

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON DC HEALTH AND WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/25/1965
2a Plan sponsor's name (employer, if for a single-employer plan): STONE AND MARBLE MASONS OF METRO WASHING FD
2b Employer Identification Number (EIN): 52-6038514
2c Plan Sponsor's telephone number: 410-872-9500
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Scott Garvin (11/13/2025) and Manuel Seara (11/12/2025).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<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>	269
<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.....	<b>6a(1)</b>	201
	<b>6a(2)</b>	197
	<b>6b</b>	68
	<b>6c</b>	
	<b>6d</b>	265
	<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>	17

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

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

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

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

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

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;"><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 **02/01/2024** and ending **01/31/2025**

<p><b>A</b> Name of plan <b>STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON DC HEALTH AND WELFARE FUND</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>STONE AND MARBLE MASONS OF METRO WASHING FD</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>52-6038514</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  
**CAREFIRST OF MARYLAND, INC.**

(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
52-1385894	47058	67007	113	02/01/2024	01/31/2025

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

<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>	<b>0</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>	<b>0</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>	

**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>	633801	
	(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>		633801
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	618055	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		618055
	(4) Claims charged .....	<b>9b(4)</b>		618055
<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>	15740	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>	6	
	(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>		15746
	(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 **02/01/2024** and ending **01/31/2025**

<b>A</b> Name of plan <b>STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON DC HEALTH AND WELFARE FUND</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>STONE AND MARBLE MASONS OF METRO WASHING FD</b>	<b>D</b> Employer Identification Number (EIN) <b>52-6038514</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

**CARILLON CHARTWELL HIGH YIELD FUND**                      **880 CARILLON PARKWAY**  
**ST. PETERSBURG, FL 33716**

**(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)

CARDAY ASSOCIATES, INC.

53-0257019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	189649	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)

BOLTON PARTNERS, INC.

52-1231144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	30000	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)

MOONEY, GREEN, SAINDON, MURPHY, &

52-1958229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEGAL BRYANT & HAMILL LLC

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	14871	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14459	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)

CAREFIRST BLUE CROSS BLUE SHIELD

52-1385894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 73	NONE	14456	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

NCAS

1501 S. CLINTON ST. 7TH FLOOR  
BALTIMORE, MD 21224

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	8649	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)

AMERICAN HEALTH HOLDING, INC.

31-1368946

(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 99 50	NONE	8609	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

<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>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>02/01/2024</b> and ending <b>01/31/2025</b>	
<b>A</b> Name of plan <b>STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON DC HEALTH AND WELFARE FUND</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>STONE AND MARBLE MASONS OF METRO WASHING FD</b>	<b>D</b> Employer Identification Number (EIN) <b>52-6038514</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>	693597	1099636
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	157822	226369
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	308365	226490
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	50933	118894
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2282805	2090043
<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>	2567098	2693679
<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>	988519	988273
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	1324586	1245817
<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>	2184317	2123922
<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>	234852	183741

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	10792894	10996864
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	372894	274866
<b>h</b> Operating payables.....	<b>1h</b>	44739	40534
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	498066	309943
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	915699	625343
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9877195	10371521

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2548460	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	229803	
<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>		2778263
<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>	179448	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	66721	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	104665	
<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>	5822	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		356656
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	10390	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	7812	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		18202
<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>	3638484	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3614286	
<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>		24198
<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>	-1578	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-1578

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		10651
<b>c</b> Other income .....	<b>2c</b>		24781
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3211173

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2329118	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	8672	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2337790
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	189649	
(3) Recordkeeping fees .....	<b>2i(3)</b>	630	
(4) IQPA audit fees .....	<b>2i(4)</b>	13829	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	17855	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	2920	
(7) Actuarial fees .....	<b>2i(7)</b>	30000	
(8) Legal fees .....	<b>2i(8)</b>	46651	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	16450	
(11) Other expenses .....	<b>2i(11)</b>	61073	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		379057
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2716847

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		494326
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

**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		1000000
<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		1245817
<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.		X	

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

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

<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 \_\_\_\_\_.

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

FINANCIAL STATEMENTS

JANUARY 31, 2025

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION**

**JANUARY 31, 2025**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Stone and Marble Masons of Metropolitan Washington, D.C.  
Health and Welfare Trust Fund

### Opinion

We have audited the financial statements of the Stone and Marble Masons of Metropolitan Washington, D.C. Health and Welfare Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of January 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

### **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses, Schedule of Assets Held at End of Year, and the Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity 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.

*Novak Francella LLC*

Columbia, Maryland  
November 13, 2025

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

JANUARY 31, 2025 AND 2024

	2025	2024
<b>ASSETS</b>		
<b>INVESTMENTS - at fair value</b>		
Common stock	\$ 988,273	\$ 988,519
Corporate obligations	2,693,679	2,567,098
Limited partnership	1,245,817	1,324,586
Municipal obligations	183,491	234,852
Mutual fund	2,123,922	2,184,317
Short-term investment	118,894	50,933
United States Government and Government Agency obligations	2,090,043	2,282,805
Total investments	9,444,119	9,633,110
<b>RECEIVABLES</b>		
Employer contributions	226,369	157,822
Interest and dividends	56,144	48,042
Prescription rebates	163,844	253,731
Other	250	-
Total receivables	446,607	459,595
<b>CASH</b>	1,099,636	693,597
<b>PREPAID EXPENSES</b>	6,502	6,592
Total assets	10,996,864	10,792,894
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Accounts payable	40,534	44,739
Due to broker - investments purchased	-	4,982
Due to related parties	168,897	265,463
Due to other entities	99,169	180,883
Deferred revenue	34,769	34,268
Reciprocities payable	7,108	12,470
Total liabilities	350,477	542,805
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 10,646,387	\$ 10,250,089

See accompanying notes to financial statements.

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

YEARS ENDED JANUARY 31, 2025 AND 2024

	2025	2024
<b>ADDITIONS</b>		
Investment income		
Net appreciation in fair value of investments	\$ 33,271	\$ 42,038
Interest and dividends	374,858	321,946
	408,129	363,984
Less: investment expenses	(18,575)	(25,904)
Investment income - net	389,554	338,080
 Contributions		
Employer contributions - net of reciprocity of (\$35,963) and (\$101,140), in 2025 and 2024, respectively.	2,548,460	2,828,105
Participants	229,803	215,953
Total contributions	2,778,263	3,044,058
 Other income	24,781	-
Total additions	3,192,598	3,382,138
 <b>DEDUCTIONS</b>		
Benefits paid to or for participants		
Medical	2,022,628	2,681,173
Prescription - net	404,518	450,236
Dental service provider premiums	8,672	9,392
Total benefits	2,435,818	3,140,801
Fees mandated by ACA	1,506	1,473
Administrative expenses	358,976	378,101
Total deductions	2,796,300	3,520,375
 NET INCREASE (DECREASE)	396,298	(138,237)
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	10,250,089	10,388,326
End of year	\$ 10,646,387	\$ 10,250,089

See accompanying notes to financial statements.

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF BENEFIT OBLIGATIONS**

JANUARY 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR		
PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims payable and claims incurred but not reported	\$ 274,866	\$ 372,894
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGES - at estimated amounts		
Accumulated eligibility credits	938,612	1,534,999
POSTRETIREMENT BENEFIT OBLIGATIONS - net of amounts currently payable		
Current retirees	27,286,435	15,705,805
Other participants fully eligible	12,273,250	6,905,193
Other participants not fully eligible	19,587,911	13,895,070
	59,147,596	36,506,068
Total benefit obligations	\$ 60,361,074	\$ 38,413,961

See accompanying notes to financial statements.

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

YEARS ENDED JANUARY 31, 2025 AND 2024

	2025	2024
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR</b>		
<b>PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Balance at beginning of year	\$ 372,894	\$ 448,505
Claims reported and approved for payment	(2,533,846)	(3,216,412)
Claims and premiums paid (including disability)	2,435,818	3,140,801
Balance at end of year	274,866	372,894
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGES -</b>		
at estimated amounts		
Balance at beginning of year	1,534,999	1,037,900
Net change during year	(596,387)	497,099
Balance at end of year	938,612	1,534,999
<b>POSTRETIREMENT BENEFIT OBLIGATIONS -</b>		
net of amounts currently payable		
Balance at beginning of year	36,506,068	15,528,681
Increase (decrease) during the year attributable to:		
Passage of time	1,762,881	719,083
Change due to loss	738,232	2,486,733
Benefits paid	(1,366,081)	(780,196)
Change in actuarial basis	20,216,235	18,551,767
Change in benefit accumulation	1,290,261	-
Balance at end of year	59,147,596	36,506,068
Total benefit obligations	\$ 60,361,074	\$ 38,413,961

See accompanying notes to financial statements.

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS**

JANUARY 31, 2025 AND 2024

**NOTE 1. DESCRIPTION OF THE PLAN**

The following brief description of the Stone and Marble Masons of Metropolitan Washington, D.C. Health and Welfare Trust Fund (the Plan), provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

**General** - The Plan covers participants and their dependents who are within the jurisdiction of the former Stone and Marble Masons' Union No. 2 of Bricklayers and Allied Craftsmen International Union of Washington, D.C., which has since merged with the Bricklayers and Allied Craftsmen Local No. 1 (the Union) and employed by participating employers who are subject to the Agreement and Declaration of Trust and certain other employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees oversees governance of the Plan.

**Benefits** - The Plan provides health, dental, vision, prescription drug, and accident and sickness benefits for eligible participants and their dependents. Retired participants are entitled to similar benefits, except for accident and sickness benefits and any charge covered by Medicare. The Plan also provides continuation of certain benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

**Eligibility** - Participants become eligible provided they have worked a minimum of 750 hours for a contributing employer in any 6 consecutive months. Participants can also become eligible even if they do not work a minimum of 750 minimum hours in 6 consecutive months, as long as they have worked a minimum of 950 hours in 12 consecutive months. Once eligible, participants maintain coverage provided they work for a contributing employer a minimum of 950 hours during the 12 consecutive months preceding the first of each month.

Generally covered employees who are about to lose their eligibility may maintain eligibility, for a period not to exceed 12 months, for all benefits by making personal contributions to the Plan. Also, employees who have left covered employment may maintain their eligibility in accordance with COBRA regulations.

An active participant who retires under either the Federal Social Security Laws or the Stone and Marble Masons of Metropolitan Washington, D.C. Pension Trust Fund and is eligible under the Plan at time of retirement and has been eligible under the Plan for at least five (5) of the ten (10) years immediately preceding his/her retirement and submits sufficient evidence that he/she meets the above criterion will continue to participate in the Plan except for the weekly accident and sickness benefit and any charge covered by Medicare. The Plan will not pay any expenses for benefits available under Medicare, whether or not the individual elects Medicare coverage.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of Accounting** - The financial statements are prepared using the accrual basis of accounting.

**Investment Valuation and Income Recognition** - Investments in common stock and mutual fund are carried at fair value or net asset value of the fund which generally represents quoted market prices at the last business day of the Plan year. Certain United States Government and Government Agency obligations are carried at fair value as of the last business day of the Plan's year as reported by the investment manager or as provided by the custodial bank based on valuations maximizing the use of observable inputs for similar securities with similar credit ratings. The investments in corporate obligations, municipal obligations and certain United States Government and Government Agency obligations are carried at estimated fair value as reported by the investment manager or as provided by the custodial bank. Short-term investment is carried at cost which approximates fair value. The limited partnership is carried at estimated fair value as provided by the sponsor of the investment.

Purchases and sales of investments are recorded on a trade-date basis. Interest and dividends are recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**Funding Policy and Revenue Recognition** - Participating employers contribute to the Plan in accordance with Collective Bargaining Agreements with the Bricklayers and Allied Craftmen Local No. 1. Under certain circumstances, employees may contribute to the Plan to maintain eligibility for benefits. Benefits are provided by employer and employee contributions and any income earned from investment of contributions. All monies are used exclusively for providing benefits and paying of all expenses incurred with respect to the operations of the Plan.

Employers' contributions receivable represents amounts due under the term of collective bargaining agreements. Employer contributions are recorded in the period in which the hours giving rise to the contribution are worked. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

**Estimates** - The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Benefit Obligations** - Benefit obligations include the Plan's liability for health claims incurred as of January 31, 2025 and 2024, and paid subsequent to year-end, including claims incurred but not reported. The Plan's liabilities for claims incurred but not reported is based on actual claims incurred subsequent to year end. Benefit obligations at January 31, 2025 and 2024, for accumulated eligibility credits have been estimated based on the latest data and past experience of the Plan. Accumulated eligibility credits are amounts needed to cover eligibility earned by active members but not yet provided as of the end of the period, commonly due to the lag between hours worked and eligibility for benefits. Postretirement benefit obligations were estimated by the Plan's actuary.

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Payment of Benefits** - Claim payments are recorded when paid by a third-party claims' processor. Premiums paid by third-party claims administrators are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

**Rebates** - The Plan receives rebates related to prescription drugs which are recorded when earned. Rebates received subsequent to year-end for coverage during the year are recorded in receivables on the statements of net assets available for benefits, with the offset being netted against claims paid. For the years ending January 31, 2025 and 2024, rebates totaling \$314,718 and \$383,116, respectively, have been netted against prescription in the accompanying statements of changes in net assets available for benefits.

## **NOTE 3. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

### **Basis of Fair Value Measurement:**

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

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

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

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

**NOTE 3. FAIR VALUE MEASUREMENTS (continued)**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended January 31, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

There have been no changes in valuation methodologies used at January 31, 2025 and 2024.

	Fair Value Measurements at January 31, 2025			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 988,273	\$ 988,273	\$ -	\$ -
Corporate obligations	2,693,679	-	2,693,679	-
Municipal obligations	183,491	-	183,491	-
Mutual fund	2,123,922	2,123,922	-	-
Short-term investment	118,894	118,894	-	-
United States Government and Government Agency obligations	2,090,043	1,232,040	858,003	-
Total assets in the fair value hierarchy	8,198,302	\$ 4,463,129	\$ 3,735,173	\$ -
Investment measured at NAV	1,245,817			
Total investments	\$ 9,444,119			

	Fair Value Measurements at January 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 988,519	\$ 988,519	\$ -	\$ -
Corporate obligations	2,567,098	-	2,567,098	-
Municipal obligations	234,852	-	234,852	-
Mutual fund	2,184,317	2,184,317	-	-
Short-term investment	50,933	50,933	-	-
United States Government and Government Agency obligations	2,282,805	1,230,361	1,052,444	-
Total assets in the fair value hierarchy	8,308,524	\$ 4,454,130	\$ 3,854,394	\$ -
Investment measured at NAV	1,324,586			
Total investments	\$ 9,633,110			

In accordance with ASC 820-10, investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**NOTE 3. FAIR VALUE MEASUREMENTS (continued)**

The unfunded commitments and redemption information for the investment, as of January 31, 2025 and 2024, are as follows:

	<u>2025</u> Fair Value	<u>2024</u> Fair Value	<u>Unfunded</u> Commitments	<u>Redemption</u> Frequency	<u>Redemption</u> Notice Period
Limited partnership:					
Boyd Watterson GSA Fund LP	<u>\$ 1,245,817</u>	<u>\$ 1,324,586</u>	<u>\$ -</u>	Quarterly	60 days

The Boyd Watterson GSA Fund LP is a real estate fund that operates as a perpetual life, open-ended, commingled collective investment fund. The Partnership invests predominantly in real estate leased to the U.S. federal government through either the General Services Administration (GSA) or other federal government agencies.

Boyd Watterson GSA Fund LP is measured at estimated fair value, without adjustment by the Plan, as reported by the sponsor of the investments as of January 31, 2025 and 2024.

**NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS**

The amount reported as the postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement benefit obligations represent the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets.

The actuarial present value of the expected post-retirement benefit obligation is determined by the Plan's consulting actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were other significant assumptions used to determine the postretirement benefits obligations as of January 31, 2025 and 2024:

Actuarial Cost Method: Projected Unit Credit.

Discount Rate: 4.75%.

**NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)**

Mortality - Healthy:	Pri-2012 Amount-Weighted Employee Table with Blue Collar Adjustment for pre-commencement and Pri-2012 Head Count Weighted Retiree Table with Blue Collar Adjustment for post-commencement and beneficiaries. Both tables are fully generational using Scale MP-2021 to project mortality improvements from 2012.
Retirement:	After age 57 and the completion of 30 years of vesting Service, but not later than age 65, or current age.
Withdrawal Rates:	Based on a 3-Year Select & Ultimate model. The Ultimate table used beyond the Select Period is the T-6 table from the Actuary's Pension Handbook. Rates vary with age and years of service.
Spouse Age and Gender:	Spouses are assumed to be opposite gender of the participant. Females are assumed to be the same age as their male spouses.
Trend Rate Assumptions:	The trend rates were based on the expectation of future growth. The medical and prescription rates grade down to a 5% ultimate rate over a period of five years.
Claim Cost Assumption Development:	For 2025, actual claims and costs by source were examined for the 2022-2023, 2023-2024 and 2024-2025 plan years. A smoothing technique was applied which weights the claims costs for the current year and the previous two years. The administrative cost assumption was based on costs in the 2024-2025 plan year. For 2024, actual claims and costs by source were examined for the 2021-2022, 2022-2023 and 2023-2024 plan years. A smoothing technique was applied which weights the claims costs for the current year and the previous two years. The administrative cost assumption was based on costs in the 2023-2024 plan year.

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

The Plan's deficiency of net assets over benefit obligations at January 31, 2025 and 2024, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

**NOTE 4. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)**

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of January 31, 2025 and 2024 by \$11,935,473 and \$7,634,105, respectively.

During 2003, Congress passed the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers that sponsor post-retirement health care plans that provide prescription drug benefits. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D.

For the years ended January 31, 2025 and 2024, the Medicare Part D subsidy reduced the Accumulated Plan Benefit Obligation (APBO) by \$1,507,391 and \$1,630,594, respectively. During the years ended January 31, 2025 and 2024, the Plan received \$27,801 and \$0, respectively, in Medicare Part D subsidy.

**NOTE 5. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT**

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient Centered Outcomes Research Institute (PCORI) are effective for seven years, through 2018. The Further Consolidated Appropriations Act, 2020 signed into law on December 20, 2019 extended the PCORI fee obligation another 10 years, through plan years ending before October 1, 2029. The fee is equal to \$3.47 and \$3.22, per covered life for the 2025 and 2024, plan years, respectively. For the years ended January 31, 2025 and 2024, the Plan paid \$1,506 and \$1,473, in PCORI fees, respectively.

**NOTE 6. TAX STATUS**

The Internal Revenue Service has determined and informed the Plan by a letter dated April 12, 1961, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified, and 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 if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

## NOTE 7. PRIORITIES UPON TERMINATION

The Plan's Board of Trustees, as Sponsor has the right under the Plan to modify benefits provided to active employees. In the event of termination of the agreement and declaration of Trust, the balance of the net assets available for benefits is to be used to provide for the payment of all obligations of the Plan. Such payments shall be for exclusive benefit of the employees, their dependents or beneficiaries and the administrative expenses of the Plan.

## NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Benefit obligations are based on certain estimates and assumptions. Due to uncertainties inherent in the process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to these financial statements.

## NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of January 31, 2025 and 2024, to the balances as reported on Form 5500.

	<u>2025</u>	<u>2024</u>
Net assets available for benefits as reported on the financial statements	\$ 10,646,387	\$ 10,250,089
Benefit obligations currently payable	<u>(274,866)</u>	<u>(372,894)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 10,371,521</u>	<u>\$ 9,877,195</u>

The following is a reconciliation of benefits paid to or for participants as reported on the financial statements for the year ended January 31, 2025 to the balances as reported on Form 5500.

	<u>2025</u>
Total benefits as reported on the financial statements	\$ 2,435,818
Add: Amounts currently payable at end of year	274,866
Less: Amounts currently payable at beginning of year	<u>(372,894)</u>
Total benefits as reported on Form 5500	<u>\$ 2,337,790</u>

Amounts currently payable at January 31, 2025 and 2024, are included on the Statements of Benefit Obligations on the financial statements but are included as liabilities on Form 5500.

#### **NOTE 10. RELATED PARTY TRANSACTIONS**

The Plan is related to the Stone and Marble Masons of Metropolitan Washington, D.C. Pension Trust Fund (Pension Fund) through common Board of Trustee membership. The Plan shared certain administrative expenses with the Pension Fund. These expenses are allocated based upon pro-rata percentages. As of January 30, 2025 and 2024, no amounts were due to/from the Pension Fund for expenses not allocated between the Funds.

During the years ended January 31, 2025 and 2024, the Pension Fund withheld funds from the monthly pension distributions to the Pension Fund's retirees. These withheld funds were then transferred to the Plan, on the retirees' behalf, as the retirees' contribution for health benefits. During the years ended January 31, 2025 and 2024, the Pension Fund withheld \$203,082 and \$205,514, respectively, from retiree Pension distributions to be transferred to the Plan as contributions for health benefits. As of January 31, 2025 and 2024, the Pension Fund owed \$16,133 and \$17,470, respectively, to the Plan for retiree health benefit contributions withheld from pension distributions. The amount owed is included in due to related parties on the statements of net assets available for benefits.

The Plan collected contributions on behalf of certain affiliated entities. As of January 31, 2025 and 2024, the Plan owed \$185,030 and \$282,933, respectively, to the related parties. The amount owed is included in due to related parties on the statements of net assets available for benefits.

#### **NOTE 11. CONCENTRATIONS**

The Plan places its cash with financial institutions deemed to be credit worthy. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash balances may at times exceed the insured deposit limits. At January 31, 2025 and 2024, the Plan's cash in excess of FDIC coverage totaled \$950,467 and \$704,460, respectively.

Contributions from three employers accounted for 71% and 79% of total contributions received by the Plan during the years ended January 31, 2025 and 2024, respectively. If contributions from these employers were to cease, it could have a significant impact on the Plan and its net assets available for benefits.

#### **NOTE 12. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through November 13, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

## **SUPPLEMENTAL INFORMATION**

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

YEARS ENDED JANUARY 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Administrative fees	\$ 189,649	\$ 180,368
Actuarial and consulting fees	30,000	41,772
Audit fees	13,829	12,000
Bank charges	2,200	3,061
Dues and subscriptions	762	1,413
Insurance and bonding	14,465	17,954
Legal fees	46,651	59,151
Other benefit administrative fees	9,844	8,462
Payroll audit fees	630	3,811
PPO fees	23,105	20,638
Printing, postage and office expenses	2,782	3,873
Trustees expenses and conferences	16,450	10,971
Utilization review	8,609	14,627
	<u>          </u>	<u>          </u>
Total	<u>\$ 358,976</u>	<u>\$ 378,101</u>

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**SCHEDULE OF ASSETS HELD AT END OF YEAR**

JANUARY 31, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6038514

Plan No: 501

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations:</u>						
Abbott Laboratories	Note	30,000	3.750 %	11/30/26	\$ 34,241	\$ 29,695
Abbvie Inc	Note	35,000	4.950	03/15/31	34,993	35,110
Adobe Inc Sr	Note	35,000	4.800	04/04/29	34,912	35,218
Air Products	Note	20,000	4.850	02/08/34	19,945	19,519
Allstate Corp	Note	30,000	0.750	12/15/25	29,756	29,015
Amazon Com Inc	Note	35,000	3.150	08/22/27	36,844	33,937
Amphenol Corp	Note	45,000	4.750	03/30/26	44,963	45,037
Analog Devices Inc	Note	15,000	2.950	04/01/25	16,126	14,961
Anheuser Busch Inbev	Note	35,000	4.750	01/23/29	37,784	35,025
Applied Matls	Note	15,000	4.800	06/15/29	14,951	15,089
At T Inc Glbl	Note	35,000	2.300	06/01/27	32,833	33,151
Automatic Data	Note	25,000	1.700	05/15/28	24,268	22,900
Automatic Data	Note	15,000	4.450	09/09/34	15,082	14,330
Avery Dennison Corp	Note	45,000	4.875	12/06/28	49,614	44,901
Bank of America	Note	30,000	4.980	11/15/28	29,959	30,278
Bank of America Mtn	Note	25,000	3.824	01/20/28	27,063	24,556
Bristol Myers Squibb	Note	40,000	5.750	02/01/31	40,572	41,765
Brown Forman Corp	Note	25,000	4.750	04/15/33	25,141	24,334
Canadian Natl Rail	Note	35,000	6.900	07/15/28	43,777	37,386
Canadian Pacific	Note	25,000	4.000	06/01/28	24,538	24,408
Capital One Multi	Note	35,000	2.800	03/15/27	34,997	34,930
Caterpillar Finl Mtn	Note	40,000	4.350	05/15/26	39,681	39,992
Cboe Global Mkts Inc	Note	40,000	1.625	12/15/30	39,040	33,398
Cincinnati Gas Elec	Note	15,000	6.900	06/01/25	18,848	15,078
Cintas Corporation	Note	45,000	3.700	04/01/27	46,297	44,169
Citigroup Inc	Note	20,000	3.200	10/21/26	18,986	19,512
CNH Industrial	Note	20,000	5.500	01/12/29	19,880	20,363
Comcast Corp	Note	45,000	4.250	10/15/30	43,905	43,483
Connecticut Lt Pwr	Note	15,000	0.750	12/01/25	14,554	14,550
Conocophillips Sr Nt	Note	35,000	4.700	01/15/30	34,852	34,708
Consumers Energy Co	Note	20,000	4.900	02/15/29	20,029	20,080
Cummins Inc	Note	20,000	5.150	02/20/34	20,075	20,056
Daimler Trucks	Note	35,000	5.900	03/15/27	34,999	35,312
Darden Restaurants	Note	25,000	3.850	05/01/27	24,449	24,518
Dicks Sporting Goods	Note	15,000	3.150	01/15/32	15,013	13,167
Dominion	Note	15,000	5.300	01/15/35	14,986	14,987
Duke Energy	Note	25,000	4.850	01/15/34	24,536	24,254
Eaton Corp	Note	35,000	4.150	03/15/33	33,350	32,984
Ecolab Inc	Note	30,000	5.250	01/15/28	30,327	30,694
Eli Lilly Co	Note	40,000	4.500	02/09/27	39,979	40,096
Emerson Elec Co Sr	Note	25,000	1.800	10/15/27	24,374	23,321
Exxon Mobil	Note	55,000	2.440	08/16/29	54,656	50,342
Fiserv Inc	Note	15,000	4.750	03/15/30	14,936	14,835
Florida Pwr Lt Co	Note	45,000	5.050	04/01/28	44,759	45,488
General Mtrs Finl	Note	40,000	1.250	01/08/26	39,161	38,756
Georgia Pacific Corp	Note	15,000	7.375	12/01/25	17,839	15,333
Georgia Pacific Corp	Note	30,000	7.750	11/15/29	33,805	33,774
Georgia Pwr Co	Note	35,000	4.650	05/16/28	35,044	34,921
Grainger WW	Note	20,000	4.450	09/15/34	20,054	18,969

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
Hca Inc	Note	35,000	5.875 %	02/15/26	\$ 35,095	\$ 35,158
Hershey Company	Note	40,000	3.200	08/21/25	43,726	39,763
Home Depot Inc	Note	30,000	4.950	09/30/26	29,982	30,255
Home Depot Inc	Note	15,000	5.150	06/25/26	14,995	15,152
Illinois Tool Work	Note	50,000	2.650	11/15/26	49,356	48,639
Intel Corp	Note	25,000	3.750	08/05/27	24,908	24,325
Jacobs Solutions Inc	Note	15,000	6.350	08/18/28	15,033	15,640
Kenvue Inc	Note	40,000	5.350	03/22/26	40,006	40,362
Keurig Dr Pepper Inc	Note	35,000	5.200	03/15/31	34,631	35,309
Kimberly Clark Corp	Note	45,000	3.950	11/01/28	47,619	44,072
Lockheed Martin Corp	Note	40,000	4.500	02/15/29	39,963	39,651
Mastercard Inc	Note	15,000	4.875	05/09/34	15,531	14,801
Molson Coors Brewing	Note	40,000	3.000	07/15/26	38,750	39,051
Mondelez Intl Inc	Note	45,000	2.625	03/17/27	42,111	43,144
National Rural Util	Note	35,000	2.400	03/15/30	34,223	31,107
Nvent Finance	Note	15,000	4.550	04/15/28	16,333	14,827
Oge Energy Corp	Note	30,000	5.450	05/15/29	30,269	30,537
O Reilly Automotive	Note	40,000	3.900	06/01/29	38,247	38,453
Oracle Corp	Note	20,000	6.150	11/09/29	20,612	20,967
Paccar Financial Mtn	Note	20,000	5.200	11/09/26	19,968	20,268
Paccar Financial Mtn	Note	15,000	4.450	08/06/27	14,975	14,989
Pacific Gas Elec Co	Note	12,000	5.900	06/15/32	12,188	12,032
PepsiCo Inc	Note	50,000	2.750	03/19/30	51,104	45,527
Pg E Energy	Note	23,544	1.460	07/15/33	23,544	21,135
Progressive Corp	Note	25,000	3.000	03/15/32	21,808	21,937
Public Service Elec Gas	Note	25,000	5.200	03/01/34	25,092	24,982
Public Storage Global	Note	25,000	5.100	08/01/33	25,225	24,833
Quanta Svcs	Note	25,000	4.750	08/09/27	24,956	24,946
Republic Services	Note	45,000	3.950	05/15/28	42,919	43,947
Roper Technologies	Note	25,000	4.750	02/15/32	25,055	24,404
T Mobile USA Inc	Note	30,000	3.500	04/15/25	32,371	29,926
Texas Instrs Inc	Note	25,000	4.600	02/08/27	24,978	25,115
Transcont Gas Pipe	Note	25,000	4.000	03/15/28	26,237	24,344
Union Pacific Rr Co	Note	49,200	3.227	05/14/26	50,817	48,156
United Parcel Svcs	Note	30,000	4.875	03/03/33	30,340	29,668
Ventas Realty	Note	15,000	4.000	03/01/28	14,618	14,640
Verizon Master Tr	Note	20,000	4.170	08/20/30	19,995	19,804
Visa Inc	Note	15,000	3.150	12/14/25	16,213	14,852
Vulcan Matls Co	Note	20,000	4.950	12/01/29	19,994	20,007
Waste Management Inc	Note	35,000	4.150	04/15/32	34,655	33,198
Wells Fargo Company	Note	30,000	3.000	04/22/26	27,999	29,430
Wisconsin Electric	Note	10,000	3.100	06/01/25	10,299	9,950
Wisconsin Electric	Note	30,000	5.000	05/15/29	30,066	30,232
Wisconsin Electric	Note	15,000	4.600	10/01/34	15,066	14,315
Xylem Inc	Note	20,000	2.250	01/30/31	17,082	17,183
Ww Grainger Inc	Note	30,000	1.850	02/15/25	30,218	29,961
Total corporate obligations					2,769,945	2,693,679
<u>United States Government and Government Agency obligations:</u>						
FHLMC	Note	34,692	2.500	04/01/37	32,139	31,738
FHLMC	Note	30,924	4.000	10/01/37	30,902	29,725
FHLMC	Note	29,739	4.500	09/01/37	30,232	29,138
FHLMC	Note	63,114	4.500	10/01/37	62,998	61,836
FHLMC	Note	7,210	4.500	03/01/38	7,082	7,070
FHLMC	Note	31,791	5.000	03/01/38	31,781	31,764
FHLMC	Note	39,752	5.500	02/01/38	39,408	40,149
FHLMC	Note	28,477	5.000	04/01/39	28,315	28,430
FHLMC	Note	50,138	5.000	05/01/39	50,458	50,054
FHLMC	Note	30,000	6.250	07/15/32	34,062	33,315

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Shares/ Type	Principal	Interest Rate	Maturity Date		
<u>United States Government and Government Agency obligations (continued):</u>						
FHLMC	Note	95,000	0.875 %	08/05/30	\$ 89,387	\$ 78,932
FHLMC	Note	55,000	6.625	11/15/30	66,018	61,130
FHLMC	Note	35,000	2.995	12/25/25	34,377	34,561
FHLMC	Note	34,681	2.673	03/25/26	35,186	34,011
FHLMC	Note	37,097	3.750	08/25/25	40,522	36,875
FHLMC	Note	40,000	2.920	06/25/32	36,027	35,419
FHLMC Gd	Note	4,571	2.500	07/01/29	4,631	4,435
FHLMC Gd	Note	3,701	3.000	10/01/29	3,844	3,593
FHLMC Gd	Note	9,706	3.000	11/01/30	9,378	9,355
FHLMC Gd	Note	4,239	3.000	12/01/30	4,414	4,085
FNMA	Note	3,671	3.000	11/01/29	3,813	3,557
FNMA	Note	10,450	3.000	08/01/32	10,824	9,971
FNMA	Note	21,082	3.500	07/01/37	21,225	19,972
FNMA	Note	43,493	4.000	07/01/37	43,601	41,851
FNMA	Note	21,887	4.000	11/01/37	21,592	21,054
FNMA	Note	22,209	5.000	10/01/37	22,352	22,172
FNMA	Note	31,005	5.500	04/01/38	31,192	31,315
FNMA	Note	20,158	5.000	05/01/38	20,164	20,125
FNMA	Note	41,505	6.000	09/01/38	41,700	42,369
United States Treasury	Note	135,000	0.625	08/15/30	128,985	110,294
United States Treasury	Note	135,000	1.125	02/15/31	129,994	111,950
United States Treasury	Note	135,000	1.250	08/15/31	126,307	110,800
United States Treasury	Note	115,000	2.750	08/15/32	102,915	102,449
United States Treasury	Note	100,000	4.125	11/15/32	101,978	97,793
United States Treasury	Note	120,000	3.375	05/15/33	116,288	110,681
United States Treasury	Note	75,000	4.375	11/30/30	76,318	74,903
United States Treasury	Note	60,000	4.000	02/15/34	58,059	57,647
United States Treasury	Note	50,000	4.125	07/31/31	51,893	49,141
United States Treasury	Note	85,000	2.000	11/15/26	81,305	81,796
United States Treasury	Note	85,000	1.500	02/15/30	85,244	74,176
United States Treasury	Note	40,000	1.500	08/15/26	38,637	38,402
United States Treasury	Note	120,000	2.750	02/15/28	125,321	114,905
United States Treasury	Note	105,000	2.375	05/15/29	110,825	97,105
Total United States Government and Government Agency obligations					2,221,693	2,090,043
<u>Municipal obligations:</u>						
Colorado Hsg	Bond	30,000	4.381	11/01/26	30,000	29,926
Dallas Fort Worth Tx	Bond	25,000	2.256	11/01/26	25,000	24,095
Honolulu City Hi	Bond	30,000	2.316	07/01/25	30,000	29,742
Metro Wstwr Co	Bond	25,000	2.363	04/01/27	25,000	24,016
Nebraska ST Public	Bond	25,000	2.493	01/01/27	25,132	24,101
New York ST Urban	Bond	35,000	3.270	03/15/28	34,807	33,786
Oregon ST	Bond	20,000	1.330	11/15/28	16,684	17,825
Total municipal obligations					186,623	183,491
<u>Limited partnership:</u>						
Boyd Watterson GSA Fund LP		1,263			1,225,000	1,245,817
<u>Short-term investment:</u>						
First Am Treas Ob Fd C1 Z		118,894			118,894	118,894
<u>Common stock:</u>						
Advanced Drainage Systems In	CS	69			6,108	8,343
Alphabet Inc	CS	204			8,806	41,942
Amazon Com Inc	CS	110			8,116	26,145
Apparel Retail	CS	176			8,483	21,963
Apple Inc Com	CS	107			18,243	25,252
Ares Management Corp A	CS	160			4,691	31,715
Asml Holding Nv Ny Reg Shs	CS	15			8,698	11,090



**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED JANUARY 31, 2025

Form 5500, Schedule H, Line 4j

EIN: 52-6038514

Plan No: 501

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain (Loss) on Transaction
	First Am Treas Ob Fd CI Z	\$ 1,537,502	N/A	\$ 1,537,502	\$ 1,537,502	N/A
	First Am Treas Ob Fd CI Z	N/A	\$ 1,469,541	1,469,541	1,469,541	\$ -

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE  
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

<p><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>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here .....▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here .....▶

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON DC HEALTH AND WELFARE FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>501</b>
	<b>1c</b> Effective date of plan	<b>05/25/1965</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>STONE AND MARBLE MASONS OF METRO WASHING FD</b>	<b>2b</b> Employer Identification Number (EIN)	<b>52-6038514</b>
	<b>2c</b> Plan Sponsor's telephone number	<b>410-872-9500</b>
<b>7130 COLUMBIA GATEWAY DR. SUITE A</b>  <b>COLUMBIA MD 21046</b>	<b>2d</b> Business code (see instructions)	<b>238900</b>

**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	X <i>Scott Garvin</i>	X 11/13/2025   11	SCOTT GARVIN 27 AM EST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X <i>Manuel Seara</i>	X 11/12/2025   10	MANUEL SEARA 26 AM EST
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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>	269
<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>6a(1)</b>	201
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	197
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	68
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	265
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<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>(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>	17

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

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

<b>9a</b> Plan funding 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	<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 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>  1  </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)**

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

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

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

Receipt Confirmation Code \_\_\_\_\_

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF FIVE PERCENT TRANSACTIONS