

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</u></p> <p><u>TWO GATEWAY CENTER</u> <u>603 STANWIX ST STE 1500</u> <u>PITTSBURGH, PA 15222</u></p>	<p>1c Effective date of plan <u>03/31/1952</u></p> <p>2b Employer Identification Number (EIN) <u>52-6057761</u></p> <p>2c Plan Sponsor's telephone number <u>410-872-9500</u></p> <p>2d Business code (see instructions) <u>311610</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2026	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1147
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1039
	6a(2)	1103
	6b	100
	6c	0
	6d	1203
	6e	
	6f	1203
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	5

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH</p>	<p>D Employer Identification Number (EIN) 52-6057761</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
DENTEGRA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
75-1233841	73474	19299	1464	04/01/2024	03/31/2025

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.

<p>(a) Total amount of commissions paid 13685</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GROUP VISION SERVICES MGMT INC **6700 ALEXANDER BELL DR STE 200**
COLUMBIA, MD 21046

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13685			3

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	342123
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH</p>	<p>D Employer Identification Number (EIN) 52-6057761</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
FIDELITY SECURITY LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	12030-3	1462	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	52094
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH		D Employer Identification Number (EIN) 52-6057761

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
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3239 C4504	1260	11/01/2023	10/31/2024

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

(a) Total amount of commissions paid 2981	(b) Total amount of fees paid
------------------------------------------------------------	--------------------------------------

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
LAKESHORE BENEFIT GROUP INSURANCE **301 ALBANY TURNPIKE**
CANTON, CT 06019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2981			3

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

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

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	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	29809
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH</p>	<p>D Employer Identification Number (EIN) 52-6057761</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	66920	1647	01/01/2024	12/31/2024

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

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

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
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	8543124	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		8543124
b Benefit charges (1) Claims paid	9b(1)	8223713	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		8223713
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	319247	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	163	
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		319410
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH	D Employer Identification Number (EIN) 52-6057761	

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

36-4776242

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

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

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

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

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

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

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(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	344157	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)

CONIFER VALUE-BASED CARE, LLC

52-1964905

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	NONE	164116	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)

CHEIRON, INC.

13-4215617

(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 16 50	NONE	113774	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)

THE SEGAL COMPANY

94-1503999

(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	14300	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)

SLEVIN & HART, PC

52-1708613

(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	132781	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)

WITHUMSMITH+BROWN, P.C.

22-2027092

(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	34593	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)

PNC BANK, N.A.

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	43164	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"/>

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

AMERICAN REALTY ADVISORS

33-0123114

(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	27304	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)

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	15625	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)

LOCKTON COMPANIES

20-3354970

(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?
22 50	NONE	25000	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)

SEGALL 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	18079	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	WITHUMSMITH+BROWN, P.C.	b EIN:	22-2027092
c Position:	AUDITOR		
d Address:	4600 E WEST HIGHWAY STE 900 BETHESDA, MD 20814	e Telephone:	301-272-6000

Explanation: TERMINATED AS PART OF COMPETITIVE BIDDING PROCESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH</u>	D Employer Identification Number (EIN) <u>52-6057761</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CORE REALTY FUND

b Name of sponsor of entity listed in (a): AMERICAN REALTY ADVISORS

c EIN-PN <u>95-4871432-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2299241</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH	D Employer Identification Number (EIN) 52-6057761

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	723658	-551625
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	615516	654131
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	748034	395407
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	260882
(2) U.S. Government securities	1c(2)	3367578	1867888
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4135541	2807487
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2553691	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	2299241
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3323905	2150655
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	272289

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	0	37191
f Total assets (add all amounts in lines 1a through 1e).....	1f	15467923	10193546
Liabilities			
g Benefit claims payable.....	1g	1313200	1642054
h Operating payables.....	1h	509158	244224
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1822358	1886278
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13645565	8307268

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	7752713	
(B) Participants.....	2a(1)(B)	153590	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7906303
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16320	
(B) U.S. Government securities.....	2b(1)(B)	75624	
(C) Corporate debt instruments.....	2b(1)(C)	131254	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	8088	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		231286
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	157957	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		157957
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	8542270	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8879127	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-336857
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	525794	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		51816
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-12488
c Other income	2c		17609
d Total income. Add all income amounts in column (b) and enter total	2d		8541420

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11941824	
(2) To insurance carriers for the provision of benefits	2e(2)	1079083	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13020907
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	353342	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34593	
(5) Investment advisory and investment management fees	2i(5)	61053	
(6) Bank or trust company trustee/custodial fees	2i(6)	43164	
(7) Actuarial fees	2i(7)	128074	
(8) Legal fees	2i(8)	132781	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3988	
(11) Other expenses	2i(11)	101815	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		858810
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13879717

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5338297
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Washington Wholesalers
Health and Welfare Fund
Two Gateway Center
602 Stanwix Street, Suite 1500
Pittsburgh, Pennsylvania 15222

Members of the Board:

Opinion

We have audited the accompanying financial statements of the Washington Wholesalers Health and Welfare 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 March 31, 2025, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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

Other Matter

The financial statements of the Plan as of and for the year ended March 31, 2024, were audited by other auditors whose report dated September 15, 2025, expressed an unmodified opinion on those statements.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

December 30, 2025

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	March 31, 2025	March 31, 2024
ASSETS		
CASH (OVERDRAFT)	\$ (551,625)	\$ 493,811
INVESTMENTS, AT FAIR VALUE		
Short-Term Investment Funds	\$ 260,882	\$ 229,847
Corporate Debt Securities	2,807,487	4,494,585
Government Debt Securities	1,867,888	2,546,517
Other Debt Securities	272,289	462,017
Common/Collective Trust	2,299,241	2,553,691
Mutual Fund	<u>2,150,655</u>	<u>3,323,905</u>
	<u>9,658,442</u>	<u>13,610,562</u>
TOTAL CASH AND INVESTMENTS	9,106,817	14,104,373
RECEIVABLES AND OTHER ASSETS		
Employer Contributions Receivable	654,131	615,516
Accrued Investment Income	69,063	64,046
Prescription Rebates Receivable	255,410	638,063
Prepaid Expenses	37,191	12,250
Due from Brokers, Net	<u>70,934</u>	<u>33,675</u>
	<u>1,086,729</u>	<u>1,363,550</u>
TOTAL RECEIVABLES AND OTHER ASSETS	1,086,729	1,363,550
TOTAL ASSETS	<u>10,193,546</u>	<u>15,467,923</u>
LIABILITIES		
Accounts Payable	<u>244,224</u>	<u>509,158</u>
TOTAL LIABILITIES	<u>244,224</u>	<u>509,158</u>
NET ASSETS AVAILABLE FOR BENEFITS	9,949,322	14,958,765
MEMORANDUM:		
Benefit Obligations Other Than Postretirement Benefit Obligations	<u>1,642,054</u>	<u>1,313,200</u>
Excess of Net Assets Available For Benefits Over Benefit Obligations Other Than Postretirement Benefit Obligations	<u>\$ 8,307,268</u>	<u>\$ 13,645,565</u>

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	April 1, 2024 to March 31, 2025	April 1, 2023 to March 31, 2024
ADDITIONS		
INVESTMENT INCOME		
Dividends and Interest	\$ 488,013	\$ 497,415
Net Appreciation (Depreciation) of Investments	129,495	(296,226)
Less: Investment Fees	(86,871)	(70,432)
NET INVESTMENT INCOME	530,637	130,757
CONTRIBUTIONS AND OTHER INCOME		
Employer Contributions	7,752,713	8,675,853
Participant Contributions	153,590	162,721
Other Income	17,609	17,624
TOTAL CONTRIBUTIONS AND OTHER INCOME	7,923,912	8,856,198
TOTAL ADDITIONS	8,454,549	8,986,955
DEDUCTIONS		
BENEFITS PAID		
Claims, Net	11,612,970	9,969,881
Premiums	426,250	439,883
Claims Administration and Utilization Fees	652,833	552,684
NET BENEFITS PAID	12,692,053	10,962,448
ADMINISTRATIVE EXPENSES		
Administration Fees	353,342	398,815
Actuary Fees	128,074	93,773
Consultant Fees	25,000	45,000
Legal Fees	132,781	100,645
Audit Fees	34,593	37,595
Bank Fees	17,346	13,741
Postage and Printing	43,110	30,421
Insurance	13,363	13,975
Office and Miscellaneous Expenses	19,890	21,574
PCORI Fees	4,440	4,695
TOTAL ADMINISTRATIVE EXPENSES	771,939	760,234
TOTAL DEDUCTIONS	13,463,992	11,722,682
NET (DECREASE) FOR THE YEAR	(5,009,443)	(2,735,727)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	14,958,765	17,694,492
END OF YEAR	\$ 9,949,322	\$ 14,958,765

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

	March 31, 2025	March 31, 2024
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable	\$ 542,054	\$ -
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred but not Reported	1,100,000	1,313,200
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	1,642,054	1,313,200
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Current Retirees	10,716,000	10,593,000
Other Participants Fully Eligible for Benefits	7,475,000	7,390,000
Other Participants Not Yet Fully Eligible for Benefits	8,058,000	7,965,000
	26,249,000	25,948,000
PLAN'S TOTAL BENEFIT OBLIGATIONS	\$ 27,891,054	\$ 27,261,200

* The calculation of postretirement benefit obligations is provided solely to comply with accounting principles generally accepted in the United States of America. It does not imply that the Plan has a legal liability to provide postretirement benefits, nor is there any implication the Plan is required to implement a funding policy to satisfy projected expenses.

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	April 1, 2024 to March 31, 2025	April 1, 2023 to March 31, 2024
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable at Beginning of Year	\$ -	\$ -
Net Change During the Year:		
Benefits Reported and Approved for Payment	13,234,107	10,962,448
Benefits Paid	(12,692,053)	(10,962,448)
Claims Payable at End of Year	542,054	-
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at Beginning of Year	1,313,200	1,737,600
Net Change During the Year:		
Claims Incurred but not Reported	(213,200)	(424,400)
Balance at End of Year	1,100,000	1,313,200
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	1,642,054	1,313,200
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance at Beginning of Year	25,948,000	25,268,000
Net Changes During the Year:		
Benefits Earned	1,596,000	915,000
Passage of Time	1,349,000	1,225,000
Expected Claims and Expenses Paid (net of retiree contributions)	(1,147,000)	(810,000)
Other Changes	-	(1,661,000)
Plan Changes	(1,497,000)	-
Changes in Actuarial Assumptions	-	1,011,000
	26,249,000	25,948,000
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ 27,891,054	\$ 27,261,200

* The calculation of postretirement benefit obligations is provided solely to comply with accounting principles generally accepted in the United States of America. It does not imply that the Plan has a legal liability to provide postretirement benefits, nor is there any implication the Plan is required to implement a funding policy to satisfy projected expenses.

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The Washington Wholesalers Health and Welfare Fund (the “Plan”) is a multi-employer welfare benefit plan formed in 1952 under collective bargaining agreements between signatory employers and United Food and Commercial Workers Union Local No. 400 to provide benefits for eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

The preparation 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 the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Contributions

Employer contributions as reported are contributions made for months worked during the year as set forth in the collective bargaining or participation agreements. Contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

Eligible participants may elect to continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) in specific instances where coverage under the Plan would otherwise terminate.

D. Investment Valuation and Income Recognition

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market:

Level 1 – Inputs are quoted prices in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Investment Valuation and Income Recognition (Continued)

The following tables represent the Plan's investments at fair value based on the inputs used to value them:

	March 31, 2025			
	Level 1	Level 2	Level 3	Total
Short-Term Investment Funds	\$ 260,882	\$ -	\$ -	\$ 260,882
Corporate Debt Securities	-	2,807,487	-	2,807,487
Government Debt Securities	1,073,405	794,483	-	1,867,888
Other Debt Securities	-	272,289	-	272,289
Mutual Fund	2,150,655	-	-	2,150,655
	<u>\$ 3,484,942</u>	<u>\$ 3,874,259</u>	<u>\$ -</u>	7,359,201
Investments Measured at Net Asset Value ^A				<u>2,299,241</u>
				<u>\$ 9,658,442</u>

	March 31, 2024			
	Level 1	Level 2	Level 3	Total
Short-Term Investment Funds	\$ -	\$ 229,847	\$ -	\$ 229,847
Corporate Debt Securities	-	4,494,585	-	4,494,585
Government Debt Securities	1,431,348	1,115,169	-	2,546,517
Other Debt Securities	-	462,017	-	462,017
Mutual Fund	3,323,905	-	-	3,323,905
	<u>\$ 4,755,253</u>	<u>\$ 6,301,618</u>	<u>\$ -</u>	11,056,871
Investments Measured at Net Asset Value ^A				<u>2,553,691</u>
				<u>\$ 13,610,562</u>

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

Level 1 investments include short-term investment funds, a mutual fund and U.S. Treasury government debt securities valued based on quoted prices in an active market. Level 2 investments consist of corporate debt securities, non-U.S. Treasury government debt securities and other debt securities recorded at fair value based on closing prices provided by third party pricing services.

The common/collective trust is valued at net asset value; the unfunded commitments and significant terms of redemption are as follows:

	March 31, 2025 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
American Core Realty Fund	\$ 2,299,241	None	Quarterly	10 days

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Investment Valuation and Income Recognition (Continued)

The investment strategy focuses on generating stable income and long-term appreciation through investments in high-quality, income-oriented core real estate properties.

Purchases and sales of securities are reported on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Net appreciation (depreciation) of investments includes gains and losses on investments bought and sold as well as held during the year.

E. Tax-Exempt Status

No provision for federal income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9). The Plan administrator believes the Plan is currently designed and being operated in compliance with the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. Concentration of Credit Risk

During the Plan year, the Plan had bank accounts with cash balances in excess of the federally insured limit of \$250,000 per bank. The amount in excess of the limit was subject to risk if the financial institution did not perform. The Plan has not incurred any losses on the uninsured balances.

G. Benefits and Benefit Obligations

Benefits are recorded when paid. The obligations for claims payable and claims incurred but not reported are an estimate of the cost to the Plan for claims incurred under the terms of the Plan at March 31, but paid by the Plan subsequent to March 31.

H. Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to March 31. 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 participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Postretirement Benefits (Continued)

The actuarial present value of the expected postretirement benefit obligation was determined by actuaries and is the amount that results from applying actuarial assumptions to historical benefit cost data to estimate future annual incurred benefit 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 significant actuarial assumptions and methods used at March 31, 2025 (2024) were: (a) Discount Rate: 5.0%, (b) Postretirement Mortality Rates: Pri-2012, Blue Collar employee, sex distinct, headcount weighted mortality table for healthy employees; Pre-2012, disabled retiree table, headcount weighted, sex distinct, mortality table for disabled retirees; and Pri-2012 blue collar contingent survivor, headcount weighted, mortality table for healthy retirees (for 2024, Pri-2012 mortality tables with fully generational projection from base year 2012 using improvement scale MP-2021; for 2024 and 2023, healthy life mortality is based on the RP2000 mortality table, projected with scale AA to 2011 from base year 2000, with no provision for future mortality improvements; disabled life mortality is based on the GAM 1983 mortality table set forward two years for both male and female, with no provision for future mortality improvements). All mortality tables use fully generational projection from the base year 2012 using improvement scale MP-2021, (c) 100% retirement at age 70, and (d) for future retirees, a male spouse is assumed to be three years older than the female spouse.

Other changes include:

1. modifying the Plan's medical and drug benefits effective April 1, 2026, and
2. spouses with access to coverage through their own employer are required to elect their employer's coverage as primary effective January 1, 2026.

The health care cost trend rate and retiree contribution trend rate have a significant effect on the postretirement benefit obligations. A 1% increase in the health care cost trend rate would increase the net postretirement benefit obligation as of March 31, 2025 and 2024 by \$3,572,000 and \$3,531,000, respectively.

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 postretirement benefit obligations.

I. Reclassification

Certain amounts reported in the March 31, 2024 financial statements have been reclassified to conform to the current year presentation. The reclassification had no effect on the previously reported net assets available for benefits.

J. Risks and Uncertainties

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investment. Due to the level of risk associated with investments and

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

J. Risks and Uncertainties

the level of uncertainty with respect to the changes in the value of investments, it is reasonably possible that changes in market values, interest rates or other factors in the near term could materially affect the amounts reported in the financial statements.

Benefit obligations are reported based on certain assumptions pertaining to health care inflation rates and participant demographics which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

K. Payroll Compliance Program

Remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

NOTE 3 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	March 31, 2025	March 31, 2024
Net Assets Available for Benefits Per the Financial Statements	\$ 9,949,322	\$ 14,958,765
Less: Plan's Total Benefit Obligations Other Than Postretirement Benefit Obligations	(1,642,054)	(1,313,200)
Net Assets Per the Form 5500	\$ 8,307,268	\$ 13,645,565

The following is a reconciliation of net benefits paid per the financial statements to the Form 5500:

	April 1, 2024 to March 31, 2025
Net Benefits Per the Financial Statements	\$ 12,692,053
Add: Benefit Obligations Other Than Postretirement Benefit Obligations at March 31, 2025	1,642,054
Less: Benefit Obligations Other Than Postretirement Benefit Obligations at March 31, 2024	(1,313,200)
Total Benefits Per the Form 5500	\$ 13,020,907

Amounts currently payable to or for participants, dependents, and beneficiaries are reported on the Form 5500 for benefits that have been earned prior to March 31, but not yet paid as of that date.

NOTE 4 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Plan may be terminated at any time by the Board of Trustees. The trust agreement shall be automatically terminated upon the expiration of all

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 4 - PLAN TERMINATION (Continued)

collective bargaining agreements and special agreements requiring the payments of contributions to the trust fund. Upon the termination of the trust agreement, any and all monies and assets remaining after payment of expenses shall be used for continuance of the benefits provided by the then-existing benefit plan until such monies and assets have been exhausted.

NOTE 5 - RELATED PARTY TRANSACTIONS

Certain Plan assets are managed by the custodian or an affiliate. Any purchases and sales of these investments are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

NOTE 6 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 30, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H - LINE 4

E.I.N. 52-6057761; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Washington Wholesalers
Health and Welfare Fund
Two Gateway Center
602 Stanwix Street, Suite 1500
Pittsburgh, Pennsylvania 15222

Members of the Board:

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of March 31, 2025 and reportable transactions for the year ended March 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

December 30, 2025

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 52-6057761; PLAN NO. 501

MARCH 31, 2025

No. of Shares	<u>Short-Term Investment Funds</u>	Fair Value	Cost
143,078	FEDERATED HERMES GOVT OBLIG PREM SHS *	\$ 143,078	\$ 143,078
117,804	FEDERATED HERMES GOVT OBLIG PREM SHS *	117,804	117,804
	<u>TOTALS - SHORT-TERM INVESTMENT FUNDS</u>	<u>\$ 260,882</u>	<u>\$ 260,882</u>

Par Value	<u>Corporate Debt Securities</u>	Maturity Date	Interest Rate (%)		
\$ 38,582	AT&T INC	06/01/27	2.300	\$ 38,234	\$ 38,582
51,229	ABBOTT LABORATORIES	11/30/26	3.750	44,745	51,229
35,025	ABBVIE INC	03/15/31	4.950	35,559	35,025
24,873	ADOBE INC	04/04/29	4.800	25,405	24,873
24,932	AIR PRODUCTS & CHEMICALS	02/08/34	4.850	24,854	24,931
19,889	ALLSTATE CORP	12/15/25	0.750	19,482	19,889
26,492	AMAZON.COM INC	08/22/27	3.150	24,447	26,492
19,923	AMERICAN WATER CAPITAL C	03/01/35	5.250	20,110	19,923
39,955	AMPHENOL CORP	03/30/26	4.750	40,136	39,955
16,313	ANALOG DEVICES INC	04/01/25	2.950	15,000	16,313
31,795	ANHEUSER BUSCH INBEV WORLDWIDE	01/23/29	4.750	30,301	31,795
24,922	APPLIED MATERIALS INC	06/15/29	4.800	25,405	24,922
20,117	AUTOMATIC DATA PROCESSNG	05/15/28	1.700	18,551	20,117
20,109	AUTOMATIC DATA PROCESSNG	09/09/34	4.450	19,365	20,109
36,950	AVERY DENNISON CORP	12/06/28	4.875	35,226	36,950
27,290	BANK OF AMERICA CORP	01/20/28	Var.	24,683	27,290
35,517	BRISTOL-MYERS SQUIBB CO	02/01/31	5.750	37,015	35,517
25,136	BROWN-FORMAN CORP	04/15/33	4.750	24,687	25,136
29,751	CBOE GLOBAL MARKETS INC	12/15/30	1.625	25,522	29,751
24,850	CNH INDUSTRIAL CAP LLC	01/12/29	5.500	25,700	24,850
45,305	CANADIAN NATL RY CO	07/15/28	6.900	37,556	45,305
24,538	CANADIAN PACIFIC RR CO	06/01/28	4.000	24,577	24,537
39,674	CATERPILLAR FINL SERVICE	05/15/26	4.350	40,068	39,674
35,037	CHEVRON USA INC	02/26/28	4.475	35,246	35,037
52,375	CINTAS CORPORATION NO. 2	04/01/27	3.700	49,327	52,375
23,736	CITIGROUP INC	10/21/26	3.200	24,508	23,736
38,988	COMCAST CORP	10/15/30	4.250	39,255	38,988
19,992	CONNECTICUT LIGHT & PWR	12/01/25	0.750	19,517	19,992
39,848	CONOCOPHILLIPS COMPANY	01/15/30	4.700	40,243	39,848
25,037	CONSUMERS ENERGY CO	02/15/29	4.900	25,321	25,036
25,117	CUMMINS INC	02/20/34	5.150	25,413	25,116
24,449	DARDEN RESTAURANTS INC	05/01/27	3.850	24,626	24,449
20,017	DICKS SPORTING GOODS	01/15/32	3.150	17,694	20,017
16,130	WALT DISNEY COMPANY/THE	04/30/28	7.300	16,220	16,130
19,986	DOMINION ENERGY SOUTH	01/15/35	5.300	20,218	19,986
24,610	DUKE ENERGY CAROLINAS	01/15/34	4.850	24,670	24,610
38,074	EATON CORP	03/15/33	4.150	38,199	38,074
30,349	ECOLAB INC	01/15/28	5.250	30,846	30,349
25,460	EMERSON ELECTRIC CO	10/15/27	1.800	23,529	25,460
46,121	EXXON MOBIL CORPORATION	08/16/29	2.440	41,945	46,121
	<u>Forward</u>			<u>\$ 1,153,405</u>	<u>\$ 1,188,489</u>

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 52-6057761; PLAN NO. 501
MARCH 31, 2025

Par Value	<u>Corporate Debt Securities (Continued)</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 1,153,405	\$ 1,188,489
\$	24,895 FISERV INC	03/15/30	4.750	24,942	24,895
	45,183 FLORIDA POWER & LIGHT CO	04/01/28	5.050	45,867	45,183
	14,943 GENERAL MOTORS FINL CO	01/08/26	1.250	14,592	14,943
	30,301 GENERAL MOTORS FINL CO	05/08/27	5.400	30,290	30,301
	45,099 GEORGIA PACIFIC CORP	11/15/29	7.750	45,360	45,099
	35,049 GEORGIA POWER CO	05/16/28	4.650	35,227	35,049
	20,054 WW GRAINGER INC	09/15/34	4.450	19,189	20,054
	25,064 HCA INC	02/15/26	5.875	25,098	25,064
	32,736 HERSHEY COMPANY	08/21/25	3.200	29,852	32,736
	30,015 HOME DEPOT INC	09/30/26	4.950	30,314	30,015
	48,535 ILLINOIS TOOL WORKS INC	11/15/26	2.650	48,875	48,535
	24,901 INTEL CORP	08/05/27	3.750	24,481	24,901
	20,051 JACOBS ENGINEERING GROUP	08/18/28	6.350	20,866	20,051
	29,977 KENVUE INC	03/22/26	5.350	30,253	29,977
	34,622 KEURIG DR PEPPER INC	03/15/31	5.200	35,678	34,622
	47,280 KIMBERLY-CLARK CORP	11/01/28	3.950	44,542	47,280
	39,979 ELI LILLY & CO	02/09/27	4.500	40,263	39,979
	39,983 LOCKHEED MARTIN CORP	02/15/29	4.500	40,137	39,983
	20,708 MASTERCARD INC	05/09/34	4.875	20,051	20,708
	44,932 MCDONALDS CORP	05/15/30	4.600	45,008	44,932
	43,511 MOLSON COORS BREWING CO	07/15/26	3.000	44,142	43,511
	42,050 MONDELEZ INTERNATIONAL	03/17/27	2.625	43,436	42,050
	34,350 NATIONAL RURAL UTIL COOP	03/15/30	2.400	31,614	34,350
	22,469 NVENT FINANCE SARL	04/15/28	4.550	19,875	22,469
	20,082 OGE ENERGY CORP	05/15/29	5.450	20,464	20,082
	33,381 O REILLY AUTOMOTIVE INC	06/01/29	3.900	34,001	33,381
	25,765 ORACLE CORP	11/09/29	6.150	26,465	25,765
	24,961 PACCAR FINANCIAL CORP	11/09/26	5.200	25,399	24,961
	15,042 PACCAR FINANCIAL CORP	08/06/27	4.450	15,091	15,042
	14,228 PACIFIC GAS & ELECTRIC	06/15/32	5.900	14,278	14,228
	45,959 PEPSICO INC	03/19/30	2.750	41,610	45,959
	39,254 PROGRESSIVE CORP	03/15/32	3.000	40,239	39,254
	30,111 PUBLIC SERVICE ELECTRIC	03/01/34	5.200	30,520	30,111
	30,085 PUBLIC STORAGE	08/01/33	5.100	30,236	30,085
	29,945 QUANTA SERVICES INC	08/09/27	4.750	30,055	29,945
	47,624 REPUBLIC SERVICES INC	05/15/28	3.950	49,317	47,624
	35,098 ROPER TECHNOLOGIES INC	02/15/32	4.750	34,613	35,098
	37,711 T-MOBILE USA INC	04/15/25	3.500	34,982	37,711
	24,976 TEXAS INSTRUMENTS INC	02/08/27	4.600	25,211	24,976
	21,503 TRANSCONT GAS PIPE LINE	03/15/28	4.000	19,644	21,503
	30,361 UNITED PARCEL SERVICE	03/03/33	4.875	30,105	30,361
	24,406 VENTAS REALTY LP	03/01/28	4.000	24,576	24,406
	16,183 VISA INC	12/14/25	3.150	14,884	16,183
	24,994 VULCAN MATERIALS CO	12/01/29	4.950	25,220	24,994
	49,398 WASTE MANAGEMENT INC	04/15/32	4.150	48,251	49,398
	27,782 WELLS FARGO & COMPANY	04/22/26	3.000	29,545	27,782
	30,005 WISCONSIN ELECTRIC POWER	05/15/29	5.000	30,536	30,005
	<u>Forward</u>			\$ 2,618,599	\$ 2,664,030

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 52-6057761; PLAN NO. 501

MARCH 31, 2025

Par Value	Corporate Debt Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,618,599	\$ 2,664,030
\$ 20,110	WISCONSIN ELECTRIC POWER	10/01/34	4.600	19,372	20,110
21,359	XYLEM INC	01/30/31	2.250	21,858	21,359
53,815	P&G ENERGY RECOVERY FND	07/15/33	1.460	48,838	53,814
42,640	UNION PACIFIC RR CO	05/14/26	3.227	42,052	42,776
20,132	AMER AIRLINE 16-1 AA PTT	07/15/29	3.575	20,156	20,131
36,359	DAIMLER TRUCKS RETAIL TRUST	03/15/27	5.900	36,612	36,359
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 2,807,487</u>	<u>\$ 2,858,579</u>
	<u>Government Debt Securities</u>				
\$ 116,043	U.S. TREASURY NOTES	08/15/30	0.625	\$ 100,655	\$ 116,043
28,296	U.S. TREASURY NOTES	02/15/31	1.125	25,535	28,296
122,765	U.S. TREASURY NOTES	08/15/31	1.250	113,890	122,765
94,604	U.S. TREASURY NOTES	08/15/32	2.750	96,002	94,604
102,585	U.S. TREASURY NOTES	11/15/32	4.125	100,148	102,585
115,915	U.S. TREASURY NOTES	05/15/33	3.375	113,668	115,915
75,453	U.S. TREASURY NOTES	11/30/30	4.375	76,368	75,453
72,638	U.S. TREASURY NOTES	02/15/34	4.000	73,981	72,638
72,650	U.S. TREASURY NOTES	07/31/31	4.125	70,279	72,650
51,276	U.S. TREASURY NOTES	02/15/35	4.625	51,656	51,276
71,701	U.S. TREASURY NOTES	11/15/26	2.000	72,727	71,701
48,614	U.S. TREASURY NOTES	02/15/30	1.500	44,603	48,614
64,706	U.S. TREASURY NOTES	11/15/28	3.125	63,283	64,706
77,463	U.S. TREASURY NOTES	05/15/29	2.375	70,611	77,463
62,839	FEDERAL HOME LOAN MTG CORP	04/01/37	2.500	63,173	62,839
46,710	FEDERAL HOME LOAN MTG CORP	09/01/37	4.000	45,548	46,710
49,245	FEDERAL HOME LOAN MTG CORP	09/01/37	4.500	48,129	49,245
32,358	FEDERAL HOME LOAN MTG CORP	09/01/37	4.500	32,126	32,358
61,339	FEDERAL HOME LOAN MTG CORP	03/01/38	5.000	61,738	61,339
65,918	FEDERAL HOME LOAN MTG CORP	02/01/38	5.500	67,625	65,918
31,463	FEDERAL HOME LOAN MTG CORP	04/01/39	5.000	31,858	31,463
23,162	FEDERAL HOME LOAN MTG CORP	07/15/32	6.250	22,579	23,162
93,480	FEDERAL NATL MTG ASSN	08/05/30	0.875	84,843	93,480
74,570	FEDERAL NATL MTG ASSN	11/15/30	6.625	67,633	74,570
20,799	FEDERAL NATL MTG ASSN	08/01/32	3.000	19,382	20,799
31,116	FEDERAL NATL MTG ASSN	06/01/37	3.500	29,757	31,116
58,708	FEDERAL NATL MTG ASSN	07/01/37	4.000	57,049	58,708
34,356	FEDERAL NATL MTG ASSN	10/01/37	5.000	34,320	34,356
33,613	FEDERAL NATL MTG ASSN	04/01/38	5.500	34,035	33,613
29,451	FEDERAL NATL MTG ASSN	05/01/38	5.000	29,449	29,451
63,785	FEDERAL NATL MTG ASSN	09/01/38	6.000	65,238	63,785
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 1,867,888</u>	<u>\$ 1,927,621</u>

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 52-6057761; PLAN NO. 501

MARCH 31, 2025

<u>Par Value</u>	<u>Other Debt Securities</u>	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
\$ 55,000	COLORADO ST HSG & FIN AUTH	11/01/28	4.645	\$ 55,589	\$ 55,000
80,000	METRO WSTWTR RECLAMATION DIST	04/01/27	2.363	77,521	80,000
70,000	NEBRASKA ST PUBLIC PWR DIST RE	01/01/27	2.493	67,991	70,000
75,000	VIRGINIA ST RESOURCES AUTH INF	11/01/28	2.530	71,188	75,000
	<u>TOTALS - OTHER DEBT SECURITIES</u>			<u>\$ 272,289</u>	<u>\$ 280,000</u>

<u>No. of Shares</u>	<u>Mutual Fund</u>		
225,672	CARILLON SHORT DURATION HIGH YIELD FD	\$ 2,150,655	\$ 2,287,473

<u>No. of Units</u>	<u>COMMON/COLLECTIVE TRUST</u>		
19	AMERICAN CORE REALTY FUND LP	\$ 2,299,241	\$ 2,195,725

* Party-In-Interest

WASHINGTON WHOLESALERS

HEALTH AND WELFARE FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 52-6057761; PLAN NO. 501

APRIL 1, 2024 TO MARCH 31, 2025

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Federated Hermes Govt Oblig Prem SHS	-	-	\$ 4,156,458 -	\$ - 4,125,423	\$ 4,156,458 4,125,423	\$ - -

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

<p>1a Name of plan</p> <p>WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, WASHINGTON WHOLESALERS HEALTH AND WELFARE FUND</p> <p>TWO GATEWAY CENTER 603 STANWIX ST STE 1500 PITTSBURGH, PA 15222</p>	<p>1c Effective date of plan <u>03/31/1952</u></p> <p>2b Employer Identification Number (EIN) <u>52-6057761</u></p> <p>2c Plan Sponsor's telephone number <u>410-872-9500</u></p> <p>2d Business code (see instructions) <u>311610</u></p>

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

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

SIGN HERE		<u>01-13-2026</u>	Chris Hoffmann
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>01 / 14 / 2026</u>	Scott Habermehl
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 52-6057761
	3c Administrator's telephone number 410-872-9500

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">1147</td> </tr> </table>	5	1147																		
5	1147																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).																					
a(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">1039</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">1103</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">100</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">1203</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">1203</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	1039	6a(2)	1103	6b	100	6c	0	6d	1203	6e	0	6f	1203	6g(1)	0	6g(2)	0	6h	0
6a(1)	1039																				
6a(2)	1103																				
6b	100																				
6c	0																				
6d	1203																				
6e	0																				
6f	1203																				
6g(1)	0																				
6g(2)	0																				
6h	0																				
a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits. d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">5</td> </tr> </table>	7	5																		
7	5																				

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

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

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

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

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

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 52-6057761; PLAN NO. 501

APRIL 1, 2024 TO MARCH 31, 2025

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Federated Hermes Govt Oblig Prem SHS	-	-	\$ 4,156,458 -	\$ - 4,125,423	\$ 4,156,458 4,125,423	\$ - -

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 52-6057761; PLAN NO. 501

MARCH 31, 2025

No. of Shares	<u>Short-Term Investment Funds</u>	Fair Value	Cost
143,078	FEDERATED HERMES GOVT OBLIG PREM SHS *	\$ 143,078	\$ 143,078
117,804	FEDERATED HERMES GOVT OBLIG PREM SHS *	117,804	117,804
	<u>TOTALS - SHORT-TERM INVESTMENT FUNDS</u>	<u>\$ 260,882</u>	<u>\$ 260,882</u>

Par Value	<u>Corporate Debt Securities</u>	Maturity Date	Interest Rate (%)			
\$ 38,582	AT&T INC	06/01/27	2.300	\$ 38,234	\$ 38,582	
51,229	ABBOTT LABORATORIES	11/30/26	3.750	44,745	51,229	
35,025	ABBVIE INC	03/15/31	4.950	35,559	35,025	
24,873	ADOBE INC	04/04/29	4.800	25,405	24,873	
24,932	AIR PRODUCTS & CHEMICALS	02/08/34	4.850	24,854	24,931	
19,889	ALLSTATE CORP	12/15/25	0.750	19,482	19,889	
26,492	AMAZON.COM INC	08/22/27	3.150	24,447	26,492	
19,923	AMERICAN WATER CAPITAL C	03/01/35	5.250	20,110	19,923	
39,955	AMPHENOL CORP	03/30/26	4.750	40,136	39,955	
16,313	ANALOG DEVICES INC	04/01/25	2.950	15,000	16,313	
31,795	ANHEUSER BUSCH INBEV WORLDWIDE	01/23/29	4.750	30,301	31,795	
24,922	APPLIED MATERIALS INC	06/15/29	4.800	25,405	24,922	
20,117	AUTOMATIC DATA PROCESSNG	05/15/28	1.700	18,551	20,117	
20,109	AUTOMATIC DATA PROCESSNG	09/09/34	4.450	19,365	20,109	
36,950	AVERY DENNISON CORP	12/06/28	4.875	35,226	36,950	
27,290	BANK OF AMERICA CORP	01/20/28	Var.	24,683	27,290	
35,517	BRISTOL-MYERS SQUIBB CO	02/01/31	5.750	37,015	35,517	
25,136	BROWN-FORMAN CORP	04/15/33	4.750	24,687	25,136	
29,751	CBOE GLOBAL MARKETS INC	12/15/30	1.625	25,522	29,751	
24,850	CNH INDUSTRIAL CAP LLC	01/12/29	5.500	25,700	24,850	
45,305	CANADIAN NATL RY CO	07/15/28	6.900	37,556	45,305	
24,538	CANADIAN PACIFIC RR CO	06/01/28	4.000	24,577	24,537	
39,674	CATERPILLAR FINL SERVICE	05/15/26	4.350	40,068	39,674	
35,037	CHEVRON USA INC	02/26/28	4.475	35,246	35,037	
52,375	CINTAS CORPORATION NO. 2	04/01/27	3.700	49,327	52,375	
23,736	CITIGROUP INC	10/21/26	3.200	24,508	23,736	
38,988	COMCAST CORP	10/15/30	4.250	39,255	38,988	
19,992	CONNECTICUT LIGHT & PWR	12/01/25	0.750	19,517	19,992	
39,848	CONOCOPHILLIPS COMPANY	01/15/30	4.700	40,243	39,848	
25,037	CONSUMERS ENERGY CO	02/15/29	4.900	25,321	25,036	
25,117	CUMMINS INC	02/20/34	5.150	25,413	25,116	
24,449	DARDEN RESTAURANTS INC	05/01/27	3.850	24,626	24,449	
20,017	DICKS SPORTING GOODS	01/15/32	3.150	17,694	20,017	
16,130	WALT DISNEY COMPANY/THE	04/30/28	7.300	16,220	16,130	
19,986	DOMINION ENERGY SOUTH	01/15/35	5.300	20,218	19,986	
24,610	DUKE ENERGY CAROLINAS	01/15/34	4.850	24,670	24,610	
38,074	EATON CORP	03/15/33	4.150	38,199	38,074	
30,349	ECOLAB INC	01/15/28	5.250	30,846	30,349	
25,460	EMERSON ELECTRIC CO	10/15/27	1.800	23,529	25,460	
46,121	EXXON MOBIL CORPORATION	08/16/29	2.440	41,945	46,121	
	<u>Forward</u>			<u>\$ 1,153,405</u>	<u>\$ 1,188,489</u>	

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 52-6057761; PLAN NO. 501
MARCH 31, 2025

Par Value	<u>Corporate Debt Securities (Continued)</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 1,153,405	\$ 1,188,489
\$	24,895 FISERV INC	03/15/30	4.750	24,942	24,895
	45,183 FLORIDA POWER & LIGHT CO	04/01/28	5.050	45,867	45,183
	14,943 GENERAL MOTORS FINL CO	01/08/26	1.250	14,592	14,943
	30,301 GENERAL MOTORS FINL CO	05/08/27	5.400	30,290	30,301
	45,099 GEORGIA PACIFIC CORP	11/15/29	7.750	45,360	45,099
	35,049 GEORGIA POWER CO	05/16/28	4.650	35,227	35,049
	20,054 WW GRAINGER INC	09/15/34	4.450	19,189	20,054
	25,064 HCA INC	02/15/26	5.875	25,098	25,064
	32,736 HERSHEY COMPANY	08/21/25	3.200	29,852	32,736
	30,015 HOME DEPOT INC	09/30/26	4.950	30,314	30,015
	48,535 ILLINOIS TOOL WORKS INC	11/15/26	2.650	48,875	48,535
	24,901 INTEL CORP	08/05/27	3.750	24,481	24,901
	20,051 JACOBS ENGINEERING GROUP	08/18/28	6.350	20,866	20,051
	29,977 KENVUE INC	03/22/26	5.350	30,253	29,977
	34,622 KEURIG DR PEPPER INC	03/15/31	5.200	35,678	34,622
	47,280 KIMBERLY-CLARK CORP	11/01/28	3.950	44,542	47,280
	39,979 ELI LILLY & CO	02/09/27	4.500	40,263	39,979
	39,983 LOCKHEED MARTIN CORP	02/15/29	4.500	40,137	39,983
	20,708 MASTERCARD INC	05/09/34	4.875	20,051	20,708
	44,932 MCDONALDS CORP	05/15/30	4.600	45,008	44,932
	43,511 MOLSON COORS BREWING CO	07/15/26	3.000	44,142	43,511
	42,050 MONDELEZ INTERNATIONAL	03/17/27	2.625	43,436	42,050
	34,350 NATIONAL RURAL UTIL COOP	03/15/30	2.400	31,614	34,350
	22,469 NVENT FINANCE SARL	04/15/28	4.550	19,875	22,469
	20,082 OGE ENERGY CORP	05/15/29	5.450	20,464	20,082
	33,381 O REILLY AUTOMOTIVE INC	06/01/29	3.900	34,001	33,381
	25,765 ORACLE CORP	11/09/29	6.150	26,465	25,765
	24,961 PACCAR FINANCIAL CORP	11/09/26	5.200	25,399	24,961
	15,042 PACCAR FINANCIAL CORP	08/06/27	4.450	15,091	15,042
	14,228 PACIFIC GAS & ELECTRIC	06/15/32	5.900	14,278	14,228
	45,959 PEPSICO INC	03/19/30	2.750	41,610	45,959
	39,254 PROGRESSIVE CORP	03/15/32	3.000	40,239	39,254
	30,111 PUBLIC SERVICE ELECTRIC	03/01/34	5.200	30,520	30,111
	30,085 PUBLIC STORAGE	08/01/33	5.100	30,236	30,085
	29,945 QUANTA SERVICES INC	08/09/27	4.750	30,055	29,945
	47,624 REPUBLIC SERVICES INC	05/15/28	3.950	49,317	47,624
	35,098 ROPER TECHNOLOGIES INC	02/15/32	4.750	34,613	35,098
	37,711 T-MOBILE USA INC	04/15/25	3.500	34,982	37,711
	24,976 TEXAS INSTRUMENTS INC	02/08/27	4.600	25,211	24,976
	21,503 TRANSCONT GAS PIPE LINE	03/15/28	4.000	19,644	21,503
	30,361 UNITED PARCEL SERVICE	03/03/33	4.875	30,105	30,361
	24,406 VENTAS REALTY LP	03/01/28	4.000	24,576	24,406
	16,183 VISA INC	12/14/25	3.150	14,884	16,183
	24,994 VULCAN MATERIALS CO	12/01/29	4.950	25,220	24,994
	49,398 WASTE MANAGEMENT INC	04/15/32	4.150	48,251	49,398
	27,782 WELLS FARGO & COMPANY	04/22/26	3.000	29,545	27,782
	30,005 WISCONSIN ELECTRIC POWER	05/15/29	5.000	30,536	30,005
	<u>Forward</u>			\$ 2,618,599	\$ 2,664,030

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 52-6057761; PLAN NO. 501

MARCH 31, 2025

Par Value	Corporate Debt Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,618,599	\$ 2,664,030
\$ 20,110	WISCONSIN ELECTRIC POWER	10/01/34	4.600	19,372	20,110
21,359	XYLEM INC	01/30/31	2.250	21,858	21,359
53,815	P&G ENERGY RECOVERY FND	07/15/33	1.460	48,838	53,814
42,640	UNION PACIFIC RR CO	05/14/26	3.227	42,052	42,776
20,132	AMER AIRLINE 16-1 AA PTT	07/15/29	3.575	20,156	20,131
36,359	DAIMLER TRUCKS RETAIL TRUST	03/15/27	5.900	36,612	36,359
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 2,807,487</u>	<u>\$ 2,858,579</u>
	<u>Government Debt Securities</u>				
\$ 116,043	U.S. TREASURY NOTES	08/15/30	0.625	\$ 100,655	\$ 116,043
28,296	U.S. TREASURY NOTES	02/15/31	1.125	25,535	28,296
122,765	U.S. TREASURY NOTES	08/15/31	1.250	113,890	122,765
94,604	U.S. TREASURY NOTES	08/15/32	2.750	96,002	94,604
102,585	U.S. TREASURY NOTES	11/15/32	4.125	100,148	102,585
115,915	U.S. TREASURY NOTES	05/15/33	3.375	113,668	115,915
75,453	U.S. TREASURY NOTES	11/30/30	4.375	76,368	75,453
72,638	U.S. TREASURY NOTES	02/15/34	4.000	73,981	72,638
72,650	U.S. TREASURY NOTES	07/31/31	4.125	70,279	72,650
51,276	U.S. TREASURY NOTES	02/15/35	4.625	51,656	51,276
71,701	U.S. TREASURY NOTES	11/15/26	2.000	72,727	71,701
48,614	U.S. TREASURY NOTES	02/15/30	1.500	44,603	48,614
64,706	U.S. TREASURY NOTES	11/15/28	3.125	63,283	64,706
77,463	U.S. TREASURY NOTES	05/15/29	2.375	70,611	77,463
62,839	FEDERAL HOME LOAN MTG CORP	04/01/37	2.500	63,173	62,839
46,710	FEDERAL HOME LOAN MTG CORP	09/01/37	4.000	45,548	46,710
49,245	FEDERAL HOME LOAN MTG CORP	09/01/37	4.500	48,129	49,245
32,358	FEDERAL HOME LOAN MTG CORP	09/01/37	4.500	32,126	32,358
61,339	FEDERAL HOME LOAN MTG CORP	03/01/38	5.000	61,738	61,339
65,918	FEDERAL HOME LOAN MTG CORP	02/01/38	5.500	67,625	65,918
31,463	FEDERAL HOME LOAN MTG CORP	04/01/39	5.000	31,858	31,463
23,162	FEDERAL HOME LOAN MTG CORP	07/15/32	6.250	22,579	23,162
93,480	FEDERAL NATL MTG ASSN	08/05/30	0.875	84,843	93,480
74,570	FEDERAL NATL MTG ASSN	11/15/30	6.625	67,633	74,570
20,799	FEDERAL NATL MTG ASSN	08/01/32	3.000	19,382	20,799
31,116	FEDERAL NATL MTG ASSN	06/01/37	3.500	29,757	31,116
58,708	FEDERAL NATL MTG ASSN	07/01/37	4.000	57,049	58,708
34,356	FEDERAL NATL MTG ASSN	10/01/37	5.000	34,320	34,356
33,613	FEDERAL NATL MTG ASSN	04/01/38	5.500	34,035	33,613
29,451	FEDERAL NATL MTG ASSN	05/01/38	5.000	29,449	29,451
63,785	FEDERAL NATL MTG ASSN	09/01/38	6.000	65,238	63,785
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 1,867,888</u>	<u>\$ 1,927,621</u>

**WASHINGTON WHOLESALERS
HEALTH AND WELFARE FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 52-6057761; PLAN NO. 501

MARCH 31, 2025

<u>Par Value</u>	<u>Other Debt Securities</u>	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
\$ 55,000	COLORADO ST HSG & FIN AUTH	11/01/28	4.645	\$ 55,589	\$ 55,000
80,000	METRO WSTWTR RECLAMATION DIST	04/01/27	2.363	77,521	80,000
70,000	NEBRASKA ST PUBLIC PWR DIST RE	01/01/27	2.493	67,991	70,000
75,000	VIRGINIA ST RESOURCES AUTH INF	11/01/28	2.530	71,188	75,000
	<u>TOTALS - OTHER DEBT SECURITIES</u>			<u>\$ 272,289</u>	<u>\$ 280,000</u>

<u>No. of Shares</u>	<u>Mutual Fund</u>		
225,672	CARILLON SHORT DURATION HIGH YIELD FD	\$ 2,150,655	\$ 2,287,473

<u>No. of Units</u>	<u>COMMON/COLLECTIVE TRUST</u>		
19	AMERICAN CORE REALTY FUND LP	\$ 2,299,241	\$ 2,195,725

* Party-In-Interest