

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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) _____ ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE WASHINGTON TRUST COMPANY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/1959
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) THE WASHINGTON TRUST COMPANY MARIA N. JANES EVP CAO & CONTROLLER P.O. BOX 512 23 BROAD STREET WESTERLY, RI 02891-1879
2b	Employer Identification Number (EIN) 05-0235370
2c	Plan Sponsor's telephone number 401-348-1200
2d	Business code (see instructions) 522110

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.	07/08/2026	KRISTEN L. DISANTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2026	MARIA N. JANES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE WASHINGTON TRUST COMPANY KRISTEN L. DISANTO SEVP CHRO & SEC 8 UNION STREET WESTERLY, RI 02891-1879		3b Administrator's EIN 05-0235370	
		3c Administrator's telephone number 401-348-1200	
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	331
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)	109
		6a(2)	0
		6b	0
		6c	0
		6d	0
		6e	0
		6f	0
		6g(1)	
		6g(2)	
		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan THE WASHINGTON TRUST COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WASHINGTON TRUST COMPANY	D Employer Identification Number (EIN) 05-0235370

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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	ACTUARY	326089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITRIN COOPERMAN & COMPANY LLP

22-2428965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	16059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGILIS PARTNERS LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70	CONSULTANT	13500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GOODWIN PROCTER LLP

04-1378465

(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 70	ERISA LEGAL COUNSEL	10038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITRIN COOPERMAN ADVISORS LLC

87-2525370

(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	FORM 5500 PREP	8416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan THE WASHINGTON TRUST COMPANY PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WASHINGTON TRUST COMPANY	D Employer Identification Number (EIN) 05-0235370

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	289341	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	30772661	0
(2) U.S. Government securities	1c(2)	45151531	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	495117	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4184966	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	826430	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	81720046	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	49666	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	49666	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	81670380	0

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)		
(B) Participants.....	2a(1)(B)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	622101	
(B) U.S. Government securities.....	2b(1)(B)	173807	
(C) Corporate debt instruments.....	2b(1)(C)	126031	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	5000	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		926939
(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)	62765	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		62765
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	120047055	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	122553203	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-2506148
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	158020	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1358424

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69414621	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		69414621
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16059	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	326089	
(8) Legal fees	2i(8)	10038	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38302	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		390488
j Total expenses. Add all expense amounts in column (b) and enter total	2j		69805109

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-71163533
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		10506847

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: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
THE WASHINGTON TRUST COMPANY 401(K) PLAN	05-0235370	002

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 569960.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan THE WASHINGTON TRUST COMPANY PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WASHINGTON TRUST COMPANY				D Employer Identification Number (EIN) 05-0235370	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	5
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☒ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

THE WASHINGTON TRUST COMPANY PENSION PLAN

Financial Statements and Supplemental Schedule

As of and for the years ended September 30, 2025 (In Liquidation) and 2024 (In Liquidation)

(With Independent Auditor's Report Thereon)

THE WASHINGTON TRUST COMPANY PENSION PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	
Statements of Net Assets Available for Benefits as of September 30, 2025 and 2024	1
Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2025 and 2024	2
Statements of Accumulated Plan Benefits as of September 30, 2025 and 2024	3
Statements of Changes in Accumulated Plan Benefits for the years ended September 30, 2025 and 2024	4
Notes to Financial Statements:	
Note 1 - Description of Plan	5
Note 2 - Summary of Accounting Policies	7
Note 3 - Funding Policy	9
Note 4 - Plan Termination	9
Note 5 - Fair Value	10
Note 6 - Federal Income Taxes	11
Note 7 - Party-in-Interest Transactions	12
Note 8 - Mutual Fund Fees	12
Supplemental Schedule:	
Schedule H, line 4j - Schedule of Reportable Transactions - Year Ended September 30, 2025	14-15



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
The Washington Trust Company Pension Plan
Westerly, Rhode Island

Opinion

We have audited the financial statements of The Washington Trust Company Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and accumulated plan benefits as of September 30, 2025 (in liquidation) and 2024 (in liquidation), and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years ended September 30, 2025 (in liquidation) and 2024 (in liquidation), and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and the accumulated plan benefits of The Washington Trust Company Pension Plan as of September 30, 2025 (in liquidation) and 2024 (in liquidation), and the changes in its net assets available for benefits and the changes in its accumulated plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Plan Termination and Liquidation Basis of Accounting

As further described in Notes 1 and 2 to the financial statements, the Plan's sponsor elected to terminate the Plan effective December 31, 2023. In accordance with accounting principles generally accepted in the United States of America, the Plan is presented on the liquidation basis of accounting in the 2025 and 2024 financial statements. Our opinion is not modified with respect to this matter.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

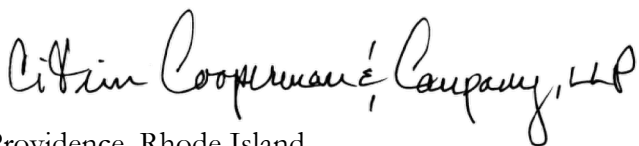
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, line 4j - Schedule of Reportable Transactions for the year ended September 30, 2025, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.



Providence, Rhode Island
July 8, 2026

THE WASHINGTON TRUST COMPANY PENSION PLAN

Statements of Net Assets Available for Benefits

	September 30, 2025 (In Liquidation)	September 30, 2024 (In Liquidation)
Assets:		
Investments, at fair value:		
Interest-bearing cash	\$—	\$30,772,661
Corporate bonds	—	495,117
Obligations of U.S. government agencies and U.S. government-sponsored enterprises	—	45,151,531
Obligations of states and political subdivisions	—	826,430
Mutual funds	—	4,184,966
Total investments	—	81,430,705
Accrued interest and dividends receivable	—	289,341
Total assets	—	81,720,046
Liabilities:		
Accrued expenses	—	49,666
Total liabilities	—	49,666
Net assets available for benefits	\$—	\$81,670,380

THE WASHINGTON TRUST COMPANY PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	Years ended	
	September 30, 2025 (In Liquidation)	September 30, 2024 (In Liquidation)
Additions to net assets attributed to:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	(\$2,348,128)	\$6,836,276
Dividends	62,765	223,709
Interest	926,939	1,763,326
Net investment (loss) income	(1,358,424)	8,823,311
Employer contributions	—	—
Total (reductions) additions	(1,358,424)	8,823,311
Deductions from net assets attributed to:		
Benefits paid to participants	69,414,621	5,139,168
Administrative expenses	390,488	864,192
Total deductions	69,805,109	6,003,360
Net (decrease) increase	(71,163,533)	2,819,951
Transfer to qualified replacement plan	10,506,847	—
Net assets available for benefits, at beginning of year	81,670,380	78,850,429
Net assets available for benefits, at end of year	\$—	\$81,670,380

THE WASHINGTON TRUST COMPANY PENSION PLAN

Statements of Accumulated Plan Benefits

	September 30, 2025 (In Liquidation)	September 30, 2024 (In Liquidation)
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participating employees	\$—	\$43,027,610
Participants with deferred benefits	—	4,322,767
Participants currently receiving benefits	—	28,001,998
Total vested benefits	—	75,352,375
Nonvested benefits	—	—
Total actuarial present value of accumulated plan benefits	\$—	\$75,352,375

THE WASHINGTON TRUST COMPANY PENSION PLAN

Statements of Changes in Accumulated Plan Benefits

	Years ended	
	September 30, 2025 (In Liquidation)	September 30, 2024 (In Liquidation)
Actuarial present value of accumulated plan benefits at beginning of year	\$75,352,375	\$70,351,222
Increase (decrease) during the year attributable to:		
Increase in interest due to decrease in discount period	1,269,343	3,605,871
Benefits accumulated, including actuarial gains and losses	(7,207,097)	(629,253)
Change in actuarial assumptions	—	7,163,703
Benefits paid	(69,414,621)	(5,139,168)
Net (decrease) increase	(75,352,375)	5,001,153
Actuarial present value of accumulated plan benefits at end of year	\$—	\$75,352,375

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

Note 1 - Description of Plan

The following brief description of The Washington Trust Company Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

On October 19, 2023, the Board of Directors of the Plan Sponsor approved a resolution to terminate the Plan effective December 31, 2023 and shortly thereafter participants were notified of the termination. As of the effective date of the termination, participants were fully vested in their accrued benefits.

The Plan was a defined benefit pension plan covering certain employees of The Washington Trust Company, of Westerly (the "Bank" or "Plan Sponsor") and participating Bank subsidiaries who (a) were hired or rehired before October 1, 2007; (b) were at least 21 years of age and (c) had completed 1,000 hours of service. Effective October 1, 2007, the Plan did not allow new entrants.

The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan's assets were held in a trust managed by the Bank's Wealth Management Department.

The Plan adopted the following amendments, effective December 31, 2023, in connection with the termination.

- A termination date of December 31, 2023 was established for the Plan.
- For any participant who had not commenced payment of their nonforfeitable accrued benefit on or after the election window established by the Plan Sponsor:
 - the participant's accrued benefit will be payable in a lump sum if the actuarial present value of the participant's nonforfeitable accrued benefit is \$7,000 or less on the benefit commencement date; or
 - the participant may elect, within the election window, to receive payment of their nonforfeitable accrued benefit as a lump sum or immediate annuity, payable on the commencement date, if the actuarial present value of the participant's nonforfeitable accrued benefit exceeds \$7,000 on the benefit commencement date.
- Provisions were amended related to the determination of lump sum benefits and immediate annuity benefits that participants would be eligible to receive.
- For any participant who had commenced payment of their nonforfeitable accrued benefit prior to the close of the election period, benefit payments will continue to be made through the date that is immediately prior to the annuity contract conversion date.
- The Plan shall purchase an annuity contract from an insurer to pay the nonforfeitable accrued benefits for participants:
 - who made such election during the election window;
 - who did not properly make an election during the election window;
 - who commenced benefits by the end of the election window; or
 - who were excluded from making an election during the election window as defined in the Plan amendment.
- Lump sums shall be paid to participants as soon as practicable after the benefit commencement date.
- The annuity contract shall be purchased as soon as practicable after the lump sums have been paid.
- Payments under the annuity contract shall be paid by the insurer as of the annuity contract conversion date that is set forth in the annuity contract, and no further payments will be made from the Plan to participants after the annuity contract conversion date.

Pension Benefits

The following summarizes key provisions pertaining to Plan benefits prior to the Plan termination amendments described above.

The Plan was amended and restated effective October 31, 2013 to freeze benefit accruals after a ten-year transition period ending December 31, 2023 and to include a lump-sum option on termination or retirement to active and terminated vested participants.

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

Under the terms of the Plan, the normal retirement benefit is the sum of (a) 1.2% of average annual pension compensation plus (b) 0.65% of average annual compensation in excess of the Social Security covered compensation level, multiplied by the number of years of benefit service (up to a maximum of 35 years). Employees became vested in the Plan's benefits after 5 years of service.

Average annual pension compensation is determined using the highest 5 calendar years, consecutive or non-consecutive, within the last 10 years of employment. For participants who, as of September 30, 2005, were active employees who had both attained age 50 and completed 5 or more years of vesting service, average annual pension compensation is determined based upon the highest 36 consecutive months within the last 10 years of employment. Annual pension compensation is limited to \$150,000 for employees who are classified as "commissioned sales employees."

Pension benefits are available at normal retirement age, typically age 65. Active participants may take a lump sum or commence reduced pension benefits upon termination of employment at any age. Terminated participants may also take a lump sum or commence reduced benefits at any time. In addition, enhanced early retirement benefits are available as early as age 60 to participants (a) who as of September 30, 2005 were active employees who had both attained age 50 and completed 5 or more years of vesting service; and (b) whose age plus years of benefit service total 85 or more upon termination of employment.

Under the provisions of the Plan, there are a range of benefit payment plan options available to employees in the form of annuities, as well as a lump-sum option.

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code (the "Code"). The Plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost, but not for determining contributions.

In the event of the death of a married participant with 5 or more years of vesting service, the surviving spouse is eligible for a pre-retirement death benefit payable on the earliest date that the participant could have commenced retirement benefits (which is age 65 or age 55 for participants with 10 years of vesting service). The benefit will equal 50% of the benefit the participant would have received if such participant elected commencement of benefit payments under the joint and 50% survivor annuity option. There is no pre-retirement death benefit for an unmarried participant.

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

Note 2 - Summary of Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Presentation

As a result of the approved resolution to terminate the Plan, liquidation of the Plan was considered imminent and therefore the liquidation basis of accounting was adopted for the financial statements as of and for the years ended September 30, 2025 and 2024. Under the liquidation basis of accounting, assets were stated at their estimated net realizable values and liabilities were stated at their anticipated settlement amounts. Substantially all of the Plan's assets were at fair value, which approximates their net realizable value. Estimates were remeasured to actual amounts upon settlement.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are determined on the specific identification method. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Dividends are recorded as income on the ex-dividend date. Interest income is recorded on the accrual method.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- (a) retired, disabled, or terminated employees or their beneficiaries;
- (b) beneficiaries of employees who have died; and
- (c) present employees or their beneficiaries.

Accumulated plan benefits are based on average annual pension compensation and benefit service, as defined in the Plan. Benefits payable are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

The actuarial assumptions for the year ended September 30, 2024, were determined on a liquidation basis of accounting resulting from the termination of the Plan.

The following summarizes significant actuarial assumptions used in the valuation for the year ended September 30, 2024:

Assumptions

Discount rate	4.41%
Annual rate of future salary increases	N/A
Mortality	Pri-2012 Employees, Healthy Annuitants, and Contingent Survivors mortality tables projected generationally from 2012 using MP-2020, using contingent survivor rates after the primary participant's death
Retirement age	Eligible participants will retire at the later of age 65 with 5 years of service or the attained age on the measurement date
Employee turnover rates	Ranging from 15% at age 25 to 0.5% at age 55
Lump sum acceptance rate	70% for participating employees; 45% for terminated employees with a vested benefit
Insurance company premium	115% for participating employees and terminated employees with a vested benefit; 109.5% for current retirees

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses of Pension Plan

In general, the Plan provides for the payment of administrative expenses from Plan assets. Administrative expenses including, but not limited to, custodial, auditing, actuarial and investment transaction fees may be paid from the Plan. Insurance payments to the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. governmental agency) were paid directly by the Plan for the years ended September 30, 2025 and 2024. In addition, the Plan Sponsor paid investment management fees on behalf of the Plan, without reimbursement from the Plan. Expenses also include administrative expenses associated with the Plan termination.

Subsequent Events

The Plan has evaluated subsequent events through July 8, 2026, the date the financial statements were available to be issued. There were no subsequent events that required disclosure under GAAP.

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

Note 3 - Funding Policy

The Bank had voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay benefits to plan participants. There were no employer contributions made for each of the plan years ended September 30, 2025 and 2024, as the Plan was well-funded.

The Bank had the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth by ERISA. As further described in Note 1, the Plan was terminated effective December 31, 2023.

Note 4 - Plan Termination

Upon termination, the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) all accrued benefits at the time of Plan termination for a period of 5 years;
- (b) annuity benefits of former employees or their beneficiaries who have been receiving benefit payments for at least 3 years prior to the termination of the Plan. The priority amount is limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the 5 years preceding termination;
- (c) annuity benefits of employees eligible to retire within the 3-year period prior to the termination of the Plan in the amounts they would have been receiving if they had retired with benefits. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those 3 years;
- (d) other vested benefits insured by the PBGC up to the applicable limitations (discussed below);
- (e) all other vested benefits; i.e. vested benefits not insured by the PBGC;
- (f) all nonvested benefits;
- (g) any residual assets of the Plan may be distributed to the Plan Sponsor, if all liabilities of the Plan to participants and their beneficiaries have been satisfied, and the distribution does not contravene any provision of the law.

Certain benefits under the Plan are insured by the PBGC when a Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a periodically adjusted statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during the year ended September 30, 2025 that ceiling was \$7,432 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least age 65 at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Any benefit improvements attributable to early retirement provisions may not be fully guaranteed, even though total benefit entitlements fall below the aforementioned ceiling.

In 2025, the Plan was settled through a combination of lump sum payments to participants and the purchase of a group annuity contract from a highly-rated insurance company. As a result of the Plan's over-funded status, remaining surplus assets totaling \$10,506,847 were transferred directly to the Plan Sponsor's 401(k) Plan, a qualified replacement plan, to fund non-elective employer contributions.

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

Note 5 - Fair Value

Fair value is a market-based measurement, not an entity-specific measurement. Fair value measurements are determined based on the assumptions the market participants would use in pricing the asset or liability. In addition, GAAP specifies a hierarchy of valuation techniques based on whether the types of valuation information (“inputs”) are observable or unobservable. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan’s market assumptions. These two types of inputs have created the following fair value hierarchy:

- Level 1 - Quoted prices for *identical* assets or liabilities in active markets.
- Level 2 - Quoted prices for *similar* assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; and model-derived valuations in which all significant inputs and significant value drivers are observable in active markets.
- Level 3 - Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are *unobservable* in the markets and which reflect the Plan’s market assumptions.

The Plan uses fair value measurements to record fair value adjustments to the securities held in the investment portfolio. The asset’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There were no changes in the methodologies used for the Plan years ended September 30, 2025 and 2024.

Interest-Bearing Cash

Interest-bearing cash, which consist of cash equivalents and time certificates of deposit, are valued at the deposit amount, which approximates fair value. Interest-bearing cash is classified as Level 1.

Mutual Funds

Mutual funds, which consist of balanced funds, fixed income funds and equity funds, are valued at quoted market prices in active markets, which represent the net asset value of the funds. Mutual funds are classified as Level 1.

Debt Securities

Debt securities, which consist of corporate bonds, obligations of U.S. government agencies and U.S. government-sponsored enterprises, and obligations of states and political subdivisions. These securities are traded less frequently than exchange-traded instruments. The fair value of debt securities are valued using pricing models, such as matrix pricing with inputs that are observable in the market or can be derived principally from or corroborated by observable market data. Debt securities are classified as Level 2.

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

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

The table below presents the Plan's assets reported at fair value on a recurring basis.

September 30, 2024 (In Liquidation)	Fair Value Measurements Using			Total
	Level 1	Level 2	Level 3	
Assets:				
Interest-bearing cash	\$30,772,661	\$—	\$—	\$30,772,661
Corporate bonds	—	495,117	—	495,117
Obligations of U.S. government agencies and U.S. government-sponsored enterprises	—	45,151,531	—	45,151,531
Obligations of states and political subdivisions	—	826,430	—	826,430
Mutual funds	4,184,966	—	—	4,184,966
Total assets at fair value on a recurring basis	\$34,957,627	\$46,473,078	\$—	\$81,430,705

Note 6 - Federal Income Taxes

In connection with the Plan termination, the Plan applied for and received a favorable determination letter from the Internal Revenue Service ("IRS"). The letter, issued April 1, 2025, specifically noted that the termination of the Plan does not affect its qualification for federal tax purposes. For purposes of the determination, the IRS considered Plan provisions including amendments dated November 30, 2021, November 30, 2022 and November 1, 2023, as well as the proposed termination date of December 31, 2023.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor ("DOL"). The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2025 and 2024, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS and DOL, however, as of the date these financial statements were available to be issued, there were no audits for any tax periods in progress.

THE WASHINGTON TRUST COMPANY PENSION PLAN

Notes to Financial Statements September 30, 2025 and 2024

Note 7 - Party-in-Interest Transactions

The Plan Sponsor's Wealth Management Department is a party-in-interest to the Plan as it receives compensation in the form of asset management fees from the Plan. These fees are paid by the Plan Sponsor and had no impact on Plan assets. The Plan Sponsor incurred investment management fees on behalf of the Plan, without reimbursement from the Plan, in the amount of \$53,623 and \$152,706, respectively, for the years ended September 30, 2025 and 2024.

Note 8 - Mutual Fund Fees

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads, or 12b-1 fees. The 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the mutual funds. These sales charges are deducted prior to the allocation of the Plan's investment earnings (losses); therefore, they are not separately identifiable as an expense.

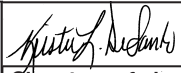
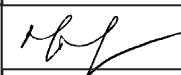
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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
1a	Name of plan THE WASHINGTON TRUST COMPANY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/1959
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) THE WASHINGTON TRUST COMPANY MARIA N. JANES EVP CAO & CONTROLLER P.O. BOX 512 23 BROAD STREET WESTERLY RI 02891-1879
2b	Employer Identification Number (EIN) 05-0235370
2c	Plan Sponsor's telephone number 401-348-1200
2d	Business code (see instructions) 522110

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		07/08/2026	KRISTEN L. DISANTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		07/08/2026	MARIA N. JANES
	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

THE WASHINGTON TRUST COMPANY PENSION PLAN

Schedule H, line 4j - Schedule of Reportable Transactions Year Ended September 30, 2025

EIN: 05-0235370

Plan Number: 001

Identity of party involved (a)	Description of asset (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain or (loss) (i)
Fidelity Government Portfolio	Single purchase of 11,878,686.55 shares @ \$1.00 USD	\$11,878,687	\$—	—	\$—	\$11,878,687	\$11,878,687	\$—
Fidelity Government Portfolio	Single purchase of 27,402,698.65 shares @ \$1.00 USD	\$27,402,699	\$—	—	\$—	\$27,402,699	\$27,402,699	\$—
Fidelity Government Portfolio	Single purchase of 7,627,600.96 shares @ \$1.00 USD	\$7,627,601	\$—	—	\$—	\$7,627,601	\$7,627,601	\$—
Fidelity Government Portfolio	Single sale of 29,667,000.00 shares @ \$1.00 USD	\$—	\$29,667,000	—	\$—	\$29,667,000	\$29,667,000	\$—
Fidelity Government Portfolio	Single sale of 19,651,505.77 shares @ \$1.00 USD	\$—	\$19,651,506	—	\$—	\$19,651,506	\$19,651,506	\$—
Fidelity Government Portfolio	Single sale of 16,918,227.74 shares @ \$1.00 USD	\$—	\$16,918,228	—	\$—	\$16,918,228	\$16,918,228	\$—
Fidelity Government Portfolio	Single sale of 10,345,459.49 shares @ \$1.00 USD	\$—	\$10,345,459	—	\$—	\$10,345,459	\$10,345,459	\$—

THE WASHINGTON TRUST COMPANY PENSION PLAN

Schedule H, line 4j - Schedule of Reportable Transactions Year Ended September 30, 2025

EIN: 05-0235370

Plan Number: 001

Identity of party involved (a)	Description of asset (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain or (loss) (i)
United States Treasury Strip Coupon Zero 15 Aug 2034	Single sale of 15,000,000 Par Value of United States Treasury Strip Coupon Zero 15 Aug 2034 @ 64.815 %	\$—	\$9,722,250	—	\$—	\$8,995,020	\$9,722,250	\$727,230
United States Treasury Strip Coupon Zero 15 May 2036	Single sale 11,500,000 Par Value of United States Treasury Strip Coupon Zero 15 May 2036 @ 59.402 %	—	\$6,831,230	—	\$—	\$7,174,400	\$6,831,230	(\$343,170)
United States Treasury Strip Coupon Zero 15 May 2041	Single sale of 12,000,000 Par Value of United States Treasury Strip Coupon Zero 15 May 2041 @ 45.491 %	\$—	\$5,458,920	—	\$—	\$5,947,230	\$5,458,920	(\$488,310)
Fidelity Government Portfolio	Purchase of cash equivalents in series of 56 transactions	51,549,829	\$—	—	\$—	\$51,549,829	\$51,549,829	\$—
Fidelity Government Portfolio	Sales of cash equivalents in series of 33 transactions	—	\$79,044,489	—	\$—	\$79,044,489	\$79,044,489	\$—