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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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) G

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WANADA DENTAL BENEFITS TRUST

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/2008

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF THE WANADA DENTAL BENEFITS TRUST

5301 WISCONSIN AVE. NW #210
SUITE 210
WASHINGTON, DC 20015

2b Employer Identification Number (EIN)
83-0503132

2c Plan Sponsor's telephone number
202-237-7200

2d Business code (see instructions)
813000

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.	10/15/2026	JOHN O'DONNELL
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	7330
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	6869
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	7330
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7330
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4D 4E

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WANADA DENTAL BENEFITS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE WANADA DENTAL BENEFITS TRUST

D Employer Identification Number (EIN)
83-0503132

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 GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(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
13-5123390	64246	00472376	1728	01/01/2025	12/31/2025

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
0	304666

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

WANADA BUSINESS SERVICES CORPORATIO
5301 WISCONSIN AVENUE, SUITE 210
WASHINGTON, DC 20015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	304666		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		
	(c) Amount	(d) Purpose	(e) Organization code

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	110140
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WANADA DENTAL BENEFITS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE WANADA DENTAL BENEFITS TRUST

D Employer Identification Number (EIN)
83-0503132

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
WELLPOINT

(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
52-0913817	80314	F55002025031804		01/01/2025	12/31/2025

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
0	0

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

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

WANADA BUSINESS SERVICES CORPORATIO
5301 WISCONSIN AVENUE, SUITE 210
WASHINGTON, DC 20015

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WANADA DENTAL BENEFITS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE WANADA DENTAL BENEFITS TRUST

D Employer Identification Number (EIN)
83-0503132

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

UNICARE LIFE & HEALTH INC

PO BOX 182361
COLUMBUS, OH 43218

52-0913817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	INSURANCE CARRIER	48216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WANADA DENTAL BENEFITS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE WANADA DENTAL BENEFITS TRUST

D Employer Identification Number (EIN)
83-0503132

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:

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)

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name WANADA DENTAL BENEFITS TRUST

b Name of plan sponsor TRUSTEES WANADA DENTAL BENEFITS TRUST | **c** EIN-PN 83-0503132-501

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WANADA DENTAL BENEFITS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE WANADA DENTAL BENEFITS TRUST

D Employer Identification Number (EIN)
83-0503132

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	50855	57349
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1114961	1097274
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29350	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	901972	1335375
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		5350
1f Total assets (add all amounts in lines 1a through 1e)	1f	2097138	2495348
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	208566	719140
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	208566	719140
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1888572	1776208

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)	2422714	
(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)		2422714
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	43364	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		43364
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-739	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-739

		(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		2465339
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	1821549	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1821549
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)	187100	
(2) Contract administrator fees	2i(2)	532477	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	16295	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	20282	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		756154
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2577703
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-112364
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) [X] 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)** [X] 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: COUNCILOR, BUCHANAN & MITCHELL, PC **(2)** EIN: 52-1711839

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.)	**4a**			
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		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.)	**4j**		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?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY CONSOLIDATING INFORMATION

DECEMBER 31, 2025

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

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DECEMBER 31, 2025

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ADVISORS | CPAs

7910 Woodmont Ave, Suite 500
Bethesda, MD 20814
301.986.0600 councilor.com

Independent Auditor's Report

Board of Directors
Washington Area New Automobile Dealers Association
and Affiliates
Washington, DC

Opinion

We have audited the accompanying consolidated financial statements of Washington Area New Automobile Dealers Association and Affiliates, which comprise the consolidated statement of financial position as of December 31, 2025, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Association and its affiliates as of December 31, 2025, and the changes in their net assets and their cash flows 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 Consolidated Financial Statements section of our report. We are required to be independent of the Association and its affiliates 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 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.

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

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 consolidated 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 consolidated 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 consolidated 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 Association and its affiliates' 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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association and its affiliates' 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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information in the supplementary schedules is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Councilor, Buchanan + Mitchell, P.C.

Bethesda, Maryland
October 15, 2026

Certified Public Accountants

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2025

Assets

Current Assets	
Cash and Cash Equivalents	$ 3,348,614
Certificates of Deposit	3,659,901
Accrued Interest Receivable	47,180
Accounts Receivable	434,638
Prepaid Expenses - Other	1,027,107
Total Current Assets	8,517,440
Investments, at Fair Value	11,452,072
Property and Equipment, Net	451,519
Operating Right-of-Use Asset	1,278,997
Other Assets	76,360
Total Assets	$ 21,776,388

Liabilities and Net Assets

Current Liabilities	
Accounts Payable	$ 497,708
Accrued Expenses	24,592
Operating Lease Liability	255,711
Deferred Revenues - Auto Show	1,604,944
Deferred Revenues - Other	81,954
Total Current Liabilities	2,464,909
Operating Lease Liability - Long-Term	1,332,575
Net Assets Without Donor Restrictions	17,978,904
Total Liabilities and Net Assets	$ 21,776,388

See accompanying Notes to Consolidated Financial Statements.

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2025

Revenues	
Auto Show Revenue	$ 4,781,220
Insurance Administrative Fees	1,564,893
Dental and Vision Premiums	2,422,896
Life and Disability Premiums	350,155
COBRA Premiums	350,875
Dividends and Interest	598,794
Dealer Member Assessments	163,319
Tuition	195,800
Seminars	3,517
Grants	243,882
Kindred Member Dues	46,987
Other Contributions	176,247
Program Fees	16,400
Commissions - NADA	13,710
Associate Member Dues	8,895
Other Income	35,031
Net Investment Income	1,244,756
Total Revenues	12,217,377
Expenses	
Program Services	
Auto Show	2,957,341
Group Insurance	4,787,923
Vocational Training	662,026
Community Support	6,101
General and Administrative	2,709,354
Total Expenses	11,122,745
Change in Net Assets Without Donor Restrictions before Income Tax Expense	1,094,632
Provision for Income Taxes	26,826
Change in Net Assets Without Donor Restrictions	1,067,806
Net Assets Without Donor Restrictions, Beginning of Year	16,911,098
Net Assets Without Donor Restrictions, End of Year	$ 17,978,904

See accompanying Notes to Consolidated Financial Statements.

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2025

	Auto Show	Group Insurance	Vocational Training	Community Support	General and Administrative	Total
Auto Show Expenses	$ 2,957,341	$ -	$ -	$ -	$ -	$ 2,957,341
Insurance Premiums	-	2,439,673	-	-	-	2,439,673
Salaries	-	1,501,037	334,522	-	1,260,023	3,095,582
Professional Fees	-	90,329	4,710	1,101	240,709	336,849
Retirement Plan	-	122,662	18,987	-	46,056	187,705
Rent	-	-	-	-	15,737	15,737
Meetings	-	76,104	22,644	-	27,673	126,421
Insurance	-	132,708	22,690	-	195,423	350,821
Contributions	-	2,500	-	5,000	84,547	92,047
Other Taxes and Licenses	-	105,698	-	-	114,536	220,234
Tuition	-	-	146,925	-	-	146,925
Membership Services	-	13,291	-	-	34,462	47,753
Office Services and Maintenance	-	44,493	2,700	-	29,044	76,237
Broker's Fees	-	58,528	-	-	-	58,528
Parking and Metro	-	10,957	-	-	13,870	24,827
Contractors	-	-	72,341	-	-	72,341
Travel	-	11,510	-	-	60,111	71,621
Tools	-	-	19,058	-	-	19,058
Miscellaneous	-	30,597	3,855	-	193,333	227,785
Membership Fees	-	10,059	-	-	15,134	25,193
Claims	-	-	-	-	-	-
Telephone	-	22,072	250	-	27,525	49,847
Printing and Office Supplies	-	9,616	1,774	-	9,548	20,938
Community Causes	-	-	-	-	21,663	21,663
Company Cars (Vehicle Expense)	-	10,829	-	-	2,934	13,763
Operating Lease Expense	-	-	-	-	272,840	272,840
Postage	-	4,104	-	-	3,528	7,632
Public Relations	-	-	8,434	-	-	8,434
Mileage Reimbursements	-	-	3,136	-	-	3,136
Interest Expense	-	53,418	-	-	-	53,418
Executives' Expenses	-	782	-	-	1,453	2,235
Depreciation and Amortization	-	36,956	-	-	39,205	76,161
Total Expenses	$ 2,957,341	$ 4,787,923	$ 662,026	$ 6,101	$ 2,709,354	$ 11,122,745

See accompanying Notes to Consolidated Financial Statements.

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2025

Cash Flows from Operating Activities	
Change in Net Assets	$ 1,067,806
Adjustments to Reconcile Change in Net Assets	
to Net Cash Used in Operating Activities	
Depreciation and Amortization	76,161
Operating Lease Expense	272,840
Net Investment Income	(1,244,756)
(Increase) Decrease in Assets	
Accrued Interest Receivable	(47,180)
Accounts Receivable	80,940
Prepaid Expenses - Auto Show	658,022
Prepaid Expenses - Other	(939,007)
Other Assets	13,732
Increase (Decrease) in Liabilities	
Accounts Payable	54,762
Accrued Expenses	195
Deferred Revenue	(447,190)
Operating Lease Liability	(305,622)
Net Cash Used in Operating Activities	(759,297)
Cash Flows from Investing Activities	
Purchase of Property and Equipment	(151,774)
Purchases of Certificates of Deposit	(8,410,216)
Redemption of Certificates of Deposit	8,474,000
Purchases of Investments	(5,417,512)
Proceeds from Sale of Investments	5,041,307
Net Cash Used in Investing Activities	(464,195)
Net Decrease in Cash and Cash Equivalents	(1,223,492)
Cash and Cash Equivalents, Beginning of Year	4,572,106
Cash and Cash Equivalents, End of Year	$ 3,348,614
Supplementary Disclosures of Cash Flow Information	
Cash Paid during the Year for Interest	$ 53,418
Cash Paid during the Year for Income Taxes	-

See accompanying Notes to Consolidated Financial Statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The consolidated financial statements of Washington Area New Automobile Dealers Association (the Association) and Affiliates are presented on a consolidated basis, which includes the accounts of the Association, WANADA Pension Trust (the Pension Trust), WANADA Business Services Corporation (the Corporation), WANADA Dental Benefits Trust (the Dental Trust), WANADA Automobile Dealer Education Institute (ADEI), and WANADA Community Support Foundation (the Foundation). The consolidated group includes the Association, its majority-owned subsidiary (the Corporation), and other organizations over which the Association exercises control and in which the Association has an economic interest. All inter-organization assets, liabilities, revenues, and expenses have been eliminated in the consolidation.

Organization and Nature of Activities

The Association's principal role is to promote all aspects of the new automobile business in the Washington, DC, region. Secondarily, the Association represents its dealer membership in the local, state, and national public policy process and speaks for its part of the auto industry in public and media forums.

The Pension Trust provides retirement programs for management of the Association.

The Corporation was established to engage in the marketing and administration of group health, life, and dental insurance programs and any other type of insurance program that the Corporation may wish to market and/or administer.

The Dental Trust provides and maintains insurance programs for the benefit of the participating employers, their employees, and, where applicable, dependents and beneficiaries of such employees.

ADEI provides a structured classroom, a shop, and an interactive curriculum with full-time, on-the-job training. The curriculum trains students to pass ASE certification exams needed to become a Master Technician.

The Foundation is organized to enrich the lives of the youth of the Washington, DC, metropolitan area, through supporting area youth charities and acting as a fundraising resource for local auto dealers.

Use of 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 of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from the estimates made in the preparation of the financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash Equivalents

For the purpose of the consolidated statement of cash flows, the Association considers all highly-liquid debt instruments purchased with a maturity of three months or less, money market accounts, and money market funds to be cash equivalents.

Accounts Receivable

Accounts receivable consist of amounts due within one year related to the auto show, which consists of exhibitor space, ticket sales, sponsorships, and other event fees. Accounts receivable are presented in the consolidated statement of financial position at their outstanding balances, reduced by credit losses, if necessary, to reserve for potentially uncollectible accounts. Management evaluates the need to record an allowance for doubtful accounts periodically based on known and inherent risks in the accounts receivable population. Accounts receivable are considered past due beyond one year. Accounts receivable are written off by management based on a case-by-case determination that the accounts are deemed uncollectible. At December 31, 2025, management believes the balances are fully collectible.

The Association uses the loss-rate method to estimate expected credit losses based on historical experience, current conditions, and reasonable and supportable forecasts about collectability. Historical credit loss experience provides the basis for the estimation of expected credit losses and adjustments are made for differences in current and forecasted risk characteristics and economic conditions.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited. These expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, professional fees, retirement plan expenses, and rent, among others. These expenses are allocated on the basis of estimates of time and effort by employees or on the basis of headcount. Expenses directly identifiable to specific programs or supporting activities are presented accordingly.

Investments

Investments are carried at fair value and consist of certificates of deposits, fixed income, equities, exchange-traded funds, real assets, and mixed-assets mutual funds. Corporate stocks mutual funds are valued based on quoted prices on national exchanges. Realized and unrealized gains and losses, net of investment fees, are reported as net investment income in the consolidated statement of activities.

Property and Equipment

Property and equipment purchases are capitalized at cost and depreciated and amortized over the estimated useful lives of the assets using straight-line and accelerated methods.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment (Continued)

Leasehold improvements are amortized over 7 - 10 years; furniture and fixtures are depreciated over 3 - 7 years; and automobiles are depreciated over 5 years. Repairs and maintenance are expensed as incurred. The Association capitalizes all expenditures for property and equipment in excess of $500.

Revenue Recognition

Auto show revenue consists of exhibitor space, ticket sales, sponsorships, and other event fees. The Association recognizes auto show revenue at the point in time when the event occurs. Advance payments collected on the 2026 Auto Show are included in deferred revenue for the Association. Amounts owed to vendors and exhibitors of the Auto Show are recorded as refunds due on the consolidated statement of financial position.

Insurance administrative fees and premiums are recognized in the period earned. Group insurance premiums that were collected in advance are included in deferred revenue for the Corporation.

Dealer member assessments are assessed on the number of vehicles sold by each dealer member and are recognized by the Association monthly when received.

Tuition revenue for ADEI consists of payments received from dealers for the spring and/or fall cycles of the calendar year and are recognized during the specific cycle.

Revenue from seminars is recognized by ADEI at the point in time when the event occurs. Payments collected in advance of the seminar or event is recorded as deferred revenue until the event is held.

Unconditional grants and other contributions are recognized as revenue when received or promised. ADEI reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. Restricted contributions for which the restrictions are met in the year received are recorded as net assets without donor restrictions for financial statement purposes.

Kindred and associate member dues are recognized ratably over the applicable dues period. Member dues collected in the current year for the following year are recorded as deferred revenue by the Association.

Revenue from all other sources is recognized at the point in time when earned.

Advertising Costs

Advertising costs are expensed as incurred and amounted to $980,378 for the year ended December 31, 2025. Advertising costs are included in auto show expenses on the consolidated statement of activities.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Association and Pension Trust are exempt from income taxes on their normal operations under Section 501(c)(6) of the Internal Revenue Code. However, the Association is liable for federal and state income taxes on unrelated business income (UBI), which includes interest, royalties, and rents from the Corporation. Federal and state income taxes on UBI was $19,568 for the year ended December 31, 2025. The provision for income taxes is reported on the consolidated statement of activities.

The Corporation is taxable as a C corporation under the Internal Revenue Code.

The Dental Trust is exempt from income taxes on its normal operations under section 501(c)(9) of the Internal Revenue Code.

ADEI and the Foundation are exempt from income taxes on their normal operations under Section 501(c)(3) of the Internal Revenue Code.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under that guidance, the Association and its affiliates may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt statuses of the Association and its affiliates and various positions related to the potential sources of unrelated business income tax (UBIT). The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits related to uncertain tax positions identified or recorded as liabilities for 2025.

The Association and its affiliates' policy would be to recognize interest and penalties, if any, on tax positions related to their unrecognized tax benefits in income tax expense in the consolidated financial statements. No interest and penalties were assessed or recorded during 2025.

The information and tax returns for the Association and its affiliates are subject to examination by the tax authorities for three years after filing.

Right-of-Use Assets and Lease Liabilities

The determination of whether an arrangement is a lease is made at the lease's inception. Under the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-02, *Leases (Topic 842)*, a contract is (or contains) a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Control is defined under the standard as having both the right to obtain substantially all of the economic benefits from use of the asset and the right to direct the use of the asset. Management only reassesses its determination if the terms and conditions of the contract are changed. Lease liabilities are initially measured at the present value of minimum lease payments using a risk-free rate that approximates the remaining term of the lease.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Right-of-Use Assets and Lease Liabilities (Continued)

The right-of-use asset is the lease liability adjusted for other lease-related accounts. Management considers the likelihood of exercising renewal or termination clauses (if any) in measuring the Association's right-of-use assets and lease liabilities. Operating lease expense and finance lease amortization expense is allocated over the remaining lease term on a straight-line basis. Finance lease interest expense is calculated using a risk-free rate that approximates the remaining term of the lease multiplied by the outstanding finance lease liability.

The Association considers leases with initial terms of twelve months or less, and no option to purchase the underlying asset, to be short-term leases. Accordingly, short-term lease costs are expensed over the remaining lease term, with no corresponding right-of-use asset or lease liability. In addition, the Association does not separate non-lease components from lease components (if any) when determining the payments for leases of office equipment.

2. LIQUIDITY AND AVAILABLE RESOURCES

The Association's cash flows vary from month to month depending upon the timing of insurance billings and in the months leading up to the annual Auto Show. The Association manages its assets to meet its financial obligations as they become due. Excess cash flows not needed for day-to-day operations are invested in CDs or short-term investments. To meet unanticipated needs, the Association can draw upon its investments as needed.

The Board also designates a portion of its assets to fund retirement plans to the Pension Trust for certain employees. See Note 6 for discussion of the board-designated funds.

As of December 31, 2025, the following financial assets and liquidity resources were available for general operating expenditures through December 31, 2026:

Financial Assets	
Cash and Cash Equivalents	$ 3,348,614
Certificates of Deposit	3,659,901
Accrued Interest Receivable	47,180
Accounts Receivable	434,638
Investments	11,452,072
Less Board-Designated Funds	(191,627)
Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	$ 18,750,778

3. CONCENTRATION OF CREDIT RISK

The Association and its affiliates maintain cash balances at financial institutions that are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. The Association and its affiliates also maintain several investment accounts with a brokerage firm. Balances are insured up to $500,000 (with a limit of $250,000 for cash) by the Securities Investor Protection Corporation (SIPC). At times during the year, the balances of the Association and its affiliates may exceed the FDIC insurance amounts. Management believes the risk in these situations to be minimal.

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Association and its affiliates invest in professionally managed portfolios that contain money market funds, certificates of deposits, mutual funds, and stocks. All such investments are exposed to various risks such as interest rates, market, and credit.

Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment balances and the amounts reported in the consolidated financial statements.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels as follows:

Level 1 - inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets (examples include stocks and mutual funds);

Level 2 - inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability other than quoted prices, either directly or indirectly, including inputs in markets that are not considered to be active (examples include bonds);

Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement. The inputs into the determination of fair value require significant management judgment (examples include certain private equity securities).

The Association's and its affiliates' assets measured at fair value on a recurring basis at December 31, 2025, are as follows:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Money Market Funds	$ 1,277,932	$ 1,277,932	$ -	$ -
Certificates of Deposit	3,659,901	-	3,659,901	-
US Corporate Fixed Income	606,300	606,300	-	-
US Government Fixed Income	157,582	-	157,582	-
Equities	9,167,233	9,167,233	-	-
Exchange-Traded Funds	170,825	170,825	-	-
Real Assets	265,132	265,132	-	-
Mixed-Assets Mutual Funds	1,085,000	1,085,000	-	-
Total Investments Measured at Fair Value	16,389,905	12,572,422	3,817,483	-
Money Market Funds included in Cash Equivalents	(1,277,932)	(1,277,932)	-	-
Total Investments	$ 15,111,973	$ 11,294,490	$ 3,817,483	$ -

There were no Level 3 assets held by the Association and its affiliates as of December 31, 2025. The Association and its affiliates recognize transfers into and out of levels within the fair value hierarchy at the end of the reporting period. There were no transfers between levels during the year ended December 31, 2025.

5. PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2025, consisted of the following:

	Cost	Accumulated Depreciation and Amortization	Book Value
Leasehold Improvements	$ 251,178	$ 113,958	$ 137,220
Furniture and Fixtures	613,701	358,712	254,989
Automobiles	91,098	31,788	59,310
Total	$ 955,977	$ 504,458	$ 451,519

6. BOARD-DESIGNATED FUNDS

The Board designates a portion of the total annual base salaries for six employees to provide them with retirement benefits. The total board-designated contributions to the Pension Trust for these employees were $108,784 for the year ended December 31, 2025. The ending balance of designated net assets of the Pension Trust represents the accumulated annual designated contribution amounts plus the accumulated net investment return on those amounts, less related expenses (such as distributions and fees).

The ending balance of the designated net assets for the year ended December 31, 2025, was $191,627. See Note 9 for details of the Association's defined contribution plan.

7. REVENUE RECOGNITION

Revenue recognized for the year ended December 31, 2025, that was included in the deferred revenue at the beginning of the year was approximately $2,130,000. The beginning balance of deferred income and accounts receivable as of January 1, 2025, were approximately $2,130,000 and $516,000, respectively.

8. OPERATING LEASE

The Association leases office space under a non-cancelable lease agreement with annual rent escalations of 2.5%, which expires in April 2031. The lease contains an option to extend the lease term for an additional 5-year period or terminate the lease at the end of April 2036. Neither option is considered reasonably certain for the calculation of the related right-of-use asset and lease liability, which are presented in the consolidated statement of financial position as of December 31, 2025.

In addition, the Association has a short-term sublease for office space with the Corporation. Rental revenue and rent expense from this sublease are eliminated in the consolidation.

Under accounting principles generally accepted in the United States of America (GAAP), operating lease expense is recognized on a straight-line basis over the remaining lease term. Operating lease expense for this lease totaled approximately $272,000 and is included in operating lease expense on the consolidated statement of functional expenses for the year ended December 31, 2025.

8. OPERATING LEASE (CONTINUED)

Maturity of the operating lease liability as of December 31, 2025, is as follows:

For the Years Ending December 31,	
2026	$ 312,822
2027	320,614
2028	328,660
2029	336,895
2030	345,321
Thereafter	117,979
Total Undiscounted Minimum Lease Payments	1,762,291
Less Discount to Present Value	(174,005)
Total Operating Lease Liability	$ 1,588,286

The supplementary qualitative operating lease information is as follows:

Supplementary Qualitative Operating Lease Information	
Weighted-Average Remaining Lease Term (Years)	5.33
Weighted-Average Discount Rate	3.95%

9. RETIREMENT PLANS

The Association contributes semi-monthly to a defined contribution retirement plan sponsored by the National Automobile Dealers Association, which provides retirement benefits for all full-time employees who have met the age and length of service requirements. Each contribution is based on a percentage of the individual's quarterly wages. The defined contribution plan expense for the year ended December 31, 2025, was $179,430.

The Association also has a nonqualified deferred compensation plan for certain employees. The Association makes contributions to the Pension Trust annually and, after each employee reaches a predetermined number of years of service, the Pension Trust distributes the amount accumulated for each employee. For the year ended December 31, 2025, the contributions to the Pension Trust were $8,276 and there were no distributions included as retirement plan expense in the consolidated statement of activities.

10. INCOME TAXES

The provision for income taxes consisted of the following components:

Current Tax Expense - Association	$ 19,568
Current Tax Expense - Corporation	7,258
Net Provision for Income Taxes	$ 26,826

11. CONDITIONAL GRANTS

ADEI had approximately $42,000 in conditional grants extended into 2025 for which the condition of incurring qualifying expenses has not yet been met at December 31, 2025.

12. SUBSEQUENT EVENTS

Subsequent to year-end, two days of the Association's 2026 Auto Show were cancelled due to weather conditions. The Association has filed an insurance claim to recover a portion of the related costs. The claim is currently being assessed, and as of the date of issuance of these consolidated financial statements, the amount of any resulting loss cannot be reasonably estimated.

The Association has evaluated subsequent events through October 15, 2026, the date on which the consolidated financial statements were available to be issued.

SUPPLEMENTARY CONSOLIDATING INFORMATION

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATING SCHEDULE OF FINANCIAL POSITION INFORMATION
DECEMBER 31, 2025

	Consolidating Information							
Assets	Association	WANADA Pension Trust	WANADA Business Services Corporation	WANADA Dental Benefits Trust	WANADA Automobile Dealer Education Institute	WANADA Community Support Foundation	Interorganization Eliminations	Consolidated Total
Current Assets								
Cash and Cash Equivalents	$ 1,476,599	$ 11,634	$ 1,158,239	$ 157,986	$ 521,820	$ 22,336	$ -	$ 3,348,614
Certificates of Deposit	1,061,250	-	613,430	1,217,233	687,749	80,239	-	3,659,901
Accrued Interest Receivable	11,266	-	9,027	17,505	9,382	-	-	47,180
Accounts Receivable	46,831	9,168	236,440	-	142,199	-	-	434,638
Interorganization Receivable	1,019,100	-	1,009,070	1,097,274	48,307	2,813	(3,176,564)	-
Prepaid Expenses - Other	1,016,303	-	5,454	5,350	-	-	-	1,027,107
Total Current Assets	4,631,349	20,802	3,031,660	2,495,348	1,409,457	105,388	(3,176,564)	8,517,440
Investments, at Fair Value	10,196,246	170,825	-	-	606,770	478,231	-	11,452,072
Investments in Affiliates	630,919	-	-	-	-	5,000	(635,919)	-
Property and Equipment (Net of Accumulated Depreciation and Amortization of $504,458)	451,519	-	-	-	-	-	-	451,519
Operating Right-of-Use Asset	1,278,997	-	-	-	-	-	-	1,278,997
Notes Receivable	200,000	-	-	-	-	-	(200,000)	-
Other Assets	23,583	-	52,777	-	-	-	-	76,360
Total Assets	$ 17,412,613	$ 191,627	$ 3,084,437	$ 2,495,348	$ 2,016,227	$ 588,619	$ (4,012,483)	$ 21,776,388

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATING SCHEDULE OF FINANCIAL POSITION INFORMATION - CONTINUED
DECEMBER 31, 2025

Liabilities and Net Assets	Consolidating Information							
	Association	WANADA Pension Trust	WANADA Business Services Corporation	WANADA Dental Benefits Trust	WANADA Automobile Dealer Education Institute	WANADA Community Support Foundation	Interorganization Eliminations	Consolidated Total
Current Liabilities								
Accounts Payable	$ 156,184	$ -	$ 61,724	$ 232,376	$ 47,424	$ -	$ -	$ 497,708
Interorganization Payable	169,350	-	2,153,246	486,764	355,999	11,205	(3,176,564)	-
Accrued Expenses	-	-	24,592	-	-	-	-	24,592
Operating Lease Liability	255,711	-	-	-	-	-	-	255,711
Deferred Revenues - Auto Show	1,604,944	-	-	-	-	-	-	1,604,944
Deferred Revenues - Other	-	-	8,956	-	72,998	-	-	81,954
Total Current Liabilities	2,186,189	-	2,248,518	719,140	476,421	11,205	(3,176,564)	2,464,909
Long-Term Liabilities								
Operating Lease Liability	1,332,575	-	-	-	-	-	-	1,332,575
Notes Payable - WANADA	-	-	200,000	-	-	-	(200,000)	-
Total Liabilities	3,518,764	-	2,448,518	719,140	476,421	11,205	(3,376,564)	3,797,484
Net Assets								
Net Assets Without Donor Restrictions								
Undesignated	13,893,849	-	-	1,776,208	1,539,806	577,414	-	17,787,277
Designated	-	191,627	-	-	-	-	-	191,627
Preferred Stock, $10 Par Value, 2,000 Shares Authorized, 500 Shares Issued and Outstanding	-	-	5,000	-	-	-	(5,000)	-
Common Stock, $1 Par Value, 2,000 Shares Authorized, 1,500 Shares Issued and Outstanding	-	-	1,500	-	-	-	(1,500)	-
Paid-in Capital, Common Stock	-	-	18,500	-	-	-	(18,500)	-
Retained Earnings	-	-	610,919	-	-	-	(610,919)	-
Total Net Assets/Retained Earnings	13,893,849	191,627	635,919	1,776,208	1,539,806	577,414	(635,919)	17,978,904
Total Liabilities and Net Assets	$ 17,412,613	$ 191,627	$ 3,084,437	$ 2,495,348	$ 2,016,227	$ 588,619	$ (4,012,483)	$ 21,776,388

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATING SCHEDULE OF ACTIVITIES AND EXPENSES INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2025

	Consolidating Information							
	Association	WANADA Pension Trust	WANADA Business Services Corporation	WANADA Dental Benefits Trust	WANADA Automobile Dealer Education Institute	WANADA Community Support Foundation	Interorganization Eliminations	Consolidated Total
Revenues								
Auto Show Revenue	$ 4,781,220	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,781,220
Insurance Administrative Fees	-	-	2,187,650	-	-	-	(622,757)	1,564,893
Dental and Vision Premiums	-	-	182	2,422,714	-	-	-	2,422,896
Life and Disability Premiums	-	-	350,155	-	-	-	-	350,155
COBRA Premiums	-	-	350,875	-	-	-	-	350,875
Dividends and Interest	331,159	3,483	112,041	43,364	83,418	44,079	(18,750)	598,794
Dealer Member Assessments	163,319	-	-	-	-	-	-	163,319
Tuition	-	-	-	-	195,800	-	-	195,800
Seminars	-	-	-	-	3,517	-	-	3,517
Grants	-	-	-	-	243,882	-	-	243,882
Kindred Member Dues	46,987	-	-	-	-	-	-	46,987
Other Contributions	-	-	-	-	176,247	-	-	176,247
Program Fees	16,400	-	-	-	-	-	-	16,400
Commissions - NADA	13,710	-	-	-	-	-	-	13,710
Associate Member Dues	8,895	-	-	-	-	-	-	8,895
Rental Revenue	114,000	-	-	-	-	-	(114,000)	-
WANADA Contributions	-	108,784	-	-	40,000	-	(148,784)	-
Royalty/Subsidiary Income	468	-	-	-	-	-	(468)	-
Other Income	15,353	-	16,868	-	2,810	-	-	35,031
Net Investment Income (Loss)	1,188,095	19,644	(45,068)	(739)	46,322	36,502	-	1,244,756
Total Revenues	6,679,606	131,911	2,972,703	2,465,339	791,996	80,581	(904,759)	12,217,377

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATING SCHEDULE OF ACTIVITIES AND EXPENSES INFORMATION - CONTINUED
FOR THE YEAR ENDED DECEMBER 31, 2025

	Consolidating Information							
	Association	WANADA Pension Trust	WANADA Business Services Corporation	WANADA Dental Benefits Trust	WANADA Automobile Dealer Education Institute	WANADA Community Support Foundation	Interorganization Eliminations	Consolidated Total
Expenses								
Auto Show Expenses	$ 2,957,341	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,957,341
Insurance Premiums	-	-	618,124	1,821,549	-	-	-	2,439,673
Salaries	1,260,023	-	1,313,937	187,100	334,522	-	-	3,095,582
Professional Fees	240,100	609	74,034	16,295	4,710	1,101	-	336,849
Retirement Plan	146,564	8,276	110,153	12,509	18,987	-	(108,784)	187,705
Rent	15,737	-	114,000	-	-	-	(114,000)	15,737
Meetings	27,673	-	76,104	-	22,644	-	-	126,421
Insurance	195,423	-	124,935	7,773	22,690	-	-	350,821
Contributions	124,547	-	2,500	-	-	5,000	(40,000)	92,047
Other Taxes and Licenses	114,536	-	105,698	-	-	-	-	220,234
Tuition	-	-	-	-	146,925	-	-	146,925
Membership Services	34,462	-	13,291	-	-	-	-	47,753
Office Services and Maintenance	29,044	-	44,493	-	2,700	-	-	76,237
Broker's Fees	-	-	58,528	-	-	-	-	58,528
Parking and Metro	13,870	-	10,957	-	-	-	-	24,827
Contractors	-	-	-	-	72,341	-	-	72,341
Travel	60,111	-	11,510	-	-	-	-	71,621
Tools	-	-	-	-	19,058	-	-	19,058
Miscellaneous	193,766	317	30,597	-	3,855	-	(750)	227,785
Administrative Fees	-	-	90,280	532,477	-	-	(622,757)	-
Membership Fees	15,134	-	10,059	-	-	-	-	25,193
Claims	-	-	-	-	-	-	-	-
Telephone	27,525	-	22,072	-	250	-	-	49,847
Printing and Office Supplies	9,548	-	9,616	-	1,774	-	-	20,938
Community Causes	21,663	-	-	-	-	-	-	21,663
Company Cars (Vehicle Expense)	2,934	-	10,829	-	-	-	-	13,763
Operating Lease Expense	272,840	-	-	-	-	-	-	272,840
Postage	3,528	-	4,104	-	-	-	-	7,632
Public Relations	-	-	-	-	8,434	-	-	8,434
Mileage Reimbursements	-	-	-	-	3,136	-	-	3,136
Interest Expense	-	-	71,418	-	-	-	(18,000)	53,418
Executives' Expenses	1,453	-	782	-	-	-	-	2,235
Royalties - Payment to Parent	-	-	82,500	-	-	-	(82,500)	-
Depreciation and Amortization	39,205	-	36,956	-	-	-	-	76,161
Total Expenses	5,807,027	9,202	3,047,477	2,577,703	662,026	6,101	(986,791)	11,122,745

WASHINGTON AREA NEW AUTOMOBILE DEALERS ASSOCIATION AND AFFILIATES

CONSOLIDATING SCHEDULE OF ACTIVITIES AND EXPENSES INFORMATION - CONTINUED
FOR THE YEAR ENDED DECEMBER 31, 2025

	Consolidating Information							
	Association	WANADA Pension Trust	WANADA Business Services Corporation	WANADA Dental Benefits Trust	WANADA Automobile Dealer Education Institute	WANADA Community Support Foundation	Interorganization Eliminations	Consolidated Total
Change in Net Assets Without Donor Restrictions/Retained Earnings before Provision for Income Taxes	$ 872,579	$ 122,709	$ (74,774)	$ (112,364)	$ 129,970	$ 74,480	$ 82,032	$ 1,094,632
Provision for Income Taxes	19,568	-	7,258	-	-	-	-	26,826
Change in Net Assets Without Donor Restrictions	853,011	122,709	(82,032)	(112,364)	129,970	74,480	82,032	1,067,806
Net Assets Without Donor Restrictions/Retained Earnings, Beginning of Year	13,040,838	68,918	692,951	1,888,572	1,409,836	502,934	(692,951)	16,911,098
Net Assets Without Donor Restrictions/ Retained Earnings, End of Year	$ 13,893,849	$ 191,627	$ 610,919	$ 1,776,208	$ 1,539,806	$ 577,414	$ (610,919)	$ 17,978,904

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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) G

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
WANADA DENTAL BENEFITS TRUST

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/2008

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF THE WANADA DENTAL BENEFITS TRUST

5301 WISCONSIN AVE. NW #210
SUITE 210
WASHINGTON DC 20015

2b Employer Identification Number (EIN) 83-0503132

2c Plan Sponsor's telephone number 202-237-7200

2d Business code (see instructions) 813000

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

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

SIGN HERE		10/15/2026	JOHN O'DONNELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

3a Plan administrator's name and address ☒ 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	7,330
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1)	Total number of active participants at the beginning of the plan year	6a(1)	6,869
a (2)	Total number of active participants at the end of the plan year	6a(2)	
b	Retired or separated participants receiving benefits	6b	7,330
c	Other retired or separated participants entitled to future benefits	6c	0
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	6d	7,330
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines **6d** and **6e**	6f	
g (1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)