

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 04/01/1990
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) BARRETT BUSINESS SERVICES, INC. 8100 NE PARKWAY DR SUITE 200 VANCOUVER, WA 98662	2b Employer Identification Number (EIN) 52-0812977
		2c Plan Sponsor's telephone number 360-828-0700
		2d Business code (see instructions) 531110

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.	10/14/2024	KIM SCHENK
	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 ☒ 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 41735
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 41106 6a(2) 46144 6b 0 6c 854 6d 46998 6e 16 6f 47014 6g(1) 4026 6g(2) 5903 6h 317
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2F 2G 2J 2K 2T 3D 2A 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB TRUST BANK
82-3967259

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MGMT INC
94-3106735

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

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 37 38 50 64	NONE	676492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	127500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 59 62	NONE	17357	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

BARRETT BUSINESS SERVICES, INC.

52-0812977

(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?
14 50	NONE	8531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
HOOD RIVER CAPITAL MANAGEMENT 2373 PGA BOULEVARD, SUITE 200 PALM BEACH GARDENS, FL 33410	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
BLACKROCK 04-6171663	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
CROMWELL 810 GLENEAGLES COURT SUITE 106 BALTIMORE, MD 21286	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
DOUBLELINE 333 SOUTH GRAND AVENUE, SUITE 1800 LOS ANGELES, CA 90071	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
EDGEWOOD P.O. BOX 219009 KANSAS CITY, MO 64121	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
FEDERATED 25-1111467	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
FRANKLIN TEMPLETON FUNDS PO BOX 997152 SACRAMENTO, CA 95899	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
THRIVENT FUNDS 39-0123480	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.		
		D Employer Identification Number (EIN) 52-0812977

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	142620	371011
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1581445	1510474
(2) Participant contributions	1b(2)	578776	712808
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9118207	10376513
(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)	2756082	3973026
(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)	123235628	177596270
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	154911	183846
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	137567669	194723948
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	137567669	194723948

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)	10299843	
(B) Participants	2a(1)(B)	23581875	
(C) Others (including rollovers)	2a(1)(C)	3611245	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		37492963
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	200626	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		200626
(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)	4561177	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4561177
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		20036192
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		62290958

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14348464	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14348464
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	676492	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	127500	
(6) Bank or trust company trustee/custodial fees	2i(6)	17357	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	10614	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		831963
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15180427

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47110531
l Transfers of assets:			
(1) To this plan	2l(1)		13362846
(2) From this plan	2l(2)		3317098

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PERKINS & COMPANY, PC**

(2) EIN: **93-0928924**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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)
FIRST TRANSACT, INC. 401(K) PLAN	46-4874349	001
ALPHAONE AMBULANCE 401(K) PLAN	27-3266402	001
ORSI TRANSPORT, INC. 401(K) PLAN	56-2456181	001
VEHICLE RECYCLING SERVICES 401(K) PLAN	81-1664725	001

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 _____.

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)
INSPERITY 401(K) PLAN	76-0178498	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
TLC RETIREMENT SAVINGS PLAN	45-0391154	001
ROCKWELL REAL ESTATE LLC 401(K) PLAN	47-3972319	002

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

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

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)
STUDIO PRIME, INC. 401(K) PLAN	82-2878979	001
DECISIONHR RETIREMENT SAVINGS PLAN	59-3405686	333
FERBER LAW A PROFESSIONAL CORP. 401(K) PROFIT SHARING PLAN & TRUST	47-3535524	002
VIOLA CONSTRUCTION, INC. 401(K) PLAN	93-1229127	001

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 _____.

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)
TRINET 401(K) PLAN	48-1304650	334
UTOPIA HOME CARE, INC. 401(K) PLAN	11-2635043	001
BEN CASTRO MASONRY, INC. 401(K) PLAN	20-2622553	001
PARTNERS IN CARE, LLC 401(K) PLAN	13-3504158	001

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 _____.

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)
METRO GENERAL CONSTRUCTION, INC. 401(K) PLAN	82-1649098	001

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977	

Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	10
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.		
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b Enter the amount contributed by the employer to the plan for this plan year	6b
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.		
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments	
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation. _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702852A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF BARRETT BUSINESS SERVICES, INC.	D Administrator's EIN 52-0812977	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer BARRETT BUSINESS SERVICES, INC.	2b EIN 52-0812977	2c Percentage of Total Contributions for the Plan Year 24.60	2d Aggregate Account Balances Attributable to Participating Employer 57588836
2a Name of Participating Employer DNJ PROPERTY MANAGEMENT SERVICES, LLC DBA COMMON INTEREST MNGMT SVCS	2b EIN 01-0584545	2c Percentage of Total Contributions for the Plan Year 3.76	2d Aggregate Account Balances Attributable to Participating Employer 6070741

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARGO SOLUTIONS EXPRESS INC.	04-3593325	2.14	4330705
PACIFIC WEST COMMUNITIES, INC.	20-1657561	1.55	1681843
GLOBAL UNDERGROUND CORPORATION	84-1539524	1.21	829222
LIFESTREAM WATERSYSTEMS, INC.	33-0473146	1.00	471448
PACIFIC KOAST GRAPHICS, INC.	77-0156465	0.87	1180482
JAVIER R. RIOS, MD, A PROFESSIONAL CORPORATION	33-0773865	0.86	1624466
COUNTRY BUILDERS CONSTRUCTION, INC.	27-3713251	0.81	1046684
ALLIANCE DIVERSIFIED ENTERPRISES, INC.	46-1085533	0.77	813369
BAY AREA CUSTOM HOMES	94-3399027	0.74	1124088

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANTA CRUZ GREEN BUILDERS, INC.	26-2207343	0.71	356106
DIVERSIFIED HEATING & COOLING INC.	27-4543306	0.70	1567371
YELLOWSTONE LOG HOMES LLC	82-0488493	0.67	4013716
FERBER LAW, A PROFESSIONAL CORPORATION	47-3535524	0.65	0
NEIGHBORLY PEST MANAGEMENT, INC.	94-2317576	0.63	2262390
SONOMA STERLING LIMOUSINES, INC.	68-0625459	0.61	261498
IAS BUILDERS, INC	82-2666587	0.61	324692
DIABLO SOLAR SERVICES, INC.	68-0018084	0.57	2924670
THOMPSON SUSKIND, L.P.	20-1918161	0.54	3431154

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Part II Participating Employer Information (Continued).

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINFIELD BUILDING GROUP, INC. DBA CW DILLON BUILDERS	52-0812977	0.54	519622
TDS LOGISTICS, LLC	47-2908104	0.53	772829
OREGON CENTER FOR CREATIVE LEARNING	93-1258855	0.51	370458
C TRANS INC.	73-1707860	0.47	2452545
MCC MANAGEMENT	82-1999023	0.46	1192852
ROYAL INTERPACK OF NORTH AMERICA, INC.	27-3710385	0.45	172364
JENAL ENGINEERING CORPORATION	33-0403083	0.44	959027
SIERRA WASTE RECYCLING & TRANSFER STATION, INC.	46-5646055	0.43	361651
DIXIE LAND ENERGY, LLC	13-4209434	0.42	757119

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIORITY BUILDING SERVICES, LLC	95-4796215	0.42	1973046
BRITEWORKS, INC.	95-4862881	0.42	293897
S.S. SKIKOS, INC.	27-2774857	0.41	1064608
GEOFFREY HARPER DBA PERFORMANCE	46-3518937	0.41	239063
SCHICKER LUXURY SHOWER DOORS	68-0488740	0.41	479281
HIGBY'S COUNTRY FEED, INC.	75-3169453	0.41	399194
GARY POLLACK CONSTRUCTION & EXCAVATION	94-3328000	0.41	318178
REEM HOLDINGS, INC. DBA FRESH FREIGHT LLC	81-3716231	0.40	242606
SAF-COM SUPPLY INC.	95-4031560	0.40	1938470

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HELLER CONSTRUCTION, INC.	45-4598075	0.39	190035
ARNDT CONSTRUCTION INC.	46-4955079	0.39	570179
STRAND ACE HARDWARE, INC.	68-0459426	0.38	555100
CALIFORNIA SOD CENTER, LLC	82-3658650	0.38	849105
POWER PROPERTY MANAGEMENT, INC.	20-8805001	0.37	1782553
MISSION BREWERY, INC.	26-1657620	0.37	233935
SIERRA INTEGRATED SERVICES, INC.	47-5237579	0.37	307042
DON TANKERSLEY CONSTRUCTION, LTD.	93-1319042	0.37	781829
JEFFREY TALMADGE CONSTRUCTION, INC.	77-0533297	0.35	954842

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AWT CONSTRUCTION GROUP INC.	26-1601345	0.34	614146
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NFUSION CAPITAL FINANCE, LLC	84-2775450	0.34	409272
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A & T ITALIAN FOODS INC	20-4359584	0.33	315154
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GALAXY STONE WORKS INC	32-0357768	0.33	914303
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POSTAL DELIVERY SYSTEMS, LLC	80-0958519	0.33	219138
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLLISION REPAIR SERVICE, INC. DBA MORRIS & SONS TOWING	01-0576334	0.32	183744
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLAIR BURKE, GENERAL CONTRACTORS, INC.	20-0407050	0.32	426421
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE LOFTCRAFTERS INC	73-1703019	0.32	306004
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARAYA CONSTRUCTION, INC. DBA SERVPRO	76-0722507	0.32	801221

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL MCCUTCHEON CONSTRUCTION INC	94-3054388	0.32	1801929
ROLLS SCAFFOLD, INC.	20-3961257	0.31	1600484
GAMBOA, INC. DBA METRO STEEL	33-0775297	0.31	500368
RECOVERY SOLUTIONS GROUP LLC	80-0785576	0.31	441732
DECCO CASTINGS, INC.	95-2888682	0.31	1690974
LOVES AIR, INC.	30-0969402	0.30	263050
M.S. WEST ENTERPRISES	45-2449495	0.30	615112
P & G RESTORATION SERVICES INC.	68-0196593	0.30	1530159
LAUZON CONTRACTING, LLC	71-0910318	0.30	437181

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JDE CONSTRUCTION, INC	81-4488834	0.30	134134
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTNING MOBILE SERVICES LLC	83-2893891	0.30	273037
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOLLAND MULCH, INC.	23-2966906	0.29	721143
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STOCKTON TRI INDUSTRIES, LLC	83-3868213	0.29	177213
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOREST PRODUCT SALES INC.	87-0270783	0.29	1308730
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEND CHAMBER OF COMMERCE	93-0331932	0.29	925767
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANE WORKFORCE PARTNERSHIP	93-0886373	0.29	1565803
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYLINE SUNROOMS, INC.	33-0894190	0.28	344121
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CITY-WIDE FIBERS, INC.	94-3334077	0.28	825097

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANTERO AUTOMOTIVE AND TRUCK SERVICES, INC.	26-3347663	0.27	417588
MEDEIROS CONSTRUCTION INC. DBA MEDEIROS ENGINEERING	37-1907505	0.27	267487
LLS INVESTMENTS, INC. DBA CRATERS & FREIGHTERS	46-3432630	0.27	355743
UNIQUE SCAFFOLD	88-0753556	0.27	684496
OCHOA GROUP CORPORATION	20-1950082	0.26	541766
PERFORMANCE LOGISTICS, LLC	20-2064181	0.26	858775
LAW OFFICES OF MANDY M. SHELL, LLC	26-4291360	0.26	18997
CALWES HOMES, INC.	27-2906834	0.26	394619
HARRIS WEST RECYCLING AND SOLID WASTE EQUIPMENT SALES & SERVICE, INC.	88-0283567	0.26	1923797

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHELE M. THOMPSON, M.D. LLC	81-1726320	0.25	236105
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOULDER RIDGE SASH & DOOR, INC.	84-4228663	0.25	121751
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LATHROP EQUIPMENT RENTAL AND LABOR COMPANY DBA LATHROP WOODWORKS	45-4018978	0.24	165344
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DRAKE ANTHONY COMPANY LLC DBA PRO GROUP LOGISTICS	83-2361367	0.24	135819
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOTTEK TRIPPE ENTERPRISE, LLC DBA AIRCARE AMBULANCE	26-1934078	0.23	267141
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PATRIOT GENERAL ENGINEERING INC.	26-3800523	0.23	210034
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZUHEIR INC DBA COMPREHENSIVE GLASS WORKS	33-0290431	0.23	506576
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARTHOLOMEW INVESTMENTS, INC.	27-0105751	0.22	211224
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERGY WELLNESS GROUP, INC.	27-0838354	0.22	770595

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CEN CAL PLASTERING, INC.	27-2551641	0.22	206995
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MDP, LLC DBA DUSTYS TRANSMISSIONS	45-4910024	0.22	88445
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CASCADE AUTOMOTIVE, INC.	93-1010915	0.22	173975
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRAMING ASSOCIATES	33-0778180	0.21	280046
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NUSSBAUM AUTOMOTIVE SOLUTIONS, LP	46-1147633	0.21	588053
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRC, INC.	81-1010690	0.21	153967
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROGUE WORKFORCE PARTNERSHIP	94-3123232	0.21	317469
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCORE FAMILY FUN CENTERS, INC.	95-3637422	0.21	124680
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOCALBOOTH. COM, INC.	06-1740426	0.20	667095

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAXIMUM OIL SERVICE, LLC	20-5070928	0.20	243973
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONSTRUCTION SOLUTIONS COMPANY, LLC	45-1332745	0.20	411682
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOSEMITE VALLEY BEEF PACKING COMPANY, INC.	77-0583244	0.20	154281
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIRECT DISCHARGE CONSULTING, LLC	81-0948704	0.20	246408
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIDENT SYSTEMS, LLC	83-1548201	0.20	156961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KDC GLOBAL, INC. DBA PLANET AUTO WHOLESALE	83-3137902	0.20	164700
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOPHER TEAM DBA GINGRICH HORTICULTURE SERVICE	84-3501206	0.20	160506
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERPROOFING SYSTEMS, CORP.	95-4665465	0.20	272005
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANCELOT RESTORATION, INC. DBA SERVPRO OF PLEASANTON DUBLIN	26-3018177	0.19	214855

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UTOPIA HOME CARE, INC.	27-0616420	0.19	0
INTEGRATED WATER MANAGEMENT	27-2858895	0.19	213961
UNIVERSAL LIMOUSINE & TRANSPORTATION CO.	68-0373991	0.19	136653
SUNSET SERVICES DBA HOME INSTEAD SENIOR CARE	86-0813215	0.19	433821
FALLBROOK EQUIPMENT RENTALS	95-2466208	0.19	86781
EMMONS ROOF SERVICE, INC.	95-4349721	0.19	1032567
C3 DISPLAY PRODUCTS INC. DBA VISTA DISPLAY PRODUCTS	26-4589402	0.18	118108
THE LAW OFFICE OF LIBBY BANKS, PLLC	46-4348180	0.18	123650
MAGNA TRANS LLC	47-1002388	0.18	460650

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KRAEMER INCORPORATED DBA THE MAIDS OF FOLSOM	47-1267747	0.18	221294
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAR-SGR, L.L.C.	52-2008119	0.18	91359
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STARR GENERAL CONTRACTING CORPORATION	77-0685722	0.18	312293
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRITY RESTORATION & FLOOR COVERING, INC.	85-0954309	0.18	79663
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RATHBURN HEALTHCARE, LLC DBA UTAH HOME NURSING	86-1883034	0.18	110309
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIGHORN GRADING & ENGINEERING, INC.	33-0668625	0.17	87335
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSURED PLANT SERVICES, INC.	33-0717054	0.17	150535
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRS CONSTRUCTION INC. DBA SCHIAN COMMERCIAL CONSTRUCTION	45-4931069	0.17	335491
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SINGLESOURCE, INC.	20-1075023	0.16	241070

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HASTINGS CONSTRUCTION, INC.	20-1217070	0.16	167803
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACHES YGHF, INC.	26-1482110	0.16	2503219
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC M PAINTING, INC	26-4012505	0.16	152381
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CDM LIVING LIFE, INC. DBA ALWAYS BEST CARE SENIOR SERVICES	27-5555021	0.16	237616
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST TOW, INC.	41-2197759	0.16	158177
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC COAST PETROLEUM, INC.	45-4073413	0.16	215974
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A FIRM FOUNDATION, INC. DBA FIRM FOUNDATIONS INSURANCE & BENEFITS CENT	46-0518519	0.16	136266
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL RESPONSE TEAM, LLC	47-2070424	0.16	157629
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BCS BREAKAWAY CONSTRUCTION SERVICES LLC	47-2392295	0.16	166761

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLES MESSINA PLUMBING AND ELECTRIC CO, INC.	51-0316303	0.16	545805
PALM VALLEY INSURANCE SERVICES INC.	61-1549560	0.16	396154
ALVAREZ AND SHAW INCORPORATED	81-4046157	0.16	109619
GOLD'S DRYWALL, INC.	82-4131498	0.16	60120
ROSE CITY MOVING & STORAGE	93-0475418	0.16	678793
INGOMAR CLUB	94-1151471	0.16	105148
ONE HOUR DELIVERY SERVICE, INC.	94-3282325	0.16	239718
SPECIAL T WATER SYSTEMS, INC.	95-3918723	0.16	106070
PAPPAS PIPING SERVICES, INC.	20-1582143	0.15	443364

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
911 REMEDIATION, LLC	20-8863830	0.15	99815
2a Name of Participating Employer EXCLUSIVE ENERGY & ELECTRIC	26-2086639	0.15	105521
2a Name of Participating Employer KIMBELL & BROWN CONSTRUCTION, INC.	27-0654566	0.15	105294
2a Name of Participating Employer DBR ENTERPRISES, LLC DBA CARPENTER CRANE HOIST	38-4062197	0.15	164790
2a Name of Participating Employer SOUTHERN OREGON AUTO CARE LLC	45-4666717	0.15	161036
2a Name of Participating Employer FST SERVICES, INC.	45-5459992	0.15	295231
2a Name of Participating Employer ORANGE NEBULA LLC	46-1032787	0.15	85873
2a Name of Participating Employer CALIE ROA, DMD, LLC DBA MINT DENTAL	46-4368692	0.15	252376
2a Name of Participating Employer SCOTT FIRE & WATER RESTORATION, INC. DBA SERVPRO OF EL DORADO HILLS PL	47-2584555	0.15	150808

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHWEST TRANSPORTATION, INC	47-4459703	0.15	186121
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Q-DEMOLITION, INC.	71-0885415	0.15	89952
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARMOUR PLUMBING CO.	82-2284189	0.15	56646
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREAT GREEK PARTNERS LLC	82-3436241	0.15	166626
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRAIG ROBERTS HOME IMPROVEMENTS, INC. DBA CLEARVIEW SCREEN AND SHADE	86-1325907	0.15	125708
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMT ENTERPRISES, INC.	93-1223818	0.15	277093
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALTRON CONSTRUCTION, INC.	95-4570684	0.15	356547
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN TRUCK BODIES & REPAIR, INC.	95-4717868	0.15	365685
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIRTWORKS CONTRACTING, INC.	01-0958534	0.14	255006

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVALON BUILDING MAINTENANCE OF THE INLAND EMPIRE, INC.	04-3733739	0.14	137641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLIANCE PROPANE, INC.	26-4672332	0.14	63935
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TENDER LOVING CARE HOME FOR BOYS, INC.	33-0895418	0.14	157937
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CULBERT CONSTRUCTION & PLUMBING INC	47-2810097	0.14	121017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAROLINA URBAN LUMBER, LLC	61-1944851	0.14	150514
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEGASUS TRANSIT, INC.	68-0586908	0.14	71880
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST COAST GENERAL BUILDING CONTRACTORS, INC.	75-3030816	0.14	142584
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARSUNO, INC	81-1115037	0.14	175060
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNTY SANITATION COMPANY, INC.	95-3325117	0.14	384652

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREAT CENTRAL TRANSPORT, INC.	95-3804343	0.14	58141
TONY VENTURES LLC	27-1632638	0.13	756336
HORN ENTERPRISES, INC.	32-0246258	0.13	462125
PERRAULT CORPORATION	33-0962502	0.13	55777
TAPMAN'S REFRIGERATION, INC.	46-0463855	0.13	52091
GORDON REESE CONSTRUCTION, INC. DBA GORDON REESE DESIGN BUILD	46-0695475	0.13	243422
PRECIOUS JEWEL, INC. DBA ALL STAR PLUMBING	46-1066892	0.13	79821
THE GRAPELINE, INC.	47-0888133	0.13	145169
PLATINUM REPORTERS & INTERPRETERS, INC.	47-2254207	0.13	80728

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAIR HARBOR EXPRESS LLC	47-2991803	0.13	313133
INVESTED REAL ESTATE GROUP, INC	47-3351523	0.13	148401
LUIS SEGURA TRUCKING, INC.	47-3807454	0.13	246107
DSV, INC.	80-0808760	0.13	221409
GARRDEC DBA THE MAIDS	81-2495657	0.13	252084
JJ WILLS CONSTRUCTION, INC.	82-5216392	0.13	99517
MUDSLINGERS DRYWALL INC.	87-1222584	0.13	65746
CHILDREN TODAY	95-4635295	0.13	167100
ASAP MOVERS, INC.	20-5486332	0.12	105047

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RADFORD ALEXANDER CORPORATION	33-0444721	0.12	140605
PIPEWAY ENERGY CONSTRUCTION, INC.	45-5298683	0.12	127429
GLOBAL SALES AND WAREHOUSING	47-1919399	0.12	154703
D. HARRIS ENTERPRISES, LLC	47-2125355	0.12	48147
DENINGTON, INC. DBA CERTAPRO PAINTERS OF PORTLAND	81-3730741	0.12	113124
C F FARMING, INC.	33-0010870	0.11	55572
GLOBAL PLASTICS, INC.	33-0726599	0.11	59654
JANET P. GROSS, INC. DBA HERITAGE LANDSCAPES	68-0372470	0.11	740394
SAN BERNARDINO MARKET HOLDINGS, LLC DBA LA NORIA MARKET & RESTAURANT	72-1576082	0.11	42613

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YELLOWSTONE LUMBER, LLC	82-0499815	0.11	555182
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VEGETATION MANAGEMENT PARTNERS INC.	84-2794130	0.11	167758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEPENDABLE CRANE SERVICE LLC	86-1281396	0.11	77799
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MATES, INC.	95-3816766	0.11	74557
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J.B. MARBLE CO.	95-4344581	0.11	200439
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRENT ENTERPRISES, LLC	20-1620719	0.10	352722
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELB CAPITAL CORP. DBA TRIFECTA PAINTING AND CONSTRUCTION	20-4175502	0.10	445464
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESSENTIAL CONSTRUCTION COMPANY	26-2136120	0.10	40624
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZED ELECTRIC, INC.	35-2189695	0.10	37127

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NCS MOVING SERVICES	45-4614733	0.10	345506
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASD WOODWORKS INC	45-5514914	0.10	67306
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KODIAK CARBONIC, LLC	47-1124017	0.10	216400
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREIGHTON WAY, LLC	47-2408783	0.10	145754
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMPIRE ELECTRICAL SOLUTIONS, INC.	47-3069747	0.10	49452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOVERMALE TRUCKING, LLC	47-4288886	0.10	110920
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DELTA WELDING AND FABRICATION, INC.	77-0494373	0.10	229062
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIDA BUILDING SYSTEMS, INC.	81-0740715	0.10	43449
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOMETOWN FLOORING INC	84-3170736	0.10	50850

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MOTIVE SYSTEM ENGINEERING CORP. DBA STROPPINI ENTERPRISES	94-2220928	0.10	105122
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RPOWER LLC DBA BATTERIES PLUS BULBS	94-3411303	0.10	72046
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J & F DESIGN INC.	95-4347398	0.10	54145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STECHER ENTERPRISES, INC. DBA C & F WIRE PRODUCTS	20-0142700	0.09	70983
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QOL CORP. DBA CEOWD GLAZING	20-3716080	0.09	54430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PBA DILLS, INC.	26-0583839	0.09	449015
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOSH WATT ELECTRIC, INC.	26-1876600	0.09	52395
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLAS TRANSPORTATION SERVICES, LLC	33-0764030	0.09	50823
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLID PROPERTY SERVICES, INC.	46-0532539	0.09	41859

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SP HOCO, LLC DBA SERVPRO OF HOWARD COUNTY	47-2761407	0.09	102902
SJD & B, INC.	47-3069377	0.09	64908
STANISLAUS EQUITY PARTNERS, INC.	47-9737356	0.09	107865
DESIGN BUILD SPECIALISTS, INC.	68-0425685	0.09	40437
LIEBELT, INC.	77-0010024	0.09	35471
FRONTIER PROPERTY GROUP, LTD.	82-0344516	0.09	576680
LARSON MENTAL HEALTH	82-3986998	0.09	128334
WEST COAST DIRT WORKS LLC	83-1975672	0.09	37239
ROSE REMODELING	85-0963910	0.09	75715

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R.O. LANDSCAPE & TREE SERVICE, L.L.C.	86-0911329	0.09	36987
KRUEGER & COMPANY INC.	91-1756875	0.09	664996
RW HAYS CO. DBA HAYS OIL COMPANY	93-0643243	0.09	214074
ELITE ENGINEERING LLC	93-2651172	0.09	179498
BELMONT COUNTRY CLUB	94-1361731	0.09	61962
AKRA PLASTIC PRODUCTS, INC.	95-2803845	0.09	127431
THE DESERT SANCTUARY, INCORPORATED	95-3837425	0.09	243747
GAMBLE CONSTRUCTION INC.	20-1829201	0.08	81119
BEN CASTRO MASONRY, INC.	20-2622553	0.08	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANIK ENTERPRISES, INC.	20-8991445	0.08	222659
PARTY CITY OF OREGON, INC.	26-1919702	0.08	1447155
JR GARZA CONSTRUCTION AND MANAGEMENT, INC. DBA JRG SERVICES	26-3189956	0.08	114819
FULL HOUSE PROPERTY MANAGEMENT, LLC	26-3680435	0.08	112509
SOUTH HAVEN HOMES, LC	26-3829246	0.08	137609
DUCTED COMFORT LLC	27-1876027	0.08	138725
JOHN'S TRUCKING, INC.	33-0331150	0.08	50021
BRADY MERTZ, P.C.	45-2788281	0.08	33308
COUGAR DIGITAL MARKETING & DESIGN, LLC	46-1792539	0.08	88107

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CITY RISE, LLC	47-1214369	0.08	124091
2a Name of Participating Employer CATALINA ISLAND VACATION RENTALS, INC.	47-5593252	0.08	122747
2a Name of Participating Employer ADORNO CONSTRUCTION, INC.	77-0462685	0.08	84592
2a Name of Participating Employer VEHICLE RECYCLING SERVICES LLC	81-1664725	0.08	0
2a Name of Participating Employer SOWERS CC HOLDING COMPANY, INC. DBA CITY COMPRESSOR	81-3035940	0.08	38084
2a Name of Participating Employer GK WEALTH MANAGEMENT LLC	82-5044552	0.08	110522
2a Name of Participating Employer BELLA MARTINI HOLDINGS INC.	83-4051357	0.08	33813
2a Name of Participating Employer ADVANCED DRYWALL AND PLASTER CORPORATION	85-2607762	0.08	50677
2a Name of Participating Employer A BRIGHTER VIEW DAY PROGRAM, INC	85-2956866	0.08	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MR. HONEY DO	90-1077980	0.08	45835
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PORTER BOILER SERVICE, INC.	95-2387073	0.08	513469
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EL COYOTE MEXICAN FOODS	95-2504848	0.08	74373
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIDELITY MOVING CO, INC	95-2980771	0.08	36846
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEUS MACHINE LLC DBA ALPHA IT, LLC	14-1997849	0.07	49512
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER CONCRETE SERVICES, INC.	26-1679588	0.07	78704
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED LOCK & KEY, INC.	26-3062679	0.07	104529
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GIZMO BREW WORKS, LLC	26-4484622	0.07	233098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSTITUTE FOR EFFECTIVE BEHAVIORAL INTERVENTIONS, INC.	27-0407388	0.07	535712

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEACE OF MIND PEST CONTROL, INC.	30-0484910	0.07	169662
CENTRAL OREGON HEALTH COUNCIL	46-0534726	0.07	203394
JMME NUT MANUFACTURING CORPORATION, INC. JESSEE EQUIPMENT MFG.	46-5231558	0.07	64360
THE WESTERN SLOPE INC DBA SERVPRO OF MONTROSE TELLURIDE	46-5697733	0.07	28871
SECURE GROUP, INC.	47-2034216	0.07	43876
REGISTRY OF PHYSICIAN SPECIALISTS, A MEDICAL CORPORATION	68-0332129	0.07	137307
HILL FARMS, INC.	81-0552039	0.07	55767
LEFT COAST HAULING, LLC	81-3929536	0.07	66714
ECKERSELL'S, INC.	82-0372566	0.07	432110

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J.D. HOWARD & COMPANY L.L.C.	82-3775016	0.07	28414
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUDIO LONG PLAYING, PLLC	82-4616206	0.07	27443
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALHOMECONSTRUCTION	82-4656507	0.07	45911
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMPBELL CONSTRUCTION GENERAL ENGINEERING, INC.	84-2896106	0.07	107400
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLEGIANTE LOGISTICS DBA MARCAN ENTERPRISE	84-3062877	0.07	99440
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
API GLOBAL SERVICES LLC	85-1443636	0.07	121536
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATALINA CHINA, INC. DBA HF COORS	86-0657734	0.07	60105
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T-OLSEN CONTRACTING, LLC	87-3368645	0.07	17498
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R.B. PAINT & DRYWALL	93-1187069	0.07	32431

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A-1 SEPTIC TANK SERVICE, INC.	94-1690893	0.07	359719
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R & R TREE SERVICE, INC.	03-0414750	0.06	29222
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAYU, INC. DBA PROPELO MEDIA	20-1844150	0.06	76554
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAFARI WEST, INC.	20-2026695	0.06	133803
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GINO GIUSEPPE, INC. DBA G & G CONSTRUCTION, CO.	20-5258087	0.06	364
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
API GLOBAL TRANSPORTATION, INC.	20-5513260	0.06	102439
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEVERIN MOBILE TOWING INC.	20-8020015	0.06	76265
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOENIX BIOMASS ENERGY, INC.	26-0642820	0.06	229661
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNOVATIVE ROTATIONAL MOLDING, INC.	26-0843811	0.06	33821

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M. READ SERVICES, INC. DBA SD SHOWDOWN	26-1389309	0.06	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
5 O'CLOCK MARKETING GROUP, LLC	27-3052133	0.06	69085
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RO BUILDERS INC.	27-3330792	0.06	22659
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENALI METALWORKS LLC	32-0208557	0.06	42659
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INLAND POWDER COATING CORPORATION	33-0045795	0.06	84360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORANGE COUNTY ACOUSTICS, INC.	33-0173968	0.06	45428
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANSK ENTERPRISES, INC. DBA NORDIC SECURITY SERVICES	33-0656012	0.06	202879
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC ATHLETIC WEAR, INC.	33-0807392	0.06	40668
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHWEST ASSETS MANAGEMENT CORPORATION DBA NEVADA SOUTHWEST ASSETS MN	33-0930103	0.06	40542

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTOFFERSON TRANSPORTATION, INC.	33-0947880	0.06	34187
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANTA CRUZ UNDERGROUND & PAVING, INC.	34-2048002	0.06	27061
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAUSAGE, LLC	45-4615443	0.06	59684
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDROTEM ENTERPRISES LLC DBA OWENS PUMP & EQUIPMENT	46-0673269	0.06	44468
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POT O GOLD KUSTOMS LLC	47-1947823	0.06	22689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R.L. MAYS CONSTRUCTION COMPANY INC.	47-2725481	0.06	47255
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIERRA HARDWARE PRODUCTS, INC.	47-3097890	0.06	44361
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CABS HEATING & AIR CONDITIONING	47-4470869	0.06	66832
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAFCO GROUP, INC.	47-4704395	0.06	24498

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOOELE VALLEY PUMPING LLC	47-5371720	0.06	34146
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOHNSON AND DALY MOVING, INC.	68-0183142	0.06	47598
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PASUT TRUCKING, INC.	82-1811192	0.06	86858
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOCAL TRANSPORT SERVICES, LLC	83-0716044	0.06	27505
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALM CUSTOM CARPENTRY LLC	83-1590174	0.06	34507
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHSHORE BUILD LLC	85-2309474	0.06	22544
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE MILLWORK COMPANY, INC.	01-0559843	0.05	24676
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN HOME & STONE INC.	20-2067400	0.05	103057
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARLIFE SCOTTSDALE, LLC	27-1884261	0.05	20245

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOGLE CONSTRUCTION, INC.	30-1045241	0.05	41435
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TSI SEISMIC TENANT SPACE, INC.	33-0416886	0.05	26345
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUSGROVE CORPORATION	33-0439012	0.05	43033
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHED WORLD, INC.	33-0890114	0.05	31421
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIGHTYMITE TERMITE SERVICES	35-2432666	0.05	92627
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEL REY CONSTRUCTION AND REMODELING, INC. DBA PAUL DAVIS RESTORATION	45-4224112	0.05	19683
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERITY CONSTRUCTION LLC	45-5272934	0.05	214240
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRECISION MILLWORK, LLC	46-1460468	0.05	39334
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RACING GREEN, LTD	46-2262712	0.05	283129

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TANKERSLEY PLUMBING LLC DBA TANKS PLUMBING	46-2415397	0.05	35452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NGB CONSTRUCTION, INC.	46-3197746	0.05	49823
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELLIS FENCE CO, INC.	47-1681364	0.05	121568
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITLOW CONSTRUCTION & REAL ESTATE DEVELOPMENT, LLC DBA HOMEMASTERS	47-3304007	0.05	54086
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DODSON BUILDERS CONSTRUCTION, INC.	47-3334686	0.05	28335
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHWEST TRAFFIC CORP	47-3498351	0.05	54996
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL PRO PLUMBING, HEATING, AIR & ELECTRICAL INC.	47-4549777	0.05	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOENIX BUILDING, INC.	57-1162798	0.05	123514
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRO-STAR TOWING, INC.	77-0408440	0.05	1946321

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
B&B MACHINERY LLC	84-4605267	0.05	386932
2a Name of Participating Employer VALLEY BUILDING COMPONENTS, INC. DBA DIAMOND TRUSS	87-1701013	0.05	165507
2a Name of Participating Employer QST INGREDIENTS & PACKAGING	91-2121763	0.05	263725
2a Name of Participating Employer HABITAT FOR HUMANITY OF LINCOLN COUNTY	93-1172258	0.05	53451
2a Name of Participating Employer RJS ELECTRIC, INC.	95-4685600	0.05	35477
2a Name of Participating Employer EAST OF THE BAY	02-0763018	0.04	48167
2a Name of Participating Employer ARUBBOT HA SHAMAYIN, INC. DBA PACIFIC SERVICES AND PACIFIC WINDOW WASH	04-3813746	0.04	53881
2a Name of Participating Employer AVIVA STANOFF DESIGN INC.	20-0875010	0.04	17785
2a Name of Participating Employer NORTH STAR GAS LTD, CO.	20-1161637	0.04	69186

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CENTRAL COAST FINANCIAL GROUP, INC. DBA CCFG CONSTRUCTION	20-5758294	0.04	103213
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL SOURCE COATINGS INC.	26-3179693	0.04	25775
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANBEC M. DESHEILD, D.D.S. P.L.L.C. DBA BEST SMILE DENTAL	27-1866858	0.04	19863
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIRE ELEGANCE, LLC	27-2872278	0.04	17892
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROOMFIELD STEEL LLC	27-2960893	0.04	16715
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	27-3266402	0.04	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIESTA PACIFIC PRODUCTS, INC.	33-0185743	0.04	25121
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL-PRO ENTERPRISES, INC.	33-0822215	0.04	28967
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXPERT DISPOSAL AND RECYCLING SERVICES, LLC	42-1734100	0.04	53059

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CMI MASONRY, INC.	46-2453139	0.04	54350
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAVE PROPERTY MANAGEMENT, LLC	46-3047943	0.04	59959
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANMAR CORP	46-3688529	0.04	15613
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZION TRANSPORT, INC.	46-4849208	0.04	15108
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABSTRACT ALE WORKS LLC DBA BURGEON BEER COMPANY	46-5040201	0.04	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MY WINDOW SOLUTIONS, INC.	47-1484878	0.04	31350
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMART72, INC.	47-1959763	0.04	17098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JRB LLC DBA CRATERS & FREIGHTERS OF NORTHERN COLORADO COLORADO SPRINGS	61-1519605	0.04	14863
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL RESTORED INC.	68-0588242	0.04	26912

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STEVEN SUTTER DBA ARAGON VETERINARY CLINIC	74-3040285	0.04	18803
A.T. TIRE & MAINTENANCE	75-3235773	0.04	14757
RAYON LIGHTING GROUP INC.	80-0595446	0.04	20356
EAST WEST BUILDING SOLUTIONS, INC.	81-2019462	0.04	96499
WEBSTER'S MILE HIGH FARMS, INC.	82-0453508	0.04	140805
REXBURG PLUMBING AND HEATING	82-0527973	0.04	111745
ALL AMERICAN BUILDING SERVICES	84-1999788	0.04	90322
ILLUMINE LEGAL LLC	84-3462861	0.04	26016
RRGST	85-1557270	0.04	29571

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CARBIDE CONSTRUCTION, LLC	87-0587312	0.04	13891
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARIAS GRAZIANO ENTERPRISES DBA QUADRANT CONCRETE INC.	92-0838395	0.04	15397
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LABELS-R-US, INC. DBA THE LABEL SHOPPE	95-4362238	0.04	121383
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MORTON'S TOWING AND RECOVERY, INC.	02-0661195	0.03	36382
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL FREIGHT SOLUTIONS, INC.	20-0749878	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COTTAGES OF HOPE	26-0752718	0.03	124610
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TORE 93, LLC	26-2991098	0.03	50095
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOENIX HOME SERVICES INC.	27-2618239	0.03	10510
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MORRISON CONCRETE, INC.	33-0361713	0.03	167131

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PATRIOT MOTOR WORKS, INC.	37-1634654	0.03	26437
J. G. CANALES INC	45-1741759	0.03	16478
OMEGA DRYWALL CONSTRUCTION, INC	45-3581899	0.03	23710
NEMEC CONSTRUCTION INC.	47-1281514	0.03	12435
GOT WATTS ELECTRIC, INC	47-3920244	0.03	34979
NO SWEAT PROPERTIES, LLC DBA BLACK ROCK INSURANCE	47-5650300	0.03	19271
G.Y.P. ENTERPRISES, INC.	52-1575962	0.03	39329
SIERRA CEDAR CORP	52-2441509	0.03	13085
LEPELL TILE & STONE, INC. DBA SAN LUIS MARBLE	56-2633776	0.03	12816

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DIAMOND HOUSE CONSTRUCTION, INC.	74-3226443	0.03	24135
THE NATURAL FUNERAL INC.	81-1328840	0.03	12624
ICAN-B	81-1615893	0.03	28924
RILEY FAMILY ENTERPRISES, INC.	81-1667792	0.03	14063
STEVE THOMAS REAL ESTATE LLC	83-2853870	0.03	41637
BRANTWOOD FAMILY SERVICES LLC AKA BRANTWOOD FS LLC	83-3516196	0.03	15649
KOFFORD AND ASSOCIATES, INC	87-0667417	0.03	12339
HARRY CLARK HEATING & AIR CONDITIONING, INC.	87-3830252	0.03	10544
ALTERNATIVE MARKET SERVICES INC	88-0436041	0.03	9886

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL MODULAR, INC.	88-0513685	0.03	55486
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALPINE CABINET COMPANY, INC.	88-0534552	0.03	15843
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOOR DORKS, INC.	88-0968583	0.03	11082
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMTEK CONSTRUCTION	90-0937001	0.03	23822
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHANER ENTERPRISES, INC.	91-1802791	0.03	101764
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOWERS FENCING AND SWIMMING POOLS, INCORPORATED	93-1180610	0.03	35764
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOHNSON PLUMBING, INC.	94-2678975	0.03	13641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRENTWOOD DECORATIVE ROCK, INC.	94-6897111	0.03	12691
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRUFFY'S, INC.	95-3858840	0.03	469673

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H.K.Z. ENTERPRISES INC.	95-4401548	0.03	14438
SMA BUILDERS, INC.	95-4680812	0.03	17659
ORANGE RESTORATION	20-0514958	0.02	8782
O.A. CARGO, INC.	20-8721762	0.02	210261
HOFFBERGER MOVING SERVICES LLC	26-1280408	0.02	7053
CAL WEST GENERAL ENGINEERING INC.	26-2172627	0.02	9490
MANGELOS SPORTING GOODS, INC. DBA BARNWOOD ARMS	26-3937172	0.02	7455
CHINO STEEL, INC.	26-4255787	0.02	204210
LEAPS-N-BOUNDZ, INC.	27-0970111	0.02	25957

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSURE IT ALL	27-1046011	0.02	43791
AFFORDABLE DELIVERY SERVICES LLC DBA EAST COAST FURNITURE SERVICES	27-2409263	0.02	13740
JE BUILDERS, INC	27-2685214	0.02	20102
LAWSON HOME SERVICES, LLC	27-3425457	0.02	19761
LIGHTNING MOBILE ELECTRIC LLC	32-0587036	0.02	9815
NES EQUIPMENT & SERVICE CORPORATION	33-0492915	0.02	5395
SAN DIEGO CONCRETE PUMPING, INC.	33-0782954	0.02	132467
PRIMO CONSTRUCTION, LLC	39-2066898	0.02	67354
J&J SERVICES SWIMMING POOLS & BILLIARDS INC.	46-4339452	0.02	50382

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFINITY TRANSIT, INC.	47-1465352	0.02	9387
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MISTY MORNING TRUCKING, LLC	47-5130093	0.02	280716
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OMNI TECHNOLOGY PROFESSIONALS, INC.	68-0584862	0.02	7821
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOSE D SOARES DAIRY	77-0165057	0.02	29595
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPPORTED INDEPENDENCE SERVICES OF OREGON DBA SISO	80-0696652	0.02	2596
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R&J MANUFACTURING INC.	81-2610301	0.02	106134
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEBSTER'S, INC.	82-0453507	0.02	395776
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUE NORTH TRUCKING COMPANY	82-1772178	0.02	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUDIO PRIME, INC.	82-2878979	0.02	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEXT LEVEL ELECTRIC	82-4462333	0.02	0
2a Name of Participating Employer QUEEN CITY THERAPY, PLLC DBA LITTLE WONDERS PEDIATRIC THERAPY	82-4855972	0.02	26313
2a Name of Participating Employer THE WATER HEATER & PLUMBING COMPANY DBA THE WATER HEATER COMPANY	83-0853931	0.02	9150
2a Name of Participating Employer BODY IN CONTEXT LLC	83-2210729	0.02	14298
2a Name of Participating Employer ATWATER METAL FABRICATION, INC.	84-3954461	0.02	6946
2a Name of Participating Employer GO GREEN TAMPA, LLC	84-4589312	0.02	12468
2a Name of Participating Employer SAFE COMPANIES, LLC	84-5111346	0.02	11789
2a Name of Participating Employer TSF DIRECT, INC.	85-2263604	0.02	9853
2a Name of Participating Employer LIGHT LINE, LLC	85-2407445	0.02	6034

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MIRAGE GLASS AND MIRROR, INC.	86-0855380	0.02	9207
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DRYZONE, LLC	86-1161686	0.02	29537
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOS COMPADRES RESTAURANT 1 INC.	88-0471745	0.02	7098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SJF TRANSMISSIONS INC. DBA AAMCO OF MORENA BLVD	90-0518538	0.02	111354
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CDG MATERIALS, INC.	91-1779028	0.02	8595
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE AUTO RENTAL AND SALES, INC.	93-1255514	0.02	63951
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SISKIYOU PUMP SERVICE INCORPORATED	93-1287970	0.02	14411
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHWEST COMMERCIAL PROPERTY MAINTENANCE, INC.	93-1308966	0.02	27459
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GDMI ENTERPRISES, INC. DBA NAPA AUTO PARTS	93-1318354	0.02	33661

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROFESSIONAL COURIER & LOGISTICS, INC.	94-3376567	0.02	13737
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAWYERS CLUB OF SAN DIEGO, INC.	95-3438317	0.02	7606
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACTION DOOR REPAIR CORPORATION	95-3737162	0.02	18627
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INFINITY ELECTRIC	04-3839192	0.01	21945
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STERI-CLEAN INC	20-1946355	0.01	6306
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANZANITA LANDSCAPE CONSTRUCTION, INC.	20-2171091	0.01	10974
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JERRY'S WELDING AND MACHINE, INC.	20-3179927	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PENINSULA IMPROVEMENTS, INC. DBA CERTAPRO PAINTERS OF THE PENINSULA &	20-4720502	0.01	5914
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BERNARDINI ENTERPRISES, INC. DBA JD SERVICES	20-5467165	0.01	23045

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LEWIS ROBINSON CONSTRUCTION	20-8899745	0.01	4928
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOBERG RESEARCH, INC. DBA MICROMED USA	23-2935152	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CITY MINISTRY NETWORK	26-0100683	0.01	2100
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC GRADING AND EROSION CONTROL, INC.	26-2172463	0.01	18692
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCM CONSTRUCTION, INC	27-0704709	0.01	4921
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DG INSURANCE AND REAL ESTATE SERVICES, INC.	27-0769111	0.01	17701
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREST TRANSPORTATION, INC.	27-2441532	0.01	6485
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMMOCOM, INC. DBA AMERISSET	33-0707626	0.01	363443
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C & SD CONSTRUCTION, INC.	33-0923917	0.01	3552

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JCMJ PRODUCTS LLC	38-3938673	0.01	21747
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLISTENING WATER POOL SERVICE, LLC	45-0827179	0.01	24268
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TDH CONSTRUCTION, INC. DBA FOOTHILL PAINTING & DRYWALL	45-2911547	0.01	8697
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATES TOWING, LLC DBA BISHOP TOWING & REPAIR	46-3767174	0.01	4746
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MY LUCKY HOUSE	46-4229483	0.01	4962
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FACILITY SOLUTIONS, LLC	46-4634409	0.01	87389
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROPHET SOLUTIONS, INC.	47-1135355	0.01	3903
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREEN FLASH PEST CONTROL CORP.	47-3009914	0.01	17256
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MELVIN MANUEL CARDOZO DBA ASC BUILDER, INC.	47-3593803	0.01	3423

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROCKWELL REAL ESTATE, LLC	47-3972319	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEO'S SEWER AND DRAIN, INC.	47-4135795	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIMEX, INC.	47-4200929	0.01	8079
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODGRAINS AND STONE, INC.	47-5178350	0.01	62811
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTIC WELL DRILLING, INC.	51-0326683	0.01	3855
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMAZON STEEL CONSTRUCTION, INC.	65-1169008	0.01	2444
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KRT, INC.	68-0415603	0.01	5962
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RELIABLE CONSTRUCTION UNLIMITED INC.	72-1520925	0.01	20930
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KITCHEN AND BATH EXPERTS INC.	76-0775830	0.01	0

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R.P. ENVIRONMENTAL, INC.	76-0846484	0.01	3425
MODESTO THC INC.	77-0554064	0.01	4192
MODESTO THC INC.	77-0554064	0.01	4192
PEDRO AYON DBA P. AYON PLASTERING INC.	81-0714544	0.01	0
BULLY FENCE	81-1390003	0.01	9437
PACIFIC SUN TRUCKING, INC.	81-2269110	0.01	3952
UINTA MATTRESS, INC.	81-4311797	0.01	0
MARINA LANDSCAPE SERVICES, INC.	81-4646713	0.01	8607
AFTER BEFORE CREATIONS, INC. DBA THE FOUNDATION WORKS	82-0573385	0.01	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEQUOIA PREMIUM FOODS	82-1150693	0.01	4047
TARANTULA HILL BREWING COMPANY, LLC	82-2787158	0.01	2488
ARK ELECTRIC HEATING AND COOLING, INC.	82-4738835	0.01	5585
SKYFARM CONSTRUCTION L.L.C.	83-1633651	0.01	2578
THE COOPER COMPANY LLC	83-2123008	0.01	5790
THE GARDENS AT SAN CARLOS INC	83-3710404	0.01	11754
TEAM AUTO COLLISION, LLC	83-4058008	0.01	5984
SAM AINSWORTH & COMPANY MECHANICAL CONTRACTORS, INC. DBA SAC MECHANICA	84-0963465	0.01	4709
WORK, INC.	84-1383403	0.01	18629

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VEVA INC.	84-2242867	0.01	0
PINKY'S SALEM BAKERY LLC DBA CRUMBL OF SALEM	84-3547137	0.01	18601
BASSET ENGINEERING	85-1335462	0.01	4740
BLUELINE AUTOMOTIVE LLC	85-1374543	0.01	4191
FRESH PAINT CO. INC.	87-3968572	0.01	4704
CAMPIOTTI LIFT TRUCK SERVICE, INC.	87-4783530	0.01	4179
FOX CANYON FARM LLC	88-3357099	0.01	2370
HJM INTERNATIONAL LOGISTICS, LLC	90-0979675	0.01	2753
ALPHA IMPRESSIONS, INC.	91-1949780	0.01	53591

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer PERFORMANCE PROPERTIES, INC.	2b EIN 93-1074218	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 64395
2a Name of Participating Employer RUCKSTELL CALIFORNIA SALES CO, INC.	2b EIN 94-2320429	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 20590
2a Name of Participating Employer SOUTH COUNTY CHAMBERS OF COMMERCE	2b EIN 95-2289035	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 199
2a Name of Participating Employer MCKOWSKI'S MAINTENANCE SYSTEMS, INC.	2b EIN 95-3584717	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 7247
2a Name of Participating Employer GARY KRAMER ENTERPRISES, INC. DBA MARINA PACKING	2b EIN 95-4824800	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 4665
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☒ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

**BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental Schedule
December 31, 2023 and 2022
With Independent Auditor's Report

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
DECEMBER 31, 2023 AND 2022
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Barrett Business Services, Inc. Retirement Savings Plan
Vancouver, Washington

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Barrett Business Services, Inc. Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Perkins & Company, P.C.

Portland, Oregon
September 26, 2024

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
<u>ASSETS</u>		
INVESTMENTS AT FAIR VALUE:		
Interest-bearing cash	\$ 10,376,513	\$ 9,118,207
Barrett Business Services, Inc. common stock	183,846	154,911
Mutual funds	<u>177,596,270</u>	<u>123,235,628</u>
	188,156,629	132,508,746
 NON INTEREST-BEARING CASH	 <u>371,011</u>	 <u>142,620</u>
	188,527,640	132,651,366
 RECEIVABLES:		
Participants' contributions	712,808	578,776
Employers' contributions	1,510,474	1,581,445
Notes receivable from participants	<u>3,973,026</u>	<u>2,756,082</u>
	6,196,308	4,916,303
 TOTAL ASSETS	 <u>194,723,948</u>	 <u>137,567,669</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 194,723,948</u>	 <u>\$ 137,567,669</u>

See notes to financial statements.

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS		
ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 20,036,192	\$ (28,430,608)
Interest and dividends	<u>4,561,177</u>	<u>5,049,322</u>
	24,597,369	(23,381,286)
 Interest income on notes receivable from participants	 200,626	 117,885
 Contributions:		
Participants'	23,581,875	19,637,209
Employers'	10,299,843	9,016,857
Participants' rollover	<u>3,611,245</u>	<u>2,197,557</u>
	37,492,963	30,851,623
 Plan mergers	 <u>13,362,846</u>	 <u>7,337,053</u>
	75,653,804	14,925,275
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Plan transfers out	3,317,098	12,330,582
Distributions to participants and beneficiaries	14,348,464	13,398,614
Administrative expenses	<u>831,963</u>	<u>636,682</u>
	18,497,525	26,365,878
 NET INCREASE (DECREASE)	 57,156,279	 (11,440,603)
 NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	137,567,669	149,008,272
End of year	<u>\$ 194,723,948</u>	<u>\$ 137,567,669</u>

See notes to financial statements.

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 – DESCRIPTION OF PLAN

The following is a general description of the Barrett Business Services, Inc. Retirement Savings Plan (“the Plan”). Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General - The Plan is a defined contribution plan which was effective April 1, 1990. Approximately 800 client companies (“Participating Employers”) of Barrett Business Services, Inc. (“the Company”) have adopted the Plan. Each Participating Employer may elect its own eligibility requirement for service and age and its own vesting schedule. Effective January 1, 2023, the Plan allows for Participating Employers to elect an auto-enrollment feature at the time of initial adoption of the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Amendment - Effective January 1, 2023, the Plan was amended to allow employees of the Barrett Business Services, Inc. employer to become eligible to participate in the Plan after 6 months of services with no minimum hour requirement.

Contributions - Contributions consist of employee elective deferrals, after tax elective deferrals, employer matching contributions, safe-harbor contributions and retirement savings contributions. Employee elective deferrals and employer matching are recorded in the year in which the contributions are withheld from compensation. Participants may voluntarily contribute up to 100% of their compensation, limited to annual amounts of \$22,500 and \$20,500 in 2023 and 2022, respectively, as prescribed by the Internal Revenue Code (“IRC”). Participants aged 50 and older may elect to make an additional catch-up contribution of \$7,500 and \$6,500 in 2023 and 2022, respectively. Each Participating Employer may make or may be required to make a matching, profit sharing, or safe-harbor contribution as stated in their adoption agreement.

Participant Accounts - Each participant’s account is credited with the participant’s contribution, an allocation of the Participating Employer’s contribution and Plan earnings, and charged with an allocation of investment management expenses. Allocations are based on participants’ earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

Vesting - Participants are fully vested in their contributions and actual earnings thereon. Each Participating Employer may elect its own vesting schedule for its contributions but may not exceed vesting 20% after two years of service and 20% annually thereafter, until 100% vested. Participants are 100% vested upon death, total and permanent disability, and after attaining normal retirement age.

Payment of Benefits - Upon attaining normal retirement age of 65 (or age 55 if participant held an account under Barrett Business Services, Inc. Employees Savings Plan and Trust), death, termination of employment, or disability; a participant, or his or her beneficiary, may elect to receive a lump-sum amount or installment payments equal to the participant’s vested account balance over a period not more than the participant’s assumed life expectancy. Account balances that are under \$1,000 may be automatically paid out at the discretion of the Company. Balances between \$1,000 and \$5,000 may be transferred to an IRA, also at the discretion of the Company.

Forfeitures - Forfeitures of unvested benefits are used first to offset administrative expenses and any remaining forfeitures are available to offset future employer contributions. Total forfeitures used to reduce employer contributions were \$108,640 and \$90,063 in 2023 and 2022, respectively. Total forfeitures used to reduce administrative expenses were \$11,031 and \$57,564 in 2023 and 2022, respectively. Total forfeitures available at December 31, 2023 and 2022 were \$48,691 and \$97,518, respectively.

Expenses - Administrative expenses may be paid by the Company. Administrative and investment expenses not paid by the Company are satisfied in part through fees received by the Plan through revenue sharing and from forfeitures. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. All participant accounts are charged with an annual recordkeeping fee and remaining administrative expenses are charged to participants' accounts based on relative average account balances. Investment operating expenses are deducted from investment earnings before allocation to participants' accounts. Certain expenses of plan administration, including computer services, professional fees, office supplies and payroll expenses of administrative and clerical personnel are provided by the Company without charge to the Plan. Total revenue sharing received by the Plan and applied to Plan expenses amounted to \$23,719 and \$26,821 in 2023 and 2022, respectively. Unallocated revenue sharing was \$2,068 at December 31, 2023 and 2022.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year and management and operating expenses associated with the Plan's investments.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Benefit Payments - Benefits are recorded when paid. Accordingly, benefits payable to persons who have elected to withdraw from the Plan but not yet paid have not been accrued. At December 31, 2023 and 2022, there were no such amounts payable to participants.

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 changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events - The Plan's management has performed an evaluation of subsequent events through September 26, 2024, which is the date these financial statements were available to be issued.

NOTE 3 – RECENTLY ISSUED ACCOUNTING PRONOUNCEMENTS

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the Plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's financial statements.

NOTE 4 – FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Basis of Fair Value Measurement

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the plan has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Interest-Bearing Cash: Recorded at cost, which approximates fair value.

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2023 and 2022:

	Investment Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$177,596,270	\$ -	\$ -	\$177,596,270
Interest-bearing cash	10,376,513	-	-	10,376,513
Common stock	183,846	-	-	183,846
Total investments at fair value	<u>\$188,156,629</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$188,156,629</u>

	Investment Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$123,235,628	\$ -	\$ -	\$123,235,628
Interest-bearing cash	9,118,207	-	-	9,118,207
Common stock	154,911	-	-	154,911
Total investments at fair value	<u>\$132,508,746</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$132,508,746</u>

NOTE 5 – NOTES RECEIVABLE FROM PARTICIPANTS

The Plan makes loans to participants based on their vested account balance. The minimum loan amount is \$1,000 and is limited to 50% of their vested account balance or \$50,000, whichever is less. Loan provisions provide for a term not to exceed five years and interest rates, repayment schedules and collateral similar to those offered by financial institutions that grant similar loans. Loan interest rates range from 4.00% to 9.50% on loans outstanding at December 31, 2023. Principal and interest are paid ratably through monthly payroll deductions.

NOTE 6 – INFORMATION CERTIFIED BY CUSTODIAN OF THE PLAN

The following is a summary of the comparative unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), that was furnished to the Plan Administrator and certified by Charles Schwab Trust Bank, the custodian of the Plan, as of and for the years ended December 31, 2023 and 2022. The Plan Administrator has obtained a certification from the custodian that such information is complete and accurate.

	<u>2023</u>	<u>2022</u>
Investments	\$ 188,156,629	\$132,508,746
Net appreciation (depreciation) in fair value of investments	\$ 20,036,192	\$ (28,430,608)
Interest and dividends	\$ 4,561,177	\$ 5,049,322

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Charles Schwab Trust Bank is the custodian of the Plan and manages certain investments of the Plan. These transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of the Company's common stock. The Company is the sponsor as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan held 10,464 and 11,026 shares of the Company's common stock as of December 31, 2023 and 2022, respectively.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company and individual Participating Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event such discontinuance results in the termination of the Plan, the accounts of all participants would become fully vested.

Nineteen and twenty-three Participating Employers had plan transfers out in 2023 and 2022, respectively, and transferred their assets to other plans. Twenty-five and twenty-one Participating Employers with Plan balances terminated their plan in 2023 and 2022, respectively, and participant accounts were distributed. All participants affected by the Plan terminations became 100% vested in their accounts prior to the transfer out or distribution of participant accounts.

NOTE 9 – PLAN MERGERS

During 2023, the Plan received transfers of assets from other plans of Participating Employers that totaled \$13,362,846. These include \$3,024,485 from Thompson Suskind, L.P., \$2,520,382 from Diablo Solar Services, Inc., \$1,673,040 from Priority Building Services, LLC, \$1,361,192 from Rolls Scaffold, Inc., \$1,171,315 from Diversified Heating & Cooling Inc., \$812,090 from Bend Chamber of Commerce, \$593,725 from Synergy Wellness Group, Inc., \$474,391 from Institute for Effective Behavioral Interventions, Inc., \$289,078 from Blair Burke, General Contractors, Inc., \$261,058 from nFusion Capital Finance, LLC, \$243,186 from NorCal Painters, Incorporated dba CertaPro Painters of San Francisco, \$191,365 from

Gizmo Brew Works, LLC, \$188,429 from Phoenix Biomass Energy, Inc., \$108,207 from Marsuno, Inc., \$101,791 from Great Greek Partners LLC, \$83,738 from Larson Mental Health, \$71,124 from All American Building Services, \$43,730 from ICAN-B, \$42,054 from Wave Property Management, LLC, \$35,544 from Southwest Traffic Corp, \$31,306 from Habitat for Humanity of Lincoln County, \$18,046 from Hydrotem Enterprises LLC dba Owens Pump & Equipment, \$15,124 from Pinky's Salem Bakery LLC dba Crumbl of Salem, and \$8,446 from Go Green Tampa, LLC.

During 2022, the Plan received transfers of assets from other plans of Participating Employers that totaled \$7,337,053. These include \$1,787,912 from Ferber Law, A Professional Corporation, \$1,655,918 from Power Property Management, Inc., \$764,541 from Tony Ventures LLC, \$576,830 from Bay Area Custom Homes, \$490,416 from Prime Foods, LLC dba Maranto Bakery, \$421,023 from Bruffy's, Inc., 244,366 from Kair Harbor Express LLC, \$243,433 from Recovery Solutions Group LLC, \$145,605 from Starr General Contracting Corporation, \$134,597 from C Below, Inc., \$122,153 from Elite Engineering Contractors, Inc., \$120,294 from A & T Italian Foods Inc, \$119,412 from Empire Earthworks LLC, \$95,796 from DSV, Inc., \$94,238 from Lancelot Restoration, Inc. dba Servpro of Pleasanton/Dublin, \$74,010 from Collision Repair Service, Inc. dba Morris & Sons Towing, \$66,889 from Children Today, \$61,314 from Alvarez and Shaw Incorporated, \$44,518 from North Star Gas Ltd, Co., \$15,501 from Uinta Mattress, Inc., \$13,555 from J & F Design Inc., \$11,869 from Musgrove Corporation, \$11,663 from CalHomeCo Construction, \$9,761 from The Gardens at San Carlos Inc., \$7,626 from Reliable Construction Unlimited Inc., \$3,800 from Amtek Construction, and \$13 from Janitorial Equipment Services Inc. dba King Janitorial Equipment Services.

NOTE 10 – PLAN TRANSFERS OUT

During 2023, the Plan had assets transferred to other plans that totaled \$3,317,098. These include \$1,729,480 to Ferber Law, a Professional Corporation, \$458,581 to AlphaOne Ambulance Medical Services, Inc., \$344,633 to Vehicle Recycling Services LLC, \$327,281 to Utopia Home Care, Inc., \$74,180 to Viola Construction, Inc., \$66,515 to A Brighter View Day Program, Inc, \$51,228 to True North Trucking Company, \$46,536 to Studio Prime, Inc., \$37,282 to Ben Castro Masonry, Inc., \$33,143 to Rockwell Real Estate, LLC, \$29,959 to Next Level Electric, \$28,987 to Abstract Ale Works LLC dba Burgeon Beer Company, \$22,617 to First Transact Inc., \$16,246 to Partners In Care, LLC, \$13,831 to Metro General Construction, Inc., \$11,278 to Global Freight Solutions, Inc., \$9,815 to Orsi Transport, Inc., \$9,216 to After Before Creations, Inc. dba The Foundation Works, and \$6,290 to Pride Intermodal, Inc.

During 2022, the Plan had assets transferred to other plans that totaled \$12,330,582. These include \$2,687,911 to River Partners, \$1,914,648 to Southern California Fleet Services, Inc., \$1,635,411 to Wolfer's, Inc., \$1,539,993 to E. B. Stone & Son, Inc., \$768,488 to Joshua Grading & Excavating Inc., \$701,932 to Innova Vein & Vascular, LLC, \$544,559 to T.T.R., Inc. dba Sherms Custom Plating, \$526,745 to South Valley Specialties, Corp., \$490,305 to Rimrock Trails Treatment Services, \$447,595 to Peak Well Service, LLC, \$254,879 to LANDD Enterprises, Inc. dba Kelly's Automotive Service, \$206,415 to MHS Heating & Air Conditioning, Inc., \$143,060 to Schock Logistics, Inc., \$134,192 to Progress Sports Management, L.P. dba San Jose Giants, \$131,304 to L. Nelson Properties, Inc., \$68,206 to DBL LLC, \$43,797 to Somm, Inc., \$27,962 to Medallion Landscape Management, Inc., \$27,433 to Stafford Meat Company, Inc., \$20,298 to Therapeutic Ranch for Animals and Kids dba TRAK, \$8,507 to Rush Pizza, Inc., \$6,420 to Gray Haven, Inc., and \$522 to Reliable Fire Water Restoration Services Inc.

NOTE 11 – CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan provides for investments that are exposed to various risks. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits, and therefore participants' account balances. There was one investment that individually represented more than 10% of the investments held as of December 31, 2023 and 2022. See the Supplemental Schedule of Assets (Held at End of Year) for the complete listing of investments held as of that date.

NOTE 12 – INCOME TAX STATUS

The Plan is an adoption of a non-standardized pre-approved profit sharing plan sponsored by Milliman, Inc. The non-standardized pre-approved profit sharing plan document obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the non-standardized profit sharing Plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan has been amended since receiving the favorable opinion letter, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

SUPPLEMENTAL SCHEDULE

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

EIN#: 52-0812977

PLAN#: 001

		(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or	(d)	(e)
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Maturity Value	Cost	Current Value
*	Non interest-bearing cash	Cash	a	\$ 371,011
*	Barrett Business Services, Inc.	Common Stock	a	\$ 183,846
*	Charles Schwab Interest-Bearing Cash	Interest-Bearing Cash	a	\$ 10,376,513
	American Capital Income Builder	Mutual Fund	a	\$ 2,323,077
	American Funds 2010 Target Date Retirement Fund	Mutual Fund	a	\$ 802,020
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	a	\$ 3,269,625
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	a	\$ 7,274,006
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	a	\$ 10,940,982
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	a	\$ 14,914,091
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	a	\$ 8,329,189
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	a	\$ 9,390,995
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	a	\$ 5,955,027
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	a	\$ 2,910,050
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	a	\$ 2,577,723
	American Funds American Balanced	Mutual Fund	a	\$ 51,299,227
	American Funds American Mutual	Mutual Fund	a	\$ 2,336,167
	AMG Yacktman	Mutual Fund	a	\$ 3,287,995
	BlackRock Mid Cap Growth Equity Institutional	Mutual Fund	a	\$ 4,791,551
	Brandywine GLOBAL Corporate Credit Fund	Mutual Fund	a	\$ 369,684
	ClearBridge International Growth Fund Class	Mutual Fund	a	\$ 165,500
	DFA Commodity Strategy Institutional	Mutual Fund	a	\$ 233,936
	DFA Real Estate Securities	Mutual Fund	a	\$ 1,149,185
	DoubleLine Total Return Bond	Mutual Fund	a	\$ 2,656,459
	Edgewood Growth Institutional	Mutual Fund	a	\$ 3,123,425
	Federated Institutional High Yield Bond	Mutual Fund	a	\$ 2,151,053
	Fidelity Growth Discovery Fund	Mutual Fund	a	\$ 374,183
	Hood River Small Cap Growth Fund	Mutual Fund	a	\$ 1,937,700
	Invesco Oppenheimer Gold & Special Minerals Fund	Mutual Fund	a	\$ 990,790
	iShares S&P 500 Index	Mutual Fund	a	\$ 8,515,543
	MFS International Diversification	Mutual Fund	a	\$ 939,489
	MFS New Discovery Value Fund	Mutual Fund	a	\$ 423,644
	Nuance Mid Cap Value	Mutual Fund	a	\$ 3,039,582
	RBC Emerging Markets Equity	Mutual Fund	a	\$ 372,728
*	Schwab Fundamental International Large Co. Index	Mutual Fund	a	\$ 260,133
	T. Rowe Price Institutional Large Cap Growth	Mutual Fund	a	\$ 4,796,921
	Thrivent Mid Cap Stock-I	Mutual Fund	a	\$ 141,787
	Vanguard Balanced Index Admiral	Mutual Fund	a	\$ 1,220,103
	Vanguard Developed Markets Index Admiral	Mutual Fund	a	\$ 518,136
	Vanguard Growth Index Admiral	Mutual Fund	a	\$ 4,508,397
	Vanguard International Growth Admiral	Mutual Fund	a	\$ 767,026
	Vanguard International Value Fund Investor Shares	Mutual Fund	a	\$ 848,790
	Vanguard Mid Cap Growth Index Admiral	Mutual Fund	a	\$ 1,038,490
	Vanguard Mid Cap Value Index Admiral	Mutual Fund	a	\$ 751,059
	Vanguard Mid Cap Index Admiral	Mutual Fund	a	\$ 680,189
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	a	\$ 840,190
	Vanguard Small Cap Value Index Admiral	Mutual Fund	a	\$ 1,742,140
	Vanguard Total Bond Market Index Admiral	Mutual Fund	a	\$ 1,023,929
	Vanguard Value Index Admiral	Mutual Fund	a	\$ 1,614,354
*	Participant loans	Interest rates ranging from 4.00% to 9.50%	-	\$ 3,973,026

* - A party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

EIN#: 52-0812977

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