

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PACIFIC COAST BENEFITS TRUST FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES, PACIFIC COAST BENEFITS TRUST FUND
2b Employer Identification Number (EIN): 91-1032878
2c Plan Sponsor's telephone number: 206-329-4900
2d Business code (see instructions): 488990

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	170750
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)	55426
	6a(2)	49727
	6b	284
	6c	120935
	6d	170946
	6e	925
	6f	171871
	6g(1)	0
6g(2)	0	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	30

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PACIFIC COAST BENEFITS TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PACIFIC COAST BENEFITS TRUST FUND	D Employer Identification Number (EIN) 91-1032878	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DODGE & COX

94-1441976

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

PACIFIC INCOME MANAGEMENT CO LLC

33-0629048

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

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

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

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

NORTHWEST ADMINISTRATORS INC

91-0680697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 28 50 51	NONE	2750479	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WASHINGTON CAPITAL MANAGEMENT, INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	762004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMINGTON TRUST, NA

16-1486454

(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 28 50 62	NONE	156656	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

ALAN BILLER & ASSOCIATES

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	85213	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLSPRING GLOBAL INVESTMENTS

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	247627	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO BANK

94-1347393

(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?
49 50	NONE	29203	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REID MCCARTHY BALLEW & LEAHY

91-0749971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	25524	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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?
21 24 28 50 51	NONE	26054	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

PROPEL INSURANCE

91-0830024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10281	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ABRACADABRA

11621 E MARGINAL WAY
TUKWILA, WA 98168

(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?
36 50	NONE	118177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAIL ADVERTISING BUREAU

21319 68TH AVE S
KENT, WA 98032

(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?
36 50	NONE	137134	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAEL & LETSON

91-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	6281	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PROPEL INSURANCE	53	9225

(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.	
RLI INSURANCE COMPANY 9025 N LINDBERGH DR PEORIA, IL 61615	15% INSURANCE COMMISSIONS	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>PACIFIC COAST BENEFITS TRUST FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, PACIFIC COAST BENEFITS TRUST FUND</u>	D Employer Identification Number (EIN) <u>91-1032878</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>WA CAPITAL JOINT MASTER TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>WASHINGTON CAPITAL MANAGEMENT, INC.</u>		
c EIN-PN	<u>91-1163419-001</u>	d Entity code	<u>E</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>239489699</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RUSSELL 3000 INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST CO</u>		
c EIN-PN	<u>26-4299518-001</u>	d Entity code	<u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>121617347</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 **07/01/2023** and ending **06/30/2024**

A Name of plan PACIFIC COAST BENEFITS TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PACIFIC COAST BENEFITS TRUST FUND	D Employer Identification Number (EIN) 91-1032878	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	-1888455	-2444422
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2284093	2471224
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	766440	884690
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	150173643	128713521
(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)	80543777	90489579
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	113935194	121617347
(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)	229224926	239489699
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	155884503	203746114
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	1350000

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	730924121	786317752
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	360790	670950
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1996484
k Total liabilities (add all amounts in lines 1g through 1j)	1k	360790	2667434
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	730563331	783650318

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)	30002056	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	56984	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		30059040
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)	3441555	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3441555
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1202875	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7595743	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8798618
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	279275262	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	271207238	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		8068024
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	14905005	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		14905005

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		24032152
(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)		10264774
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6085276
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		105654444

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	48009713	
(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)		48009713
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)	2040179	
(3) Recordkeeping fees.....	2i(3)	408428	
(4) IQPA audit fees.....	2i(4)	26300	
(5) Investment advisory and investment management fees.....	2i(5)	1331540	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	156656	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	25524	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	35889	
(11) Other expenses.....	2i(11)	533228	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4557744
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		52567457

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		53086987
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan PACIFIC COAST BENEFITS TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PACIFIC COAST BENEFITS TRUST FUND	D Employer Identification Number (EIN) 91-1032878	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	4717

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.)
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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	30002056
b Enter the amount contributed by the employer to the plan for this plan year	6b	30002056
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
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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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

PACIFIC COAST BENEFITS TRUST FUND

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Pacific Coast Benefits Trust Fund
2323 Eastlake Avenue East
Seattle, Washington 98102

Members of the Board:

Opinion

We have audited the accompanying financial statements of Pacific Coast Benefits Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

February 28, 2025

PACIFIC COAST BENEFITS TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30, 2024	June 30, 2023
ASSETS		
INVESTMENTS, AT FAIR VALUE		
U.S. Government Agency Securities	\$ 128,713,521	\$ 150,173,643
Mutual and Exchange-Traded Funds	203,746,114	155,884,503
Common Stocks	88,210,285	78,783,832
Real Estate Investment Trusts	2,279,294	1,759,945
103-12 Investment Entities	239,489,699	229,224,926
Common/Collective Trust	121,617,347	113,935,194
Other Privately Held Fund	1,350,000	-
	785,406,260	729,762,043
TOTAL INVESTMENTS		
CASH (OVERDRAFT)	(2,444,422)	(1,888,455)
	782,961,838	727,873,588
TOTAL INVESTMENTS AND CASH		
RECEIVABLES		
Employer Contributions	2,471,224	2,284,093
Investment Income	826,334	711,244
	3,297,558	2,995,337
TOTAL RECEIVABLES		
PREPAID EXPENSES	58,356	55,196
	786,317,752	730,924,121
TOTAL ASSETS		
LIABILITIES		
Accrued Expenses	670,950	360,790
Payable for Investments Purchased	1,996,484	-
	2,667,434	360,790
TOTAL LIABILITIES		
NET ASSETS AVAILABLE FOR BENEFITS	\$ 783,650,318	\$ 730,563,331

PACIFIC COAST BENEFITS TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>July 1, 2023 to June 30, 2024</u>	<u>July 1, 2022 to June 30, 2023</u>
ADDITIONS		
INVESTMENT INCOME		
Dividends and Interest	\$ 12,240,173	\$ 10,773,753
Net Appreciation of Investments	63,355,231	40,015,598
Less: Investment Expenses	<u>(1,488,196)</u>	<u>(1,368,786)</u>
NET INVESTMENT INCOME	<u>74,107,208</u>	<u>49,420,565</u>
CONTRIBUTIONS AND OTHER INCOME		
Employer Rollovers	30,002,056	31,148,846
	<u>56,984</u>	<u>107,950</u>
TOTAL CONTRIBUTIONS AND OTHER INCOME	<u>30,059,040</u>	<u>31,256,796</u>
TOTAL ADDITIONS	<u>104,166,248</u>	<u>80,677,361</u>
DEDUCTIONS		
BENEFITS PAID	<u>48,009,713</u>	<u>35,196,264</u>
EXPENSES		
Administration	2,131,409	2,005,594
Participant Fees	54,043	63,495
Audit and Accounting Fees	26,300	24,700
Employer Compliance Fees	408,428	44,346
Legal Fees	25,524	8,804
Printing, Mailing and Microfilming	291,809	348,291
Insurance	66,943	75,615
Conferences and Meetings	35,889	15,836
Bank Fees	<u>29,203</u>	<u>26,618</u>
TOTAL EXPENSES	<u>3,069,548</u>	<u>2,613,299</u>
TOTAL DEDUCTIONS	<u>51,079,261</u>	<u>37,809,563</u>
NET INCREASE FOR THE YEAR	53,086,987	42,867,798
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>730,563,331</u>	<u>687,695,533</u>
End of Year	<u>\$ 783,650,318</u>	<u>\$ 730,563,331</u>

PACIFIC COAST BENEFITS TRUST FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Pacific Coast Benefits Trust Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

The Plan is a defined contribution money purchase individual account plan established July 1, 1977 to provide retirement, death and termination benefits to participants and beneficiaries. The Plan is subject to the provisions of the Internal Revenue Code (the "Code") and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration

The Board of Trustees (the "Board") serves as Plan sponsor and plan administrator. The Board established a trust (the "Trust") to receive employer contributions and maintain assets of the Plan for provision of benefits, and designated a third-party administrator to maintain participant records and carry out a majority of tasks associated with day-to-day Plan administration. The Board appointed investment managers to provide professional investment management services and delegated to the investment managers responsibility for managing investments subject to the Plan's Investment Policy and Board approval.

C. Contributions and Eligibility

Participating employers are required to make contributions to the Plan for each covered employee during a plan year under provisions of a written agreement or collective bargaining agreement. An employee becomes a participant on the first day of the first month for which an employer is obligated to make a contribution on his or her behalf, and is fully vested on that date. Employer contributions are based on rates and conditions specified in applicable written agreements and collective bargaining agreements.

Employee contributions are not permitted under terms of the Plan. The Plan may, in its sole discretion, accept rollover contributions of amounts received from other tax-qualified retirement plans.

D. Participant Accounts

An individual account is maintained for each participant. Each participant's account is credited with employer contributions and a pro rata allocation of investment income or losses of the Plan. Each participant account maintained under the Plan is charged a per capita allocation of Trust expenses. Costs incurred on behalf of certain participants are charged directly to those participants' individual accounts. Investment earnings or losses are allocated monthly and adjusted, if necessary, in accordance with an annual valuation at fair market value of Trust assets as of the last day of the Plan Year.

E. Benefits

Normal retirement under the Plan is age 62. Upon retirement or termination of service, death, disability or retirement, a participant or beneficiary is entitled to a distribution of his or her account.

PACIFIC COAST BENEFITS TRUST FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Benefits (Continued)

An annuity is the normal form of benefit under the Plan (a life annuity if single and joint and survivor annuity if married). Optional forms of distribution are permitted including lump sums or installments with spousal consent. A participant's benefit is equal to the value of the participant's account at the most recent valuation date preceding commencement of benefits. Benefits are recorded when paid.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Investment Valuation and Income Recognition

Plan 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. Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Mutual fund capital gains distributions are included in dividend income. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

C. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts and disclosures. Actual results may differ from those estimates.

D. Risk and Uncertainties

Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with Plan investments, it is at least reasonably possible that changes in equity markets, interest rates, or other factors in the near term would materially affect participant accounts and amounts reported in the financial statements.

NOTE 3 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Board may terminate the Plan at any time. In the event of termination, Trust assets will be allocated by the Board in a manner consistent with Title IV of ERISA and the provisions of the Plan. On termination of the Plan, no part of the Trust will revert to any employer or union or be used or diverted for purposes other than the exclusive purpose of providing benefits to participants and beneficiaries and of defraying the reasonable costs of administering the Plan and the Trust. On termination of the Plan, each participant's right to retirement benefits accrued to the date of termination, to the extent funded as of the date of termination is nonforfeitable.

PACIFIC COAST BENEFITS TRUST FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 4 - INCOME TAXES

The Internal Revenue Service has determined and informed the Plan by letter dated February 9, 2015 that the Plan and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Board and Plan's legal counsel believe the Plan is designed and operated in compliance with applicable requirements of the Code and related state statutes. 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 management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - FUNDING POLICY

The Board has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the written agreement or collective bargaining agreement approved by the Board. Employer contributions are based on hourly contribution rates or a pre-determined amount and are made on a monthly basis. Annual contributions for 2024 and 2023 satisfied minimum funding requirements of ERISA.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Investments in the Plan's U.S. Government agency securities portfolio are managed by Northwest Administrators, Inc., the third-party administrator. Purchases and sales of these investments and payment of certain expenses related to Plan operations and investment activity to Plan service providers are considered party-in-interest transactions under ERISA. Such transactions are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 7 - FAIR VALUE MEASUREMENTS

Accounting guidance on measuring fair value establishes a hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are quoted prices for identical securities in an active market. Level 2 inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

U.S. Government agency securities are valued using pricing models that maximize the use of observable inputs for similar securities. Common stocks, real estate investment trusts, mutual and exchange-traded funds are valued at the closing price reported on the active markets on which the securities are traded. The following tables summarize by level within the fair value hierarchy the Plan's investments at fair value as of June 30:

PACIFIC COAST BENEFITS TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued)

	2024			Total
	Level 1	Level 2	Level 3	
Mutual and Exchange-Traded Funds	\$ 203,746,114	\$ -	\$ -	\$ 203,746,114
Common Stocks	88,210,285	-	-	88,210,285
Real Estate Investment Trusts	2,279,294	-	-	2,279,294
U.S. Government Agency Securities	-	128,713,521	-	128,713,521
Total Assets in Fair Value Hierarchy	\$ 294,235,693	\$ 128,713,521	\$ -	422,949,214
Investments Measured at Net Asset Value ^A				362,457,046
				\$ 785,406,260

	2023			Total
	Level 1	Level 2	Level 3	
Mutual and Exchange-Traded Funds	\$ 155,884,503	\$ -	\$ -	\$ 155,884,503
Common Stocks	78,783,832	-	-	78,783,832
Real Estate Investment Trusts	1,759,945	-	-	1,759,945
U.S. Government Agency Securities	-	150,173,643	-	150,173,643
Total Assets in Fair Value Hierarchy	\$ 236,428,280	\$ 150,173,643	\$ -	386,601,923
Investments Measured at Net Asset Value ^A				343,160,120
				\$ 729,762,043

^A Investments measured at net asset value per share (or its equivalent) are not classified in the fair value hierarchy. The fair value amounts presented in the foregoing tables are intended to permit reconciliation of the fair value hierarchy to investments, at fair value presented in the statements of net assets available for benefits.

NOTE 8 - FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE

The following table summarizes investments measured at fair value based on net asset value (NAV) per share or its equivalent:

	June 30,	
	2024	2023
Washington Capital Joint Master Trust Fixed Income Fund ¹	\$ 130,429,701	\$ 125,159,900
Washington Capital Joint Master Trust Mortgage Income Fund ²	109,059,998	104,065,026
BlackRock Russell 3000 Index Non-Lendable Fund ³	121,617,347	113,935,194
Atel Private Debt Partners III ⁴	1,350,000	-
	\$ 362,457,046	\$ 343,160,120

103-12 investment entities and common/collective trusts above are direct filing entities.

Following is a brief description of the redemption restrictions and unfunded commitments:

- ¹ Redemptions may be made monthly and require 15 days advance notice. There are no unfunded commitments to purchase additional units.
- ² Redemptions may be made monthly and require 15 days advance notice. There are no unfunded commitments to purchase additional units.

PACIFIC COAST BENEFITS TRUST FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 8 - FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE (Continued)

- ³ Redemptions may be made daily and require 1-day advance notice. There are no unfunded commitments to purchase additional units.
- ⁴ The investment strategy of the fund is to Target top tier, venture capital backed companies with a high probability of raising a new financing round. Redemptions may be made beginning the first quarter following the second anniversary of the expiration of the Fund's drawdown period, which runs 24 months from the Fund's final closing date. As of June 30, 2024, the Plan has an unfunded commitment of \$18,650,000.

NOTE 9 - PARTICIPANT ACCOUNT RECORDS

The aggregate balance of individual participant accounts exceeds assets of the Plan by approximately \$4,903,000 at June 30, 2024 and 2023. This amount represents operating expenses incurred by the Plan in prior periods that have not been charged to participant accounts.

NOTE 10 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through February 28, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in the financial statements.

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4
E.I.N. 91-1032878; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



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

Board of Trustees
Pacific Coast Benefits Trust Fund
2323 Eastlake Avenue East
Seattle, Washington 98102

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of June 30, 2024 and reportable transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

February 28, 2025

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

Par Value	<u>U.S. Government Agency Securities</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Northwest Administrators Inc. *</u>				
\$ 3,000,000	US Treasury Bonds	01/31/26	4.250	\$ 2,971,170	\$ 2,989,766
2,000,000	US Treasury Note	06/15/25	2.875	1,957,640	1,992,656
2,000,000	US Treasury Note	07/15/25	3.000	1,957,980	1,999,063
3,000,000	US Treasury Note	12/31/25	4.250	2,971,290	2,992,930
2,000,000	US Treasury Note	06/30/26	4.625	1,996,400	1,996,483
2,000,000	US Treasury Note	05/31/26	4.875	2,004,060	1,996,250
1,000,000	Federal Farm Credit Bank	09/29/25	0.530	946,150	998,750
2,000,000	Federal Farm Credit Bank	08/28/25	5.554	1,996,140	2,000,000
3,000,000	Federal Home Loan Bank	08/26/24	0.300	2,975,220	3,000,000
2,000,000	Federal Home Loan Bank	09/26/24	0.500	1,975,620	2,000,000
1,000,000	Federal Home Loan Bank	08/30/24	0.510	992,110	1,000,000
1,000,000	Federal Home Loan Bank	10/11/24	0.550	985,980	1,000,000
3,000,000	Federal Home Loan Bank	12/23/24	0.570	2,931,270	3,000,000
2,000,000	Federal Home Loan Bank	12/30/24	0.600	1,952,780	2,000,000
3,000,000	Federal Home Loan Bank	01/29/25	0.610	2,919,030	3,000,000
3,000,000	Federal Home Loan Bank	10/15/24	0.625	2,956,770	3,000,000
2,000,000	Federal Home Loan Bank	10/21/24	0.625	1,969,700	2,000,000
5,000,000	Federal Home Loan Bank	06/01/25	0.650	4,779,550	5,000,000
3,000,000	Federal Home Loan Bank	06/26/25	0.670	2,869,650	3,000,000
1,000,000	Federal Home Loan Bank	10/28/24	0.700	984,280	1,000,000
2,000,000	Federal Home Loan Bank	04/28/25	1.000	1,931,920	2,000,000
2,000,000	Federal Home Loan Bank	04/30/26	1.000	1,865,660	2,000,000
5,000,000	Federal Home Loan Bank	06/26/26	1.000	4,636,950	5,000,000
3,000,000	Federal Home Loan Bank	07/27/26	1.000	2,774,970	3,000,000
3,000,000	Federal Home Loan Bank	08/27/26	1.000	2,766,150	3,000,000
10,000,000	Federal Home Loan Bank	09/30/26	1.000	9,187,500	10,000,000
3,000,000	Federal Home Loan Bank	05/12/26	1.020	2,796,090	3,000,000
2,000,000	Federal Home Loan Bank	04/29/26	1.100	1,867,400	2,000,000
2,000,000	Federal Home Loan Bank	10/13/26	1.100	1,837,940	2,000,000
5,000,000	Federal Home Loan Bank	10/26/26	1.250	4,604,550	5,000,000
2,000,000	Federal Home Loan Bank	02/14/25	1.630	1,954,980	2,000,000
1,000,000	Federal Home Loan Bank	07/08/24	3.000	999,440	998,060
2,000,000	Federal Home Loan Bank	12/16/24	3.000	1,976,620	2,000,000
2,000,000	Federal Home Loan Bank	10/03/24	4.500	1,994,980	1,997,820
3,000,000	Federal Home Loan Bank	07/12/24	4.560	2,999,010	2,998,500
2,000,000	Federal Home Loan Bank	12/29/24	5.000	1,993,700	2,000,000
2,000,000	Federal Home Loan Bank	12/04/26	5.250	1,991,120	2,000,000
2,000,000	Federal Home Loan Bank	12/27/24	5.300	1,996,820	2,000,000
2,000,000	Federal Home Loan Bank	01/26/26	5.500	1,997,600	2,000,000
3,000,000	Federal Home Loan Bank	12/21/28	5.700	2,997,210	3,000,000
3,000,000	Federal Home Loan Mortgage Corporation	08/28/25	4.050	2,967,360	3,000,000
1,000,000	Federal Home Loan Mortgage Corporation	12/30/24	4.000	993,760	1,000,000
2,000,000	Federal Home Loan Mortgage Corporation	04/10/25	4.720	1,991,800	2,000,000
2,000,000	Federal Home Loan Mortgage Corporation	11/15/24	5.000	1,995,520	2,000,000
2,000,000	Federal Home Loan Mortgage Corporation	11/27/26	5.000	1,990,440	2,000,000
4,000,000	Federal Home Loan Mortgage Corporation	12/18/26	5.300	3,975,840	4,000,000
	<u>Forward</u>			\$ 114,178,120	\$ 117,960,278

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

Par Value	U.S. Government Agency Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
<u>Northwest Administrators Inc. * (Continued)</u>					
	<u>Forwarded</u>			\$ 114,178,120	\$ 117,960,278
\$ 2,000,000	Federal Home Loan Mortgage Corporation	12/26/25	5.500	1,995,340	2,000,000
1,000,000	Federal Home Loan Mortgage Corporation	1/27/2028	5.750	993,620	1,000,000
2,000,000	Federal Home Loan Mortgage Corporation	01/28/25	4.050	1,996,600	2,000,000
1,000,000	Federal Home Loan Mortgage Corporation	08/13/27	0.320	996,450	1,000,000
2,000,000	Federal National Mortgage Association	12/13/24	3.000	1,995,380	2,000,000
2,000,000	Federal National Mortgage Association	09/30/24	Var.	1,997,400	2,000,000
4,875,000	Federal Home Loan Bank	12/30/24	4.000	4,560,611	4,875,000
<u>TOTALS - U.S. GOVERNMENT AGENCY SECURITIES</u>				<u>\$ 128,713,521</u>	<u>\$ 132,835,278</u>

No. of Shares	Common Stocks				
<u>Golden Capital Management</u>					
959	CF INDUSTRIES HOLDINGS INC			\$ 71,081	\$ 80,702
8,145	CLEVELEAND-CLIFFS INC			125,352	140,461
1,041	EAGLES MATERIALS INC COM W-RIGHTS			226,376	237,770
5,961	FREEPORT -MCMORAN INC.			289,705	240,213
5,056	HOWEMET AEROSPACE INC			392,497	247,276
427	LINDE PLC			187,372	190,694
1,137	RELIANCE INC			324,727	126,233
1,350	ROYAL FOLD INCORPROATED			168,966	165,981
1,264	AGRO CORP			123,720	161,657
1,620	ARISTA NETWORKS INC			567,778	461,853
839	AUTOMATIC DATA PROCESSING INC			200,261	213,139
1,038	CATERPILLAR INC			345,758	283,769
7,443	CSX CORP COMMON			248,968	249,431
1,340	EMCORE GROUP INC			489,207	266,759
2,889	EMERSON ELECTRIC CO			318,252	267,653
764	FEDEX CORP COM			229,078	189,793
1,074	GE AEROSPACE			170,734	161,692
583	GENERAL DYNAMICS CORP COM			169,152	146,702
739	LOCKHEED MARTIN CORPORATION COM			345,187	260,268
3,020	OWENS CORNING INC			524,634	332,307
5,192	PACCAR INC			534,464	478,515
905	PARKER HANNIFIN CORP			457,758	267,176
1,113	QUANATA SERVICES INC			282,802	214,164
839	SERVICENOW INC			660,016	602,536
3,804	TEXTRON INC COM			326,611	290,563
7,463	UNITED AIRLINES HOLDINGS, INC			363,150	337,718
1,649	WASTE MANAGEMENT INC			351,798	227,232
107,998	ALHABET INC CL A			1,967,038	290,960
<u>Forward</u>				<u>\$ 10,462,442</u>	<u>\$ 7,133,217</u>

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Cost
	<u>Golden Capital Management</u> (Continued)		
	<u>Forwarded</u>	\$ 10,462,442	\$ 7,133,217
11,872	ALPHABET INC CL C	2,177,562	593,971
39,804	AT&T INC	760,654	603,482
17,365	COMCAST CORP NEW A	680,013	715,492
5,017	META PLATFORMS, INC-A	2,529,672	678,390
1,377	NETFLIX INC	929,310	525,636
401	SPOTIFY TECHNOLOGY SA	125,830	130,175
3,879	ALLISON TRANSMISSION HOLDINGS	294,416	236,908
20,368	AMAZON.COM INC	3,936,116	1,714,042
1,528	CROCS INC	222,996	158,472
165	DECKERS OUTDOOR CORP	159,712	79,884
4,766	EBAY INC.COM	256,030	198,645
22,229	EXPEDIA GROUP INC.	280,832	211,368
31,191	FORD MOTOR CO.	391,135	384,555
2,480	HOME DEPOT INC COM	853,715	464,666
789	LENNAR CORP CL A	118,247	119,870
2,540	MCDONALD'S CORPORATION	647,294	596,278
1,926	NIKE INC CL B	145,163	187,076
2,875	PULTE GROUP INC	316,538	109,413
1,461	ROYAL CARRIBBEAN CRUISES LTD	232,927	182,866
5,151	TESLA INC	1,017,301	1,141,397
2,293	TJX COMPANIES COM	252,459	206,045
51,113	ALTIRA GROUP INC	232,897	255,315
3,040	ARCHER DANIELS MIDLAND CO COM	183,768	240,911
1,914	BUNGIE GLOBAL	204,358	156,647
2,752	COCOA COLA CO COM	175,165	142,879
6,167	COLGATE PALMOLIVE CO COM	598,446	469,820
998	COSTCO WHOLESALE CORP COM	848,290	448,116
3,109	KIMBERLY CLARK CORP	429,664	387,945
2,676	PEPSICO INC COM	441,353	436,179
3,177	PHILLIP MORRIS INTL INC	321,925	319,693
3,050	PROCTOR & GAMBLE CO COM	503,006	331,971
4,521	SYSCO CORP COMMON	332,754	367,560
2,073	TARGET CORP COMMON	306,887	275,683
13,283	WALMART INC.	889,392	630,468
1,015	WESCO INTERNATIONAL INC	160,898	159,433
3,410	CHEVRON CORP	533,392	408,601
5,202	EOG RESOURCES INC COM	654,776	621,848
7,899	EXXON MOVIL CORP	909,333	551,760
5,009	HALIBURTON HLDG CO COM	169,204	165,360
2,854	MARATHON PETROLEUM CORPORATION	495,112	421,135
3,063	VALERO ENERY CORP COM	480,156	376,200
1,384	AMERIPRISE FINANCIAL INC	591,231	557,771
4,439	APOLLO GLOBAL MANAGEMENT INC	524,113	375,059
	<u>Forward</u>	\$ 36,776,484	\$ 24,472,202

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Cost
	<u>Golden Capital Management</u> (Continued)		
	<u>Forwarded</u>	\$ 36,776,484	\$ 24,472,202
618	ARCH CAPITCAL GROUP LTD	62,350	24,583
11,012	BANK AMER CORP	437,947	344,539
4,487	BANK NEW YORK MELLON CORP	268,726	193,923
3,325	BERKSHIRE HATHAWAY INC DEL CL B	1,352,610	626,499
269	BLACKROCK INC	211,789	223,176
2,353	CAPITAL ONE FINANCIAL CORP	325,773	274,160
6,606	CITIGROUP INC	419,217	396,018
512	CORPAY INC	136,402	93,740
3,344	EAST WEST BANCORP INC	244,881	224,306
512	EVEREST GROUP, LTD	195,082	131,661
1,571	GOLDMAN SACHS GROUP INC COM	710,595	568,140
2,463	HARTFORD FINANCIAL SVCS GRP INC	247,630	129,676
2,598	INTERACTIVE BROKERS GROUP INC CL A	318,515	206,758
6,469	JPMORGAN CHASE & CO	1,308,420	564,113
1,108	MASTERCARD INC CL A	488,805	278,354
4,926	METLIFE INC	345,756	210,139
2,836	PAYPAL HOLDINGS INC	164,573	305,729
2,217	PROGRESSIVE CORP COM	460,493	432,855
2,543	REINSURANCE GROUP OF AMERICA INC	522,002	374,907
414	S&P GLOBAL INC	184,644	161,302
2,083	VERTIV HOLDINGS LLC CL A	180,325	117,365
4,656	VISA INC	1,222,060	717,747
11,067	WELLS FARGO & CO	657,269	506,681
3,865	ABBOTT LABORATORIES	401,612	330,824
3,941	ABBVIE INCE	675,960	609,753
4,610	AMGEN INC COM	144,039	122,650
4,072	BOSTON SCIENTIFIC CORP COM	313,585	215,772
1,298	CENCORA, INC	292,439	136,533
6,490	CENTENE CORPORATION	430,287	508,209
6,827	CVS HEALTH CORPORATION	403,203	530,766
2,965	EDWARDS LIFESCIENCES CORP COM	273,877	231,837
676	ELEVANCE HEALTH INC	366,297	182,881
1,531	ELI LILLY & CO	1,386,137	750,514
14,609	EXELIXIS INC	328,264	271,432
1,805	GILEAD SCIENCES INC COM	123,841	143,679
2,000	INCYTE GENOMICS INC COM	121,240	110,959
704	INTUITIVE SURGICAL INC	313,174	235,861
846	JAZZ PHARMACEURTICALS PLC	90,294	128,513
2,407	JOHNSON & JOHNSON	351,807	336,465
773	MCKESSON CORPORATION COM	451,463	130,538
4,079	MERCK & CO INC	504,980	285,821
15,326	PFIZER INC	428,821	534,174
476	REGENERON PHARMACEUTICALS	500,290	423,490
	<u>Forward</u>	\$ 55,143,958	\$ 37,799,244

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Cost
	<u>Golden Capital Management</u> (Continued)		
	<u>Forwarded</u>	\$ 55,143,958	\$ 37,799,244
1,382	STRYKER CORP COM	470,226	384,655
1,788	TENET HEALTHCARE CORP	237,858	242,352
765	THERMO FISHER SCIENTIFIC INC	423,045	438,637
7,096	UNITED THERAPUTICS CORP	349,131	249,150
1,555	UNITEDHELATH GROUP INC	791,899	432,905
1,011	VERTEX PHARMACEUTICAL INC	473,876	233,931
2,609	ZIMMER BIOMET HOLDINGS, INC	283,155	321,767
770	ZOETIS INC	133,487	141,216
1,088	ACCENTURE PLC-CL A	330,110	209,065
1,083	ADOBE INC	601,650	415,324
3,171	ADVANCE MICRO DEVICES INC COM	514,368	333,013
1,069	AMDOCS LIMITED	84,365	90,113
28,510	APPLE INC	6,004,776	1,370,007
3,861	APPLIED MATERIALS INC	911,157	486,030
384	AUTODESK COM	95,021	76,248
1,178	BROADCOM INC	1,891,314	375,634
734	CACI INTL INC CL A	315,715	267,584
511	CADENCE DESIGN SYS INC	157,260	29,400
15,874	CISCO SYSTEMS INC	754,174	667,819
2,889	FORTIENT INC	174,120	113,544
2,399	JABIL INC	260,987	204,833
836	KLA CORPORATION	689,290	299,875
134	LAM RESEARCH CORP COMMON	142,690	38,660
15,316	MICROSOFT CORP	6,845,486	1,088,744
48,193	NVIDIA CORP COM	5,953,640	418,235
1,082	ORACLE CORPORATION COM	152,778	103,549
4,319	QUALCOMM INC COM	860,258	558,166
2,556	SALESFORCE INC	657,148	570,921
750	SYNOPSYS INC COM	446,295	235,707
1,528	AMERICAN ELECTRIC POWER CO, INC	134,067	138,287
4,176	DUKE ENERGY HOLDING CORP	418,560	392,912
10,218	NEXTERA ENERGY INC	723,537	640,872
7,889	PPL CORP COM	218,131	221,279
7,690	PUBLIC SVC ENTERPRISE GROUP INC	566,753	477,370
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 88,210,285</u>	<u>\$ 50,067,048</u>

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

No. of Shares		Fair Value	Cost
	<u>Real Estate Investment Trusts</u>		
	<u>Golden Capital Management</u>		
5,283	GAMING AND LEISURE PROPERTIES REIT	\$ 238,844	\$ 242,354
12,780	HOST HOTELS & RESORTS INC	229,784	214,356
3,964	PROLOGIS INC	445,197	423,407
1,163	PUBLIC STORAGE INC COM	334,538	337,512
4,080	SIMON PROPERTY GRP INC (REIT)	619,345	522,184
14,371	VICI PROPERTIES INC	411,586	453,102
	<u>TOTALS - REAL ESTATE INVESTMENT TRUSTS</u>	<u>\$ 2,279,294</u>	<u>\$ 2,192,915</u>
	<u>Mutual and Exchange-Traded Funds</u>		
8,573,363	PIMCO Income Fund	\$ 89,848,845	\$ 101,517,133
910,499	Dodge & Cox International Stock Fund	46,171,390	37,665,997
513	SPDR S&P 500 ETF	279,185	219,408
629,265	American Europacific Growth Fund	36,031,736	31,394,067
27,384,041	Goldman Sachs Financial Square Treasury Obligations Fund	27,384,041	27,384,041
2,834,226	Allspring Treasury Money Market Fund	4,030,847	4,030,827
70	Invesco Stit Gov & Agency	70	70
	<u>TOTALS - MUTUAL AND EXCHANGE-TRADED FUNDS</u>	<u>\$ 203,746,114</u>	<u>\$ 202,211,543</u>
	<u>103-12 Investment Entities</u>		
	<u>Washington Capital Management Inc</u>		
1,646,042	Washington Capital Joint Master Trust Fixed Income Fund	\$ 130,429,701	\$ 60,082,079
1,138,170	Washington Capital Joint Master Trust Mortgage Income Fund	109,059,998	44,082,345
	<u>TOTALS - 103-12 INVESTMENT ENTITIES</u>	<u>\$ 239,489,699</u>	<u>\$ 104,164,424</u>
	<u>Common/Collective Trust</u>		
1,254,370	BlackRock Russell 3000 Index Non-Lendable Fund	\$ 121,617,347	\$ 75,959,371
	<u>Other Privately Held Fund</u>		
1,350,000	Atel Private Debt Partners III	\$ 1,350,000	\$ 1,350,000
	<u>GRAND TOTAL</u>	<u>\$ 785,406,260</u>	<u>\$ 568,780,579</u>

* Party-in-interest

PACIFIC COAST BENEFITS TRUST FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 91-1032878; PLAN NO. 001

JULY 1, 2023 TO JUNE 30, 2024

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Goldman Sachs Financial	-	-	\$ 104,677,972	\$ -	\$ 104,677,972	\$ -
Square Treasury			-	100,992,816	100,992,816	-
Obligations Fund						

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

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

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

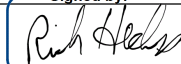

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>PACIFIC COAST BENEFITS TRUST FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, PACIFIC COAST BENEFITS TRUST FUND</p> <p>2323 EASTLAKE AVE E SEATTLE, WA 98102</p>	<p>1c Effective date of plan <u>07/01/1977</u></p> <p>2b Employer Identification Number (EIN) <u>91-1032878</u></p> <p>2c Plan Sponsor's telephone number <u>206-329-4900</u></p> <p>2d Business code (see instructions) <u>488990</u></p>

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

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

SIGN HERE	<p>Signed by: </p> <p>F866A9C64D50453...</p> <p>Signature of plan administrator</p>	<p>4/1/2025 2:51 PM PDT</p> <p>Date</p>	<p>Rick Hicks</p> <p>Enter name of individual signing as plan administrator</p>
SIGN HERE	<p>Signed by: </p> <p>Signature of employer/plan sponsor</p>	<p>3/31/2025 7:44 AM PDT</p> <p>Date</p>	<p>Deborah Ostendorp</p> <p>Enter name of individual signing as employer or plan sponsor</p>
SIGN HERE	<p>Signature of DFE</p>	<p>Date</p>	<p>Enter name of individual signing as DFE</p>

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

Form 5500 (2023)
v. 230728

PACIFIC COAST BENEFITS TRUST FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 91-1032878; PLAN NO. 001

JULY 1, 2023 TO JUNE 30, 2024

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Goldman Sachs Financial	-	-	\$ 104,677,972	\$ -	\$ 104,677,972	\$ -
Square Treasury			-	100,992,816	100,992,816	-
Obligations Fund						

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

Par Value	<u>U.S. Government Agency Securities</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Northwest Administrators Inc. *</u>				
\$ 3,000,000	US Treasury Bonds	01/31/26	4.250	\$ 2,971,170	\$ 2,989,766
2,000,000	US Treasury Note	06/15/25	2.875	1,957,640	1,992,656
2,000,000	US Treasury Note	07/15/25	3.000	1,957,980	1,999,063
3,000,000	US Treasury Note	12/31/25	4.250	2,971,290	2,992,930
2,000,000	US Treasury Note	06/30/26	4.625	1,996,400	1,996,483
2,000,000	US Treasury Note	05/31/26	4.875	2,004,060	1,996,250
1,000,000	Federal Farm Credit Bank	09/29/25	0.530	946,150	998,750
2,000,000	Federal Farm Credit Bank	08/28/25	5.554	1,996,140	2,000,000
3,000,000	Federal Home Loan Bank	08/26/24	0.300	2,975,220	3,000,000
2,000,000	Federal Home Loan Bank	09/26/24	0.500	1,975,620	2,000,000
1,000,000	Federal Home Loan Bank	08/30/24	0.510	992,110	1,000,000
1,000,000	Federal Home Loan Bank	10/11/24	0.550	985,980	1,000,000
3,000,000	Federal Home Loan Bank	12/23/24	0.570	2,931,270	3,000,000
2,000,000	Federal Home Loan Bank	12/30/24	0.600	1,952,780	2,000,000
3,000,000	Federal Home Loan Bank	01/29/25	0.610	2,919,030	3,000,000
3,000,000	Federal Home Loan Bank	10/15/24	0.625	2,956,770	3,000,000
2,000,000	Federal Home Loan Bank	10/21/24	0.625	1,969,700	2,000,000
5,000,000	Federal Home Loan Bank	06/01/25	0.650	4,779,550	5,000,000
3,000,000	Federal Home Loan Bank	06/26/25	0.670	2,869,650	3,000,000
1,000,000	Federal Home Loan Bank	10/28/24	0.700	984,280	1,000,000
2,000,000	Federal Home Loan Bank	04/28/25	1.000	1,931,920	2,000,000
2,000,000	Federal Home Loan Bank	04/30/26	1.000	1,865,660	2,000,000
5,000,000	Federal Home Loan Bank	06/26/26	1.000	4,636,950	5,000,000
3,000,000	Federal Home Loan Bank	07/27/26	1.000	2,774,970	3,000,000
3,000,000	Federal Home Loan Bank	08/27/26	1.000	2,766,150	3,000,000
10,000,000	Federal Home Loan Bank	09/30/26	1.000	9,187,500	10,000,000
3,000,000	Federal Home Loan Bank	05/12/26	1.020	2,796,090	3,000,000
2,000,000	Federal Home Loan Bank	04/29/26	1.100	1,867,400	2,000,000
2,000,000	Federal Home Loan Bank	10/13/26	1.100	1,837,940	2,000,000
5,000,000	Federal Home Loan Bank	10/26/26	1.250	4,604,550	5,000,000
2,000,000	Federal Home Loan Bank	02/14/25	1.630	1,954,980	2,000,000
1,000,000	Federal Home Loan Bank	07/08/24	3.000	999,440	998,060
2,000,000	Federal Home Loan Bank	12/16/24	3.000	1,976,620	2,000,000
2,000,000	Federal Home Loan Bank	10/03/24	4.500	1,994,980	1,997,820
3,000,000	Federal Home Loan Bank	07/12/24	4.560	2,999,010	2,998,500
2,000,000	Federal Home Loan Bank	12/29/24	5.000	1,993,700	2,000,000
2,000,000	Federal Home Loan Bank	12/04/26	5.250	1,991,120	2,000,000
2,000,000	Federal Home Loan Bank	12/27/24	5.300	1,996,820	2,000,000
2,000,000	Federal Home Loan Bank	01/26/26	5.500	1,997,600	2,000,000
3,000,000	Federal Home Loan Bank	12/21/28	5.700	2,997,210	3,000,000
3,000,000	Federal Home Loan Mortgage Corporation	08/28/25	4.050	2,967,360	3,000,000
1,000,000	Federal Home Loan Mortgage Corporation	12/30/24	4.000	993,760	1,000,000
2,000,000	Federal Home Loan Mortgage Corporation	04/10/25	4.720	1,991,800	2,000,000
2,000,000	Federal Home Loan Mortgage Corporation	11/15/24	5.000	1,995,520	2,000,000
2,000,000	Federal Home Loan Mortgage Corporation	11/27/26	5.000	1,990,440	2,000,000
4,000,000	Federal Home Loan Mortgage Corporation	12/18/26	5.300	3,975,840	4,000,000
	<u>Forward</u>			\$ 114,178,120	\$ 117,960,278

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

Par Value	U.S. Government Agency Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
<u>Northwest Administrators Inc. * (Continued)</u>					
	<u>Forwarded</u>			\$ 114,178,120	\$ 117,960,278
\$ 2,000,000	Federal Home Loan Mortgage Corporation	12/26/25	5.500	1,995,340	2,000,000
1,000,000	Federal Home Loan Mortgage Corporation	1/27/2028	5.750	993,620	1,000,000
2,000,000	Federal Home Loan Mortgage Corporation	01/28/25	4.050	1,996,600	2,000,000
1,000,000	Federal Home Loan Mortgage Corporation	08/13/27	0.320	996,450	1,000,000
2,000,000	Federal National Mortgage Association	12/13/24	3.000	1,995,380	2,000,000
2,000,000	Federal National Mortgage Association	09/30/24	Var.	1,997,400	2,000,000
4,875,000	Federal Home Loan Bank	12/30/24	4.000	4,560,611	4,875,000
<u>TOTALS - U.S. GOVERNMENT AGENCY SECURITIES</u>				<u>\$ 128,713,521</u>	<u>\$ 132,835,278</u>

No. of Shares	Common Stocks				
<u>Golden Capital Management</u>					
959	CF INDUSTRIES HOLDINGS INC			\$ 71,081	\$ 80,702
8,145	CLEVELEAND-CLIFFS INC			125,352	140,461
1,041	EAGLES MATERIALS INC COM W-RIGHTS			226,376	237,770
5,961	FREEPORT -MCMORAN INC.			289,705	240,213
5,056	HOWEMET AEROSPACE INC			392,497	247,276
427	LINDE PLC			187,372	190,694
1,137	RELIANCE INC			324,727	126,233
1,350	ROYAL FOLD INCORPROATED			168,966	165,981
1,264	AGRO CORP			123,720	161,657
1,620	ARISTA NETWORKS INC			567,778	461,853
839	AUTOMATIC DATA PROCESSING INC			200,261	213,139
1,038	CATERPILLAR INC			345,758	283,769
7,443	CSX CORP COMMON			248,968	249,431
1,340	EMCORE GROUP INC			489,207	266,759
2,889	EMERSON ELECTRIC CO			318,252	267,653
764	FEDEX CORP COM			229,078	189,793
1,074	GE AEROSPACE			170,734	161,692
583	GENERAL DYNAMICS CORP COM			169,152	146,702
739	LOCKHEED MARTIN CORPORATION COM			345,187	260,268
3,020	OWENS CORNING INC			524,634	332,307
5,192	PACCAR INC			534,464	478,515
905	PARKER HANNIFIN CORP			457,758	267,176
1,113	QUANATA SERVICES INC			282,802	214,164
839	SERVICENOW INC			660,016	602,536
3,804	TEXTRON INC COM			326,611	290,563
7,463	UNITED AIRLINES HOLDINGS, INC			363,150	337,718
1,649	WASTE MANAGEMENT INC			351,798	227,232
107,998	ALHABET INC CL A			1,967,038	290,960
<u>Forward</u>				<u>\$ 10,462,442</u>	<u>\$ 7,133,217</u>

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 91-1032878; PLAN NO. 001
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Cost
	<u>Golden Capital Management</u> (Continued)		
	<u>Forwarded</u>	\$ 10,462,442	\$ 7,133,217
11,872	ALPHABET INC CL C	2,177,562	593,971
39,804	AT&T INC	760,654	603,482
17,365	COMCAST CORP NEW A	680,013	715,492
5,017	META PLATFORMS, INC-A	2,529,672	678,390
1,377	NETFLIX INC	929,310	525,636
401	SPOTIFY TECHNOLOGY SA	125,830	130,175
3,879	ALLISON TRANSMISSION HOLDINGS	294,416	236,908
20,368	AMAZON.COM INC	3,936,116	1,714,042
1,528	CROCS INC	222,996	158,472
165	DECKERS OUTDOOR CORP	159,712	79,884
4,766	EBAY INC.COM	256,030	198,645
22,229	EXPEDIA GROUP INC.	280,832	211,368
31,191	FORD MOTOR CO.	391,135	384,555
2,480	HOME DEPOT INC COM	853,715	464,666
789	LENNAR CORP CL A	118,247	119,870
2,540	MCDONALD'S CORPORATION	647,294	596,278
1,926	NIKE INC CL B	145,163	187,076
2,875	PULTE GROUP INC	316,538	109,413
1,461	ROYAL CARRIBBEAN CRUISES LTD	232,927	182,866
5,151	TESLA INC	1,017,301	1,141,397
2,293	TJX COMPANIES COM	252,459	206,045
51,113	ALTIRA GROUP INC	232,897	255,315
3,040	ARCHER DANIELS MIDLAND CO COM	183,768	240,911
1,914	BUNGIE GLOBAL	204,358	156,647
2,752	COCOA COLA CO COM	175,165	142,879
6,167	COLGATE PALMOLIVE CO COM	598,446	469,820
998	COSTCO WHOLESALE CORP COM	848,290	448,116
3,109	KIMBERLY CLARK CORP	429,664	387,945
2,676	PEPSICO INC COM	441,353	436,179
3,177	PHILLIP MORRIS INTL INC	321,925	319,693
3,050	PROCTOR & GAMBLE CO COM	503,006	331,971
4,521	SYSCO CORP COMMON	332,754	367,560
2,073	TARGET CORP COMMON	306,887	275,683
13,283	WALMART INC.	889,392	630,468
1,015	WESCO INTERNATIONAL INC	160,898	159,433
3,410	CHEVRON CORP	533,392	408,601
5,202	EOG RESOURCES INC COM	654,776	621,848
7,899	EXXON MOVIL CORP	909,333	551,760
5,009	HALIBURTON HLDG CO COM	169,204	165,360
2,854	MARATHON PETROLEUM CORPORATION	495,112	421,135
3,063	VALERO ENERY CORP COM	480,156	376,200
1,384	AMERIPRISE FINANCIAL INC	591,231	557,771
4,439	APOLLO GLOBAL MANAGEMENT INC	524,113	375,059
	<u>Forward</u>	\$ 36,776,484	\$ 24,472,202

PACIFIC COAST BENEFITS TRUST FUND
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No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Cost
	<u>Golden Capital Management</u> (Continued)		
	<u>Forwarded</u>	\$ 36,776,484	\$ 24,472,202
618	ARCH CAPITCAL GROUP LTD	62,350	24,583
11,012	BANK AMER CORP	437,947	344,539
4,487	BANK NEW YORK MELLON CORP	268,726	193,923
3,325	BERKSHIRE HATHAWAY INC DEL CL B	1,352,610	626,499
269	BLACKROCK INC	211,789	223,176
2,353	CAPITAL ONE FINANCIAL CORP	325,773	274,160
6,606	CITIGROUP INC	419,217	396,018
512	CORPAY INC	136,402	93,740
3,344	EAST WEST BANCORP INC	244,881	224,306
512	EVEREST GROUP, LTD	195,082	131,661
1,571	GOLDMAN SACHS GROUP INC COM	710,595	568,140
2,463	HARTFORD FINANCIAL SVCS GRP INC	247,630	129,676
2,598	INTERACTIVE BROKERS GROUP INC CL A	318,515	206,758
6,469	JPMORGAN CHASE & CO	1,308,420	564,113
1,108	MASTERCARD INC CL A	488,805	278,354
4,926	METLIFE INC	345,756	210,139
2,836	PAYPAL HOLDINGS INC	164,573	305,729
2,217	PROGRESSIVE CORP COM	460,493	432,855
2,543	REINSURANCE GROUP OF AMERICA INC	522,002	374,907
414	S&P GLOBAL INC	184,644	161,302
2,083	VERTIV HOLDINGS LLC CL A	180,325	117,365
4,656	VISA INC	1,222,060	717,747
11,067	WELLS FARGO & CO	657,269	506,681
3,865	ABBOTT LABORATORIES	401,612	330,824
3,941	ABBVIE INCE	675,960	609,753
4,610	AMGEN INC COM	144,039	122,650
4,072	BOSTON SCIENTIFIC CORP COM	313,585	215,772
1,298	CENCORA, INC	292,439	136,533
6,490	CENTENE CORPORATION	430,287	508,209
6,827	CVS HEALTH CORPORATION	403,203	530,766
2,965	EDWARDS LIFESCIENCES CORP COM	273,877	231,837
676	ELEVANCE HEALTH INC	366,297	182,881
1,531	ELI LILLY & CO	1,386,137	750,514
14,609	EXELIXIS INC	328,264	271,432
1,805	GILEAD SCIENCES INC COM	123,841	143,679
2,000	INCYTE GENOMICS INC COM	121,240	110,959
704	INTUITIVE SURGICAL INC	313,174	235,861
846	JAZZ PHARMACEURTICALS PLC	90,294	128,513
2,407	JOHNSON & JOHNSON	351,807	336,465
773	MCKESSON CORPORATION COM	451,463	130,538
4,079	MERCK & CO INC	504,980	285,821
15,326	PFIZER INC	428,821	534,174
476	REGENERON PHARMACEUTICALS	500,290	423,490
	<u>Forward</u>	\$ 55,143,958	\$ 37,799,244

PACIFIC COAST BENEFITS TRUST FUND
FORM 5500
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No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Cost
	<u>Golden Capital Management</u> (Continued)		
	<u>Forwarded</u>	\$ 55,143,958	\$ 37,799,244
1,382	STRYKER CORP COM	470,226	384,655
1,788	TENET HEALTHCARE CORP	237,858	242,352
765	THERMO FISHER SCIENTIFIC INC	423,045	438,637
7,096	UNITED THERAPUTICS CORP	349,131	249,150
1,555	UNITEDHELATH GROUP INC	791,899	432,905
1,011	VERTEX PHARMACEUTICAL INC	473,876	233,931
2,609	ZIMMER BIOMET HOLDINGS, INC	283,155	321,767
770	ZOETIS INC	133,487	141,216
1,088	ACCENTURE PLC-CL A	330,110	209,065
1,083	ADOBE INC	601,650	415,324
3,171	ADVANCE MICRO DEVICES INC COM	514,368	333,013
1,069	AMDOCS LIMITED	84,365	90,113
28,510	APPLE INC	6,004,776	1,370,007
3,861	APPLIED MATERIALS INC	911,157	486,030
384	AUTODESK COM	95,021	76,248
1,178	BROADCOM INC	1,891,314	375,634
734	CACI INTL INC CL A	315,715	267,584
511	CADENCE DESIGN SYS INC	157,260	29,400
15,874	CISCO SYSTEMS INC	754,174	667,819
2,889	FORTIENT INC	174,120	113,544
2,399	JABIL INC	260,987	204,833
836	KLA CORPORATION	689,290	299,875
134	LAM RESEARCH CORP COMMON	142,690	38,660
15,316	MICROSOFT CORP	6,845,486	1,088,744
48,193	NVIDIA CORP COM	5,953,640	418,235
1,082	ORACLE CORPORATION COM	152,778	103,549
4,319	QUALCOMM INC COM	860,258	558,166
2,556	SALESFORCE INC	657,148	570,921
750	SYNOPSYS INC COM	446,295	235,707
1,528	AMERICAN ELECTRIC POWER CO, INC	134,067	138,287
4,176	DUKE ENERGY HOLDING CORP	418,560	392,912
10,218	NEXTERA ENERGY INC	723,537	640,872
7,889	PPL CORP COM	218,131	221,279
7,690	PUBLIC SVC ENTERPRISE GROUP INC	566,753	477,370
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 88,210,285</u>	<u>\$ 50,067,048</u>

PACIFIC COAST BENEFITS TRUST FUND
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No. of Shares		Fair Value	Cost
	<u>Real Estate Investment Trusts</u>		
	<u>Golden Capital Management</u>		
5,283	GAMING AND LEISURE PROPERTIES REIT	\$ 238,844	\$ 242,354
12,780	HOST HOTELS & RESORTS INC	229,784	214,356
3,964	PROLOGIS INC	445,197	423,407
1,163	PUBLIC STORAGE INC COM	334,538	337,512
4,080	SIMON PROPERTY GRP INC (REIT)	619,345	522,184
14,371	VICI PROPERTIES INC	411,586	453,102
	<u>TOTALS - REAL ESTATE INVESTMENT TRUSTS</u>	<u>\$ 2,279,294</u>	<u>\$ 2,192,915</u>
	<u>Mutual and Exchange-Traded Funds</u>		
8,573,363	PIMCO Income Fund	\$ 89,848,845	\$ 101,517,133
910,499	Dodge & Cox International Stock Fund	46,171,390	37,665,997
513	SPDR S&P 500 ETF	279,185	219,408
629,265	American Europacific Growth Fund	36,031,736	31,394,067
27,384,041	Goldman Sachs Financial Square Treasury Obligations Fund	27,384,041	27,384,041
2,834,226	Allspring Treasury Money Market Fund	4,030,847	4,030,827
70	Invesco Stit Gov & Agency	70	70
	<u>TOTALS - MUTUAL AND EXCHANGE-TRADED FUNDS</u>	<u>\$ 203,746,114</u>	<u>\$ 202,211,543</u>
	<u>103-12 Investment Entities</u>		
	<u>Washington Capital Management Inc</u>		
1,646,042	Washington Capital Joint Master Trust Fixed Income Fund	\$ 130,429,701	\$ 60,082,079
1,138,170	Washington Capital Joint Master Trust Mortgage Income Fund	109,059,998	44,082,345
	<u>TOTALS - 103-12 INVESTMENT ENTITIES</u>	<u>\$ 239,489,699</u>	<u>\$ 104,164,424</u>
	<u>Common/Collective Trust</u>		
1,254,370	BlackRock Russell 3000 Index Non-Lendable Fund	\$ 121,617,347	\$ 75,959,371
	<u>Other Privately Held Fund</u>		
1,350,000	Atel Private Debt Partners III	\$ 1,350,000	\$ 1,350,000
	<u>GRAND TOTAL</u>	<u>\$ 785,406,260</u>	<u>\$ 568,780,579</u>

* Party-in-interest