 2024 and 2023, the Plan had amounts due to APA Service Corp. of \$91,994 and \$134,892, respectively.

Note 4 - Income Taxes

The VEBA trust funding certain benefits of the Plan received an exemption letter from the IRS dated December 5, 2016, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

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**Notes to Financial Statements (Continued)**  
**Alabama Pharmacy Association**  
**Health and Welfare Plan**  
**Montgomery, Alabama**  
**December 31, 2024 and 2023**

Note 4 - Income Taxes (Continued)

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

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 it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5 - Concentration of Risk

The Plan maintains cash balances in various financial institutions, which at times may exceed federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk with respect to cash and cash equivalents.

Note 6 - Termination of the Plan

Although it has not expressed any intention to do so, the Association has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Association or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 7 - Contingencies

The Plan is currently under audit from the Department of Labor for the years 2017 through 2022. No conclusion has been reached yet; however, there have been discussions concerning potential prohibited transactions. As of the date of the financial statements, an estimate of the amount of prohibited transactions is unable to be made for financial statement purposes.

## **Supplementary Information**

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

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Alabama Pharmacy Association Health and Welfare Plan

EIN 46-7360323, Plan 501

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
Servis1st Bank	Interest bearing cash - 2.65%	\$ 2,506,006	\$ 2,506,006	
<b>Total</b>		\$ 2,506,006	\$ 2,506,006	

*The accompanying notes are an integral part of these financial statements.*

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

<b>Part II Basic Plan Information—enter all requested information</b>							
<b>1a Name of plan</b> ALABAMA PHARMACY ASSOCIATION HEALTH & WELFARE PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b Three-digit plan number (PN) ▶</b></td> <td style="width:20%; text-align: center;">501</td> </tr> <tr> <td colspan="2"><b>1c Effective date of plan</b> 10/01/2014</td> </tr> </table>	<b>1b Three-digit plan number (PN) ▶</b>	501	<b>1c Effective date of plan</b> 10/01/2014			
<b>1b Three-digit plan number (PN) ▶</b>	501						
<b>1c Effective date of plan</b> 10/01/2014							
<b>2a Plan sponsor's name (employer, if for a single-employer plan)</b> 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) ALABAMA PHARMACY ASSOCIATION  1211 CARMICHAEL WAY  MONTGOMERY                      AL 36106	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>2b Employer Identification Number (EIN)</b></td> <td style="width:20%; text-align: center;">46-7360323</td> </tr> <tr> <td colspan="2"><b>2c Plan Sponsor's telephone number</b> 334-271-4222</td> </tr> <tr> <td colspan="2"><b>2d Business code (see instructions)</b> 446110</td> </tr> </table>	<b>2b Employer Identification Number (EIN)</b>	46-7360323	<b>2c Plan Sponsor's telephone number</b> 334-271-4222		<b>2d Business code (see instructions)</b> 446110	
<b>2b Employer Identification Number (EIN)</b>	46-7360323						
<b>2c Plan Sponsor's telephone number</b> 334-271-4222							
<b>2d Business code (see instructions)</b> 446110							

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

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

SIGN HERE		10-13-25	COLE SANDLIN
	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)

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  INSURANCE COMMITTEE OF THE ALABAMA PHARMACY ASSOCIATION  1211 CARMICHAEL WAY  MONTGOMERY AL 36106	<b>3b</b> Administrator's EIN 63-0003995 <b>3c</b> Administrator's telephone number _____
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN _____ <b>4d</b> PN _____
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	892
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	892
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	804
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....	<b>6d</b>	804
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e. ....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	

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

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

4A 4B 4D 4E

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

**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 3
- (4)  C (Service Provider Information)
- (5)  D (DFE/Participating Plan Information)
- (6)  G (Financial Transaction Schedules)

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

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

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

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

**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 000160542178

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**Multiple-Employer Plan Participating Employer Information**  
**Alabama Pharmacy Association Health and Welfare Plan**  
**EIN 46-7360323, Plan 501**  
**For the year ended December 31, 2024**

<b>Practice/Retiree</b>	<b>Amount Paid</b>	<b>EIN</b>	<b>Percent of Total Contributions</b>
AccuRx	\$ 89,913.61	45-2313324	0.96%
AB Anderson	\$ 12,810.52	47-5584903	0.14%
Adams Pharmacy & Home Infusion	\$ 22,770.00	72-1563010	0.24%
Addison Discount	\$ 34,163.44	63-1272617	0.37%
Alaco Discount Pharmacy	\$ 20,112.47	63-0682205	0.22%
Albertville Discount Pharmacy	\$ 52,391.47	63-0957525	0.56%
Alten Drugs	\$ 17,792.64	63-0668871	0.19%
Argo Pharmacy	\$ 15,708.72	46-2183902	0.17%
Armstead Pharmacy	\$ 29,907.67	82-1527242	0.32%
Ashley Drug Co.	\$ 30,958.80	20-0209540	0.33%
Athens Creekside Drugs	\$ 7,043.30	63-1255737	0.08%
Autuaga Pharmacy	\$ 1,248.83	45-2785658	0.01%
Bailey's Pharmacy	\$ 22,014.00	46-4341584	0.24%
Barry Latham Drugs	\$ 30,241.20	26-4126712	0.32%
Bayou Pharmacy	\$ 35,398.08	32-0292658	0.38%
Beauregard Drugs	\$ 18,594.60	45-2953659	0.20%
Bendall's Pharmacy	\$ 66,267.48	63-0807744	0.71%
Berry Discount Apothecary	\$ 33,975.66	81-1210056	0.36%
Big Bear Discount Drug	\$ 24,171.50	38-4052280	0.26%
Big C Discount Drugs	\$ 23,983.27	63-0782126	0.26%
Billy Poe	\$ 345.96	N/A	0.00%
Blair Pharmacy	\$ 17,959.32		0.19%
Blountsville Pharmacy	\$ 18,255.72	26-0887359	0.20%
Boaz Discount Pharmacy	\$ 19,549.14	63-0809664	0.21%
Boone's Pharmacy	\$ 23,723.52	81-3029412	0.25%
Borden Family Pharmacy	\$ 47,297.04	63-1231716	0.51%
Bowen Pharmacy	\$ 22,386.00	20-2087619	0.24%
Bracken Drugs	\$ 15,210.84	63-1252716	0.16%
Brooklere Pharmacy	\$ 36,082.13	63-1278571	0.39%
Brooklere Pharmacy	\$ 13,420.24	47-4720896	0.14%
Brooklere Pharmacy	\$ 20,271.99	37-1605995	0.22%
Brown Drug Co.	\$ 9,592.00	63-0658459	0.10%
Bryan Pharmacy	\$ 41,600.28	20-1693312	0.45%
Bryan Pharmacy	\$ 41,712.06	20-1693312	0.45%
Bryan Pharmacy	\$ 43,005.08	20-1693312	0.46%
Bubba's Medicine Shop	\$ 108,788.88	26-4439292	1.16%
Bunch Pharmacy	\$ 39,031.08	72-1397050	0.42%
Bynum Drug Company	\$ 15,249.84	63-0746521	0.16%
B & B Pharmacy	\$ 10,283.08	63-0960796	0.11%
C & H Discount Discount Drug	\$ 73,093.18	63-1027325	0.78%
C & M Vital Care	\$ 1,876.50	63-1054472	0.02%
Camp Drugs	\$ 30,506.28	20-5156206	0.33%
Carroll Total Care Pharmacy	\$ 29,918.29	63-1138122	0.32%
Carrollton Drugs	\$ 12,490.72	26-2394798	0.13%

<b>Practice/Retiree</b>	<b>Amount Paid</b>	<b>EIN</b>	<b>Percent of Total Contributions</b>
Carter Drug Co.	\$ 33,663.28	63-0902551	0.36%
Central Heights Pharmacy	\$ 1,022.16	63-1215755	0.01%
Chad's Payless Pharmacy	\$ 55,597.36	20-2187752	0.59%
Charles Bedgood	\$ 549.96	N/A	0.01%
Charles Stover	\$ 702.36	N/A	0.01%
Chase Pharmacy	\$ 40,830.46	61-1489133	0.44%
Citronelle Drug	\$ 15,981.60	63-0372538	0.17%
City Drug	\$ 25,859.04	81-3029412	0.28%
Clayton Drugs	\$ 22,448.64	63-1205021	0.24%
Cleveland Discount Pharmacy	\$ 41,827.44	26-2852644	0.45%
Connor & McConaghy	\$ 64,069.49	63-0701196	0.69%
Conwells Pharmacy	\$ 32,636.64	63-1232199	0.35%
Corporate Pharmacy Services	\$ 98,282.10	63-1040950	1.05%
CPT	\$ 70,054.85	20-8987045	0.75%
Crestline Pharmacy	\$ 25,943.40	85-0503891	0.28%
Crossroad Pharmacy	\$ 23,422.14	26-3879738	0.25%
Crowell Family Pharmacy	\$ 35,837.28	27-1366612	0.38%
Curry Discout Pharmacy	\$ 15,158.64	61-152084	0.16%
D & L Pharmacy	\$ 15,805.20	63-5872477	0.17%
Dallas Avenue Pharmacy	\$ 15,981.60	63-0658459	0.17%
Dalton Ave Pharmacy	\$ 7,338.00	63-1265316	0.08%
Dalton Ave Pharmacy	\$ 7,506.00	63-1265316	0.08%
Dalton Ave Pharmacy	\$ 9,888.96	63-1265316	0.11%
Dalton Pharmacy Trasher	\$ 4,729.44	47-3471475	0.05%
Darby Village Pharmacy	\$ 55,299.76	63-1187711	0.59%
Davis Drugs	\$ 5,859.63		0.06%
Dawes Pointe Pharmacy	\$ 23,311.20	46-1998107	0.25%
Deans Drugs	\$ 63,385.44	63-0653583	0.68%
Debbie's Drugs	\$ 15,425.08	45-4446863	0.17%
Deuel Drug Store	\$ 6,996.11		0.07%
Doctors Center Pharmacy	\$ 99,858.76	63-1204626	1.07%
Double Oak Mountain Pharmacy	\$ 29,943.24	45-3966341	0.32%
Double Springs Pharmacy	\$ 6,992.04	81-3561702	0.07%
Douglas Pharmacy	\$ 32,873.04	63-1166533	0.35%
Downey Drug	\$ 20,596.14	82-0693717	0.22%
Downey Medical	\$ 17,792.64	48-1269646	0.19%
Downey Medical	\$ 21,847.14	48-1269647	0.23%
Drug Research	\$ 24,187.80	63-1069624	0.26%
Durham Pharmacy	\$ 34,563.24	63-0983059	0.37%
East Tallasse Pharmacy	\$ 28,272.72	26-4439292	0.30%
Eastern Shore Pharmacy	\$ 25,871.52	82-0593729	0.28%
Eastside Pharmacy	\$ 5,004.00	20-5487059	0.05%
Ed Holcombe Pharmacy	\$ 15,272.40	63-1086447	0.16%
Elberta Pharmacy	\$ 168.00	45-0488726	0.00%
Express Meds	\$ 80.00	45-1194970	0.00%
Fairfax Drug Company	\$ 1,908.24	63-1022573	0.02%
Family Medical Services	\$ 184,950.00	63-0397832	1.98%
Five Points Pharmacy	\$ 8,210.40	20-0197976	0.09%
Ford City Pharmacy	\$ 14,051.86	83-1535078	0.15%

<b>Practice/Retiree</b>	<b>Amount Paid</b>	<b>EIN</b>	<b>Percent of Total Contributions</b>
Fort Williams Pharmacy	\$ 76,025.76	26-4688500	0.81%
Fred's Pharmacy	\$ 17,611.32	46-3044581	0.19%
Frisco City Pharmacy	\$ 17,468.64	30-0601482	0.19%
Gadsden City Pharmacy	\$ 23,243.73	20-1420253	0.25%
Gen Specialty Pharmacy	\$ 1,223.00		0.01%
Gentry Drugs	\$ 16,571.76	27-4091948	0.18%
Gentry Pharmacy	\$ 17,792.64	27-4724690	0.19%
Gibson Discount Pharmacy	\$ 27,002.04	63-0859804	0.29%
Glover Drug Urgent Care	\$ 31,565.02	27-1540211	0.34%
Grand Bay Pharmacy	\$ 18,452.64	27-3080780	0.20%
Grant Pharmacy	\$ 194,053.70	63-0664509	2.08%
Green Valley Drugs	\$ 5,571.90	63-0436810	0.06%
Greene Super Drug	\$ 17,468.64	20-3870440	0.19%
Gross Drugs	\$ 30,132.00	20-3552037	0.32%
Gulf Shores Family Pharmacy	\$ 9,220.44	45-4961918	0.10%
Hackleburg Pharmacy	\$ 39,276.60	45-4561874	0.42%
Haiston Drug Co.	\$ 18,045.24	20-4950151	0.19%
Hanceville Drug Co	\$ 31,921.32	81-4401534	0.34%
Haralson Drug Co.	\$ 54,111.24	72-1395274	0.58%
Harbin's Pharmacy	\$ 58,070.37	63-0524174	0.62%
Harrison Drugs	\$ 21,965.88	63-1104388	0.24%
Hayden Pharmacy	\$ 26,305.32	86-1071895	0.28%
Hayes Pharmacy	\$ 4,170.23	82-3774902	0.04%
Haymond Drugs	\$ 17,468.64	00-7895431	0.19%
Hazelgreen Pharmacy	\$ 41,453.52	83-0362786	0.44%
Health Clinic Pharmacy	\$ 6,992.04	45-4932988	0.07%
Hokes Bluff Drug Shop	\$ 30,756.04	63-1254067	0.33%
Hometown Pharmacy	\$ 14,862.84	26-3011786	0.16%
Hospital Discount Pharmacy	\$ 59,081.02	01-0828651	0.63%
Hubbard Pharmacy	\$ 6,992.04		0.07%
Hughes Pharmacy	\$ 26,560.80	63-0795502	0.28%
Interlink Apothecary	\$ 15,872.76	63-0658459	0.17%
IPS	\$ 675,147.78	84-1626831	7.23%
J & M Pharmacy	\$ 35,953.68	26-1381289	0.38%
Jack's Discount Drug	\$ 78,297.60	63-1124776	0.84%
Jackson Drugs	\$ 18,375.31	63-0646257	0.20%
James Herring	\$ 420.00	N/A	0.00%
James Pruitt	\$ 37.44	N/A	0.00%
Jann's Pharmacy	\$ 7,506.00	47-1648019	0.08%
Jim's Pharmacy at the Lake	\$ 26,154.84	35-2552127	0.28%
Jones Drugs	\$ 32,426.04	20-1112500	0.35%
Johnson's RX	\$ 16,932.72	26-0728690	0.18%
Joseph Moore	\$ 37.44	N/A	0.00%
Ken Glover Drug	\$ 138,045.59	418-21-3530	1.48%
Kilpatrick Pharmacy	\$ 18,275.40	82-1060584	0.20%
Klein Drug Shoppe	\$ 37,130.00	63-1026727	0.40%
Lafayette Pharmacy	\$ 26,128.44	63-0836131	0.28%
Lakeshore Pharmacy	\$ 17,861.04	63-1124311	0.19%
Larry Hood	\$ 345.96	N/A	0.00%

<b>Practice/Retiree</b>	<b>Amount Paid</b>	<b>EIN</b>	<b>Percent of Total Contributions</b>
Larry's Prescriptions	\$ 40,655.04	63-0972583	0.44%
Latham's Pharmacy	\$ 43,806.24	20-3559701	0.47%
Lee Drug Store	\$ 133,282.80	63-0772573	1.43%
Limestone Drugs	\$ 35,667.84	83-0362786	0.38%
Lincoln Pharmacy	\$ 35,261.28	63-1201571	0.38%
Little Drug Co	\$ 17,468.64	43-2034729	0.19%
Locust Fork Pharmacy	\$ 25,298.64	46-2183902	0.27%
Logan Pharmacy	\$ 24,677.90	47-5669439	0.26%
Lowry Drugs & Gifts	\$ 3,481.38	20-0548427	0.04%
Lumpkin Drugs	\$ 9,119.60	55-0836902	0.10%
Mac's Drugs	\$ 7,338.00	63-1023942	0.08%
Madison Drugs	\$ 44,628.73	63-1026357	0.48%
Majors Discount	\$ 7,406.40	63-1107389	0.08%
Marble City Pharmacy	\$ 90,474.24	26-0057535	0.97%
Margaret Pharmacy	\$ 22,718.40	47-4772067	0.24%
Martin Colley Drug	\$ 15,633.60	63-1186664	0.17%
Martin Family Care	\$ 33,700.92	46-1665111	0.36%
Martins Pharmacy	\$ 156,151.28	72-1346550	1.67%
McConaghy Drugs	\$ 26,585.30	63-0701196	0.28%
McSwains Pharmacy	\$ 68,687.52	81-2551367	0.74%
Medical Arts Drugs	\$ 17,792.64	47-2004956	0.19%
Medical Arts Pharmacy	\$ 16,446.48	63-0887811	0.18%
Medical Center Pharmacy	\$ 103,789.26	47-5632377	1.11%
Medical Center Pharmacy	\$ 5,911.32	47-5632377	0.06%
Medical Center Pharmacy	\$ 37.44	63-1073516	0.00%
Medication Management	\$ 10,930.80	45-4607483	0.12%
Med- Jones Drugs	\$ 23,639.28		0.25%
Medicine for Less	\$ 15,303.84	63-0984272	0.16%
Medicine Shoppe 1727	\$ 17,792.64	45-4182463	0.19%
Medicine Shoppe Decatur	\$ 25,836.92	63-0929875	0.28%
Medicine Shoppe Prattville - 620	\$ 53,950.32	20-1112500	0.58%
MedLogic	\$ 52,851.84	84-4458600	0.57%
Medlogic	\$ 133,047.01	64-0920568	1.42%
MedLogic	\$ 61,217.96	84-4458600	0.66%
Medlogic	\$ 46,432.75	87-4530672	0.50%
Midtown Pharmacy	\$ 16,199.68	84-2372053	0.17%
Mill Street Pharmacy	\$ 14,497.54	47-2543633	0.16%
Moultie Pharmacy Cado	\$ 13,525.52	46-0749816	0.14%
Moultie Pharmacy Cado	\$ 18,426.60	46-0749817	0.20%
Nelms Pharmacy	\$ 17,792.64	46-1583511	0.19%
North AL Infusion & Compounding	\$ 1,050.36	63-1030019	0.01%
North Alabama Radio Pharmacy	\$ 69,516.03	63-1030019	0.74%
North Baldwin Family Pharmacy	\$ 36,628.08	63-1181193	0.39%
North Jackson Pharmacy	\$ 33,065.86	30-0144499	0.35%
Northgate of the Shoals	\$ 18,289.34	46-3210555	0.20%
Northport Pharmacy	\$ 51,168.07	63-1020618	0.55%
Oden Shirey Drugs	\$ 30,135.84	63-0500635	0.32%
Opelika Medical Arts	\$ 14,844.00	63-1058275	0.16%
Opp Pharmacy	\$ 16,388.61	63-0786872	0.18%

<b>Practice/Retiree</b>	<b>Amount Paid</b>	<b>EIN</b>	<b>Percent of Total Contributions</b>
Ozanam Pharmacy	\$ 865.92	72-1386236	0.01%
Ozelle Hubert	\$ 205.44	N/A	0.00%
Parks Pharmacy	\$ 25,902.72	57-0406658	0.28%
Parks Pharmacy #4	\$ 24,974.64	26-0378863	0.27%
Parkway Pharmacy	\$ 48,201.84	63-0781536	0.52%
Patterson Pharmacy	\$ 17,537.04	63-0507400	0.19%
Payless Drugs	\$ 3,669.00		0.04%
Peoples Drugs	\$ 7,474.80	63-1108029	0.08%
Pharmacare	\$ 213,287.58	63-0513633	2.28%
Pharmacy Care Associates	\$ 694,912.17	63-1237959	7.44%
Pharmacy First	\$ 22,292.17	26-1637934	0.24%
Pharmacy Services of Mobile	\$ 51,059.46	46-3543339	0.55%
Pharmacy Vital Care	\$ 7,338.00	20-3613865	0.08%
Pharmbest Drug	\$ 292.65	42-1509800	0.00%
Phil Campbell Drugs	\$ 5,004.00	63-0900486	0.05%
Pill Box Pharmacy	\$ 177,380.76	63-0502107	1.90%
Pisgah Pharmacy	\$ 12,523.32		0.13%
Priceville Pharmacy	\$ 33,102.24	45-5557846	0.35%
Professional Pharmacy	\$ 6,992.04	63-0714304	0.07%
Pure Life Pharmacy	\$ 86,347.81	46-5480766	0.92%
R & R Drugs	\$ 314.12	63-0877195	0.00%
Ragland Pharmacy	\$ 16,012.92	45-3859106	0.17%
Rainsville Drug	\$ 2,847.74	63-1084911	0.03%
Redmont Pharmacy	\$ 39,168.78	63-0853816	0.42%
Remedies Pharmacy	\$ 17,929.44	82-2456001	0.19%
Rick Stephens	\$ 1,626.00	N/A	0.02%
Rick's Discount Pharmacy	\$ 17,792.64	63-0702458	0.19%
Rocky Ridge Drugs	\$ 85.66	81-9570838	0.00%
Sam Glover Drug	\$ 52,647.88	26-3731072	0.56%
Saraland Pharmacy	\$ 30,354.98	47-2962101	0.32%
Scottsboro Family Pharmacy	\$ 74,869.94	20-1828666	0.80%
Section Pharmacy	\$ 54,286.74	63-1169073	0.58%
Semmes Pharmacy	\$ 31,676.31	28-4990047	0.34%
Snider's Discount Pharmacy	\$ 17,537.04	20-5536857	0.19%
Southeast Apothecary	\$ 45,332.78	63-1004013	0.49%
Southeast Apothecary Opelika	\$ 36,089.28	63-1237562	0.39%
Southeast Pharmaceuticals	\$ 29,342.04	63-1134860	0.31%
Southern Specialty Consultants	\$ 3,351.00	45-5597115	0.04%
Southside Family Pharmacy	\$ 26,843.64	46-0633514	0.29%
Specialty Pharmacy	\$ 63,515.32	45-5586455	0.68%
Spring View Drugs	\$ 1,234.40	13-4210290	0.01%
St. Clair Pharmacy	\$ 7,506.00	1000-03195	0.08%
St. Florian Pharmacy	\$ 6,606.60	46-1346606	0.07%
Stacey Drugs	\$ 7,895.04	87-0691985	0.08%
Street Pharmacy	\$ 15,913.20	85-2355350	0.17%
Sure-Sav Pharmacy	\$ 37,241.28	63-1235328	0.40%
Sure-Save Pharmacy 2	\$ 48,679.04	46-5573279	0.52%
Sylacauga Pharmacy	\$ 15,518.64	83-1440024	0.17%
Sylvania Pharmacy	\$ 4,892.00	45-3437866	0.05%

<b>Practice/Retiree</b>	<b>Amount Paid</b>	<b>EIN</b>	<b>Percent of Total Contributions</b>
T & C Pharmacy	\$ 32,895.72	63-1046891	0.35%
The Apothecary	\$ 6,013.32	26-4439292	0.06%
The Compounding Shoppe	\$ 81,707.44	63-1140156	0.87%
The Drug Store	\$ 942.36	63-0904045	0.01%
The Drug Store - Auburn	\$ 14,862.84	63-1265316	0.16%
The Pill Box Albertville	\$ 7,338.00	81-2677088	0.08%
Three Notch Family Pharmacy	\$ 30,071.28	45-4082443	0.32%
Town & Country Pharmacy	\$ 33,915.12	63-1182212	0.36%
Transdermal Therapeutics	\$ 63,654.18	30-0641048	0.68%
Trinity Discount	\$ 44,406.24	46-0749816	0.48%
Tuscaloosa Drug	\$ 48,285.87	45-5613988	0.52%
Valley Pharmacy & DME	\$ 31,329.96	45-5179267	0.34%
Vickers Pharmacy	\$ 513.96	20-4555525	0.01%
Village Pharmacy - Gardendale	\$ 43,721.40	83-3178806	0.47%
Walt's Family Pharmacy	\$ 28,081.68		0.30%
Warrior Pharmacy	\$ 28,702.44	63-0519400	0.31%
Watson Pharmacy	\$ 5,503.50	45-4900232	0.06%
Weldon Pharmacy	\$ 21,148.80	63-0415340	0.23%
Whitaker Drug	\$ 45,774.49	81-4455418	0.49%
Winfield Drugs	\$ 31,459.47	80-0238882	0.34%
Woodstock Drug	\$ 8,609.72	86-1092597	0.09%

Report Total

100.00%

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

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Alabama Pharmacy Association Health and Welfare Plan

EIN 46-7360323, Plan 501

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
Servis1st Bank	Interest bearing cash - 2.65%	\$ 2,506,006	\$ 2,506,006	
<b>Total</b>		\$ 2,506,006	\$ 2,506,006	

*The accompanying notes are an integral part of these financial statements.*