



|   |   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
|---|---|--------------|-----|--------------|-----|-----------|--|-----------|--|-----------|-----|-----------|--|-----------|-----|--------------|--|--------------|--|-----------|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>TAILORWELL HOLDINGS INC<br><br>1631 15TH AVE W STE 312<br>SEATTLE, WA 98119-2796   | <b>3b</b> Administrator's EIN<br>47-2419911<br><br><b>3c</b> Administrator's telephone number<br>206-484-9800   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> 665  |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="text-align: right;">665</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">656</td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">656</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">656</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table> | <b>6a(1)</b> | 665 | <b>6a(2)</b> | 656 | <b>6b</b> |  | <b>6c</b> |  | <b>6d</b> | 656 | <b>6e</b> |  | <b>6f</b> | 656 | <b>6g(1)</b> |  | <b>6g(2)</b> |  | <b>6h</b> |  |
| <b>6a(1)</b>  | 665   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6a(2)</b>  | 656   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6b</b>   |   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6c</b>   |   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6d</b>   | 656   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6e</b>   |   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6f</b>   | 656   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6g(1)</b>  |   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6g(2)</b>  |   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>6h</b>   |   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b> 52   |              |     |              |     |           |  |           |  |           |     |           |  |           |     |              |  |              |  |           |  |

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

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

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

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

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

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**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.

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

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

Receipt Confirmation Code 165126005

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH &amp; WELFARE TRUST</b></p>              | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>PACIFIC NORTHWEST CONSULTING ENGINEERS</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>93-6039572</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PROVIDENCE HEALTH PLAN**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 93-0863097 | 95005         | 360000                                | 1017  | 01/01/2024              | 12/31/2024 |

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

|   |  |
|---|--|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

|   |                            |  |              |  |
|---|----------------------------|--|--------------|--|
| <b>b</b> Balance at the end of the previous year .....  |                            |  | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |  |              |  |
|   | <b>7c(2)</b>               |  |              |  |
|   | <b>7c(3)</b>               |  |              |  |
|   | <b>7c(4)</b>               |  |              |  |
|   | <b>7c(5)</b>               |  |              |  |
| (6) Total additions .....   |                            |  | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   |                            |  | <b>7d</b>    |  |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |  |              |  |
|   | <b>7e(2)</b>               |  |              |  |
|   | <b>7e(3)</b>               |  |              |  |
|   | <b>7e(4)</b>               |  |              |  |
|   | (5) Total deductions ..... |  |              |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  |                            |  | <b>7f</b>    |  |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 7323928 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |         |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH &amp; WELFARE TRUST</b></p>              | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>PACIFIC NORTHWEST CONSULTING ENGINEERS</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>93-6039572</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**STANDARD INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 93-0242990 | 69019         | 342601                                | 571   | 01/01/2024              | 12/31/2024 |

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

|   |  |
|---|--|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|  |                 |        |        |
|--|-----------------|--------|--------|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    | 840268 |        |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    | -15524 |        |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    | 0      |        |
| (4) Earned ((1) + (2) - (3)) .....   | <b>9a(4)</b>    |        | 824744 |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    | 632640 |        |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    | -49108 |        |
| (3) Incurred claims (add (1) and (2)) .....  | <b>9b(3)</b>    |        | 583532 |
| (4) Claims charged .....   | <b>9b(4)</b>    |        | 583559 |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |        |        |
| (A) Commissions .....  | <b>9c(1)(A)</b> | 0      |        |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> | 0      |        |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> | 0      |        |
| (D) Other expenses .....   | <b>9c(1)(D)</b> | 133491 |        |
| (E) Taxes .....  | <b>9c(1)(E)</b> | 0      |        |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> | 38391  |        |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> | 95562  |        |
| (H) Total retention .....  | <b>9c(1)(H)</b> |        | 267444 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |        |        |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |        | 0      |
| (2) Claim reserves .....   | <b>9d(2)</b>    |        | 11250  |
| (3) Other reserves .....   | <b>9d(3)</b>    |        | 0      |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   | <b>9e</b>       |        | 0      |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH &amp; WELFARE TRUST</b></p>              | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>PACIFIC NORTHWEST CONSULTING ENGINEERS</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>93-6039572</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH & WELFARE TRUST**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 93-0774210 | 62133         | PACNW                                 | 136   | 01/01/2024              | 12/31/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

- 8** Benefit and contract type (check all applicable boxes)
- |   |  |   |  |
|---|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)                            | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input checked="" type="checkbox"/> Vision         | <b>d</b> <input type="checkbox"/> Life insurance               |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness)                    | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input checked="" type="checkbox"/> Prescription drug |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                                    | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input checked="" type="checkbox"/> PPO contract   | <b>l</b> <input type="checkbox"/> Indemnity contract           |
| <b>m</b> <input checked="" type="checkbox"/> Other (specify) ▶ <b>EMPLOYEE ASSISTANCE PROGRAM</b> |  |   |  |

**9** Experience-rated contracts:

|   |                 |                 |
|---|-----------------|-----------------|
| <b>a</b> Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
| (2) Increase (decrease) in amount due but unpaid .....  | <b>9a(2)</b>    |                 |
| (3) Increase (decrease) in unearned premium reserve .....   | <b>9a(3)</b>    |                 |
| (4) Earned ((1) + (2) - (3)) .....  |                 | <b>9a(4)</b>    |
| <b>b</b> Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |
| (2) Increase (decrease) in claim reserves .....   | <b>9b(2)</b>    |                 |
| (3) Incurred claims (add (1) and (2)) .....   |                 | <b>9b(3)</b>    |
| (4) Claims charged .....  |                 | <b>9b(4)</b>    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
| (A) Commissions .....   | <b>9c(1)(A)</b> |                 |
| (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |                 |
| (C) Other specific acquisition costs .....  | <b>9c(1)(C)</b> |                 |
| (D) Other expenses .....  | <b>9c(1)(D)</b> |                 |
| (E) Taxes .....   | <b>9c(1)(E)</b> |                 |
| (F) Charges for risks or other contingencies .....  | <b>9c(1)(F)</b> |                 |
| (G) Other retention charges .....   | <b>9c(1)(G)</b> |                 |
| (H) Total retention .....   |                 | <b>9c(1)(H)</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....  |                 | <b>9c(2)</b>    |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
| (2) Claim reserves .....  |                 | <b>9d(2)</b>    |
| (3) Other reserves .....  |                 | <b>9d(3)</b>    |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |
| <b>10</b> Nonexperience-rated contracts:  |                 |                 |
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b>      | 7837            |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b>      |                 |

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH &amp; WELFARE TRUST</b>              | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PACIFIC NORTHWEST CONSULTING ENGINEERS</b> | <b>D</b> Employer Identification Number (EIN)<br><b>93-6039572</b> |            |

**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

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

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

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

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

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**(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

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**(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

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**(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

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

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

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

RGAROURCES INC

12918 MUKILTEO SPEEDWAY  
SUTIE C-606  
LYNNWOOD, WA 98087

83-1086490

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16                     | CONSULTING  | 42075  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TAILORWELL HOLDINGS

1631 15TH AVE W  
SUITE 312  
SEATTLE, WA 98119

47-2419911

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 13                  | ADMINISTRATION AND TPA  | 168336   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WOODRUFF-SAWYER & CO

5005 MEADOWS ROAD  
SUITE 415  
LAKE OSWEGO, OR 97035

94-1625126

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 22                  | CONSULTING AND MARKETING  | 126000   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | 0   | 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)

KERNUTT STOKES LLP

1600 EXECUTIVE PARKWAY  
SUITE 110  
EUGENE, OR 97401

93-0396435

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | AUDITOR   | 30878  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BARRAN LIEBERMAN LLP

601 SW 2ND AVE  
PORTLAND, OR 97204

93-1251627

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | ATTORNEY  | 9775   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| BARRAN LIEBERMAN LLP 601 SW 2ND AVE<br>PORTLAND, OR 97204<br><br>93-1251627     | 29                                   | ATTORNEY   |

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>       |  |
| <b>A</b> Name of plan<br><b>PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH &amp; WELFARE TRUST</b>              | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PACIFIC NORTHWEST CONSULTING ENGINEERS</b> | <b>D</b> Employer Identification Number (EIN)<br><b>93-6039572</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 677929                | 789194          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 44938                 | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1210829               | 1299572         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 1933696                      | 2088766                |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 585786                       | 661457                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 585786                       | 661457                 |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 1347910                      | 1427309                |

**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.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 8533341           |                  |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 8533341          |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 0                |
| <b>(2) Dividends: (A) Preferred stock.....</b>   | <b>2b(2)(A)</b> | 0                 |                  |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 83341             |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   |                  |
| <b>(3) Rents.....</b>  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>                                  | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>                          | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 21312             |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            | -8185     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 8629809   |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  |         |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 8156699 |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 8156699 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 210411  |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 30878   |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 8308    |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  | 9957    |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> | 257     |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 133900  |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 393711  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 8550410 |

**Net Income and Reconciliation**

|   |              |  |       |
|---|--------------|--|-------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 79399 |
| <b>l</b> Transfers of assets:   |              |  |       |
| (1) To this plan .....  | <b>2l(1)</b> |  |       |
| (2) From this plan .....  | <b>2l(2)</b> |  |       |

**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: **KERNUTT STOKES**

(2) EIN: **93-0396435**

**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  |
|--|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> 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.  |     | X  |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.



**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST**

Independent Auditor's Report  
Financial Statements and  
Supplemental Information

Years Ended December 31, 2024 and 2023

**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees  
Pacific Northwest Consulting Engineers Health and Welfare Plan and Trust

### **Opinion**

We have audited the accompanying financial statements of Pacific Northwest Consulting Engineers Health and Welfare Plan and Trust, 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 December 31, 2024 and 2023, 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 Pacific Northwest Consulting Engineers Health and Welfare Plan and Trust as of December 31, 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 as described in Note 2.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Pacific Northwest Consulting Engineers Health and Welfare Plan and Trust 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 these 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 Audits of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

## Other Matter - Supplemental Information

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), and detailed statements of changes in net assets available for benefits (together referred to as supplemental information), as of and for the years ended December 31, 2024 and 2023, are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) is supplemental information required by the Department of Labors' Rules and Regulations for Reporting and Disclosure under ERISA. Such supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplemental information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such supplemental 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 auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental information, other than the detailed statements of changes in net assets available for benefits, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labors' 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 Labors' Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Kenneth Stokes".

Eugene, Oregon  
June 30, 2025

**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST**

**Employer Identification Number: 93-6039572**

**Plan Number: 501**

**Statements of Net Assets Available for Benefits**

|   | <b>December 31</b>  |                     |
|---|---------------------|---------------------|
|   | <b>2024</b>         | <b>2023</b>         |
| <b>ASSETS</b>   |                     |                     |
| CASH AND CASH EQUIVALENTS                                     | \$ 789,194          | \$ 677,929          |
| INVESTMENTS, at fair value:                                   |                     |                     |
| Registered investment companies                               | 1,299,572           | 1,210,829           |
| RECEIVABLES:  |                     |                     |
| Delinquent contributions due from Participating Employers     | -                   | 44,938              |
| <b>Total assets</b>   | <b>2,088,766</b>    | <b>1,933,696</b>    |
| <b>LIABILITIES</b>  |                     |                     |
| PREMIUMS COLLECTED IN ADVANCE FROM<br>PARTICIPATING EMPLOYERS | 642,928             | 585,786             |
| ACCRUED EXPENSES  | 18,529              | -                   |
| <b>Total liabilities</b>                                      | <b>661,457</b>      | <b>585,786</b>      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                      | <b>\$ 1,427,309</b> | <b>\$ 1,347,910</b> |

See accompanying notes and independent auditor's report.

**PACIFIC NORTHWEST CONSULTING ENGINEERS****HEALTH AND WELFARE PLAN AND TRUST****Employer Identification Number: 93-6039572****Plan Number: 501****Statements of Changes in Net Assets Available for Benefits**

|  | <b>Year Ended December 31</b> |              |
|--|-------------------------------|--------------|
|  | <b>2024</b>                   | <b>2023</b>  |
| <b>PREMIUMS FROM PARTICIPATING EMPLOYERS</b>       | \$ 8,533,341                  | \$ 7,239,002 |
| <b>INSURANCE PREMIUMS:</b>                         |                               |              |
| Medical, dental, and vision                        | 7,893,746                     | 6,567,612    |
| Short and long-term disability                     | 156,207                       | 144,097      |
| Life and accidental death and dismemberment        | 98,909                        | 82,241       |
| Employee assistance program                        | 7,837                         | 4,503        |
| Total insurance premiums                           | 8,156,699                     | 6,798,453    |
| <b>GENERAL AND ADMINISTRATIVE EXPENSES:</b>        |                               |              |
| Administrative fees                                | 210,411                       | 209,779      |
| Professional services                              | 110,209                       | 99,620       |
| Marketing  | 64,783                        | 63,000       |
| Other expense, net                                 | 8,185                         | 6,211        |
| Total general and administrative expenses          | 393,588                       | 378,610      |
| <b>NET INVESTMENT INCOME:</b>                      |                               |              |
| Net appreciation in fair value of investments      | 21,312                        | 86,456       |
| Interest and dividends                             | 83,341                        | 32,296       |
| Total investment income                            | 104,653                       | 118,752      |
| Investment expenses                                | (8,308)                       | (8,293)      |
| Net investment income                              | 96,345                        | 110,459      |
| <b>CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS</b> | 79,399                        | 172,398      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>          |                               |              |
| Beginning of year                                  | 1,347,910                     | 1,175,512    |
| End of year  | \$ 1,427,309                  | \$ 1,347,910 |

See accompanying notes and independent auditor's report.

# PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH AND WELFARE PLAN AND TRUST

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the Pacific Northwest Consulting Engineers Health and Welfare Plan and Trust (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

*General.* The Plan was formed June 1, 1959, for the purpose of providing certain welfare benefits to eligible employees of the Consulting Engineers Council of Oregon and Consulting Engineers Council of Washington (the Associations) and certain member firms of the Associations (the Participating Employers). The Plan has entered into fully insured contracts with insurance carriers to provide various health and welfare benefits to eligible employees of the Participating Employers. Accordingly, the Plan has no obligation for benefits provided by these contracts other than the payment of premiums to insurance carriers. The Plan provides the following coverage options: medical, dental, vision, short and long-term disability, life, accidental death and dismemberment (AD&D), and an employee assistance program. Medical and vision coverage are provided by Providence Health Plans (Providence). Dental, life, AD&D, and short and long-term disability coverage are provided by The Standard Insurance Company (The Standard). The employee assistance program is provided by Canopy Inc. (formerly known as Cascade Centers, Inc.). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All regular employees of the Participating Employers who work a minimum number of hours per week and have completed a minimum employment duration requirement are eligible to receive coverage. The minimum number of hours and employment duration requirements are individually determined by the Participating Employers, subject to certain minimum enrollment requirements of the applicable insurance carriers. Medical, dental, and vision benefits, as well as additional life coverage, are also available for dependents of eligible employees. Certain terminated employees of the Participating Employers may continue to receive coverage under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Trustees of the Trust include representatives from the Participating Employers.

*Contributions.* The plan agreement requires the Participating Employers to make monthly contributions to the trust based upon their respective number of participating employees and dependents and the types of coverage elected. Contributions from the Participating Employers for disability, life, and AD&D benefits are based on their respective employees' earnings. The Plan also reserves the right to make interim premium adjustments. Contributions are recognized as revenue on a pro rata basis over the period insurance coverage is provided. Contributions collected that relate to future contractual coverage periods are recorded in premiums collected in advance from Participating Employers. Contributions due that relate to contractual coverage periods that have already occurred are recorded in delinquent contributions due from Participating Employers.

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**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST  
Notes to Financial Statements**

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**2. Summary of the Significant Accounting Policies**

*Basis of Accounting.* The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). These principles require management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts in the statements of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

*Use of Estimates.* The preparation of the financial statements and supplemental schedules in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Investment Valuation.* The Plan's investments are stated at fair value. GAAP defines fair value as 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. GAAP also establishes a framework for measuring fair value. The fair value framework requires the categorization of assets and liabilities into three levels based upon the ability to observe the inputs used to value the assets and liabilities. The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Level One provides the most reliable and observable measure of fair value, whereas Level Three generally requires significant judgment.

The three levels of the fair value hierarchy are defined as follows:

Level One - Unadjusted, quoted prices in active markets for identical assets and liabilities.

Level Two - Observable inputs, other than those included in Level One. For example, quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.

Level Three - Unobservable inputs reflecting assumptions about the inputs used in pricing the asset or liability.

Purchase and sales of securities are recorded on a settlement-date basis. The cost of investments sold for the purpose of computing gains and losses is based on average cost. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents in the statements of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

(Continued)

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**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST**  
Notes to Financial Statements

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**2. Summary of the Significant Accounting Policies (Continued)**

*Risks and Uncertainties.* The Plan invests in various investment instruments which are exposed to certain risks such as interest rate, market, and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of the Plan's investments will occur in the near-term and that such changes could materially affect the amounts reported in the accompanying financial statements and supplemental schedules.

The Plan maintains its cash in bank accounts which can, at times, exceed federally insured limits. In addition, certain of the Plan's cash, cash equivalents, and investments are maintained with securities brokers and are insured by the Securities Investor Protection Corporation against risk of loss in the event that the member brokerage firm fails and securities are missing from the Plan's account. The Plan has not experienced any losses in such accounts.

*Subsequent Events.* The Plan evaluates subsequent events and the evidence they provide about conditions existing at the date of the statements of net assets available for benefits, as well as conditions that arose after the statements of net assets available for benefits date but before the financial statements are issued. The effects of conditions that existed at the date of the statements of net assets available for benefits are recognized in the financial statements. Events and conditions arising after the statements of net assets available for benefits date, but before the financial statements are issued, are evaluated to determine if disclosure is required to keep the financial statements from being misleading. To the extent such events and conditions exist, disclosures are made regarding the nature of events and the estimated financial effects for those events and conditions. For purposes of preparing the accompanying financial statements and the following notes to these financial statements, the Plan evaluated subsequent events through June 30, 2025, the date the financial statements were available for issue.

**3. Contracts with Insurance Companies**

The Plan's contracts with its insurance carriers are fully insured; therefore, if the amount of paid claims, incurred but not reported (IBNR) claims, and insurance company administrative expenses exceed the amount of premiums paid (including any funds in reserve accounts), such deficit amounts are the obligations of the insurance carriers.

(Continued)

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**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST**  
**Notes to Financial Statements**

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**3. Contracts with Insurance Companies (Continued)**

The Plan's short-term disability contract with The Standard provides for an experience-rated refund at the end of each renewal period of the amount by which premiums paid to The Standard exceed the total amount paid by The Standard for short-term disability claims, related IBNR claims, and administrative expenses. This contract also establishes a claims fluctuation reserve account (CFR account). Any future deficits resulting from the total of paid claims, IBNR claims, and administrative expenses exceeding premiums remitted by the Plan could be withdrawn from the CFR account by The Standard. At December 31, 2024 and 2023, the balance in the CFR account was \$26,311 and \$27,047, respectively. The Plan has not recorded the CFR account as an asset. Any gains resulting from the premiums paid by the Plan exceeding the total of paid claims, IBNR claims, and administrative expenses are first used to recover any deficits which are carried forward from prior periods and, second, to fund the CFR account. Any CFR account funds in excess of certain percentages of previous years' premiums may be refunded back to the Plan. Any such refunds may be requested at the discretion of the Plan, and such amounts will be included in experience-rated and other refunds of insurance premiums in the Plan's statements of changes in net assets available for benefits when they are received. In addition, under the Plan's contract with The Standard upon the CFR account reaching and maintaining certain predetermined balances, the Plan will receive specified reduction in its future contingency charges (a component of the total premium). In the event of contract termination, a 12-month runout period will apply before a final CFR balance is determined. Any remaining CFR balance would then be returned to the Plan.

As of December 31, 2024 and 2023, the estimated refundable amount of the CFR account was insignificant to the accompanying financial statements. During the years ended December 31, 2024 and 2023, the Plan received \$13,634 and \$10,687 of experience-rated refunds from The Standard, respectively.

**4. Fair Value Measurements**

All plan investments are shares in registered investment companies and are measured at fair value. The methodology for determining fair value is based on quoted market prices in active markets and is categorized in Level One of the fair value hierarchy.

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

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**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST**  
**Notes to Financial Statements**

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**5. Income Tax Status**

The Plan is a taxable health and welfare plan for federal and state income tax purposes. Income taxes paid by the Plan, if any, are based on the Plan's interpretations of the Internal Revenue Code. To the extent that the Plan's interpretations prove to be inaccurate, adjustments may be reported in the financial statements of future periods.

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

**6. Plan Termination**

Although they have not expressed any intent to do so, the Participating Employers have the right under the plan document to terminate the Plan and related trust, subject to the provisions of ERISA. In the event of the Plan's termination, any assets remaining in the Trust would continue to be used to provide benefits under the Plan until such assets have been exhausted.

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**SUPPLEMENTAL INFORMATION**

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**PACIFIC NORTHWEST CONSULTING ENGINEERS**

**HEALTH AND WELFARE PLAN AND TRUST**

Employer Identification Number: 93-6039572

Plan Number: 501

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

| (a)                | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description<br>of Investment<br>Including Maturity<br>Date, Rate of Interest<br>Collateral, Par, or<br>Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|--------------------|--|--|-------------|-------------------------|
| <b>Cash</b>        |  |  |             |                         |
|                    | Morgan Stanley Money Market Fund                                   | Interest Bearing Deposit Account   | \$ 14,706   | \$ 14,706               |
| <b>Investments</b> |  |  |             |                         |
|                    | Abbey Capital Futures Strategy Fund Class I                        | Registered Investment Company  | 36,544      | 35,143                  |
|                    | Blackrock Global Eq market Neutral I                               | Registered Investment Company  | 18,159      | 17,431                  |
|                    | Blackstone Alternative Multi-Strategy Fund Class I                 | Registered Investment Company  | 43,323      | 43,947                  |
|                    | Diamond Hill Long Short Fund Class I                               | Registered Investment Company  | 42,219      | 43,042                  |
|                    | Eaton Vance Short Duration Income                                  | Registered Investment Company  | 264,852     | 276,273                 |
|                    | Global X MLP & Energy Infrastruct                                  | Registered Investment Company  | 14,271      | 17,865                  |
|                    | iShares Cohen & Steers REIT Fund                                   | Registered Investment Company  | 13,766      | 17,656                  |
|                    | iShares Core S&P 500 EFT Fund                                      | Registered Investment Company  | 26,169      | 35,233                  |
|                    | iShares MSCI EAFE Value Fund                                       | Registered Investment Company  | 83,286      | 97,542                  |
|                    | iShares MSCI Emerging Markets Fund                                 | Registered Investment Company  | 54,991      | 60,681                  |
|                    | iShares Russell 1000 Growth Fund                                   | Registered Investment Company  | 38,524      | 118,065                 |
|                    | iShares Russell 1000 Value Fund                                    | Registered Investment Company  | 93,254      | 122,926                 |
|                    | iShares Russell Mid-Cap G ETF Fund                                 | Registered Investment Company  | 23,258      | 26,237                  |
|                    | iShares Russell Mid-Cap V ETF Fund                                 | Registered Investment Company  | 14,171      | 17,461                  |
|                    | PIMCO CommodityRealReturn Strategy Fund Class I-2                  | Registered Investment Company  | 18,150      | 18,316                  |
|                    | Pioneer Multi-Asset Ultrashort Income Fund A                       | Registered Investment Company  | 140,495     | 139,964                 |
|                    | SPDR Portfolio Aggregate Bond Fund                                 | Registered Investment Company  | 230,119     | 211,790                 |

See independent auditor's report.

**PACIFIC NORTHWEST CONSULTING ENGINEERS  
HEALTH AND WELFARE PLAN AND TRUST**

**Employer Identification Number: 93-6039572**

**Plan Number: 501**

**Detailed Statements of Changes in Net Assets Available for Benefits**

|   | <b>Year Ended December 31</b> |              |
|---|-------------------------------|--------------|
|   | <b>2024</b>                   | <b>2023</b>  |
| Premiums from the Participating Employers - Providence  | \$ 7,470,379                  | \$ 6,161,306 |
| Premiums paid to Providence   | (7,323,928)                   | (6,070,170)  |
| Premium overage - Providence  | 146,451                       | 91,136       |
| Premiums from the Participating Employers - The Standard  | 926,993                       | 825,688      |
| Premiums paid to Standard   | (824,934)                     | (723,780)    |
| Premium overage - The Standard  | 102,059                       | 101,908      |
| Premiums from the Participating Employers - Canopy Inc.   | 7,837                         | 4,503        |
| Premiums paid to Canopy Inc.  | (7,837)                       | (4,503)      |
| Total premium overage - net   | 248,510                       | 193,044      |
| Administrative fees invoiced to the Participating Employers and other expenses                  | 128,132                       | 247,505      |
| Less:   |                               |              |
| Engineers Trust Administration, Inc. fee  | -                             | (34,861)     |
| Engineers Trust Administration, Inc. fee (COBRA)  | -                             | (7,729)      |
| RGA fee   | (42,075)                      | (34,955)     |
| TailorWell fee  | (168,336)                     | (132,234)    |
| (Deficit) surplus in administrative fees  | (82,279)                      | 37,726       |
| Less:   |                               |              |
| Benefit planning advisory fees  | (66,000)                      | (66,000)     |
| Marketing   | (64,783)                      | (63,000)     |
| Other professional service fees   | (44,209)                      | (33,620)     |
| Investment fees   | (8,308)                       | (8,293)      |
| Insurance   | (7,928)                       | (5,561)      |
| Travel, meeting expenses, and trustee fees  | (257)                         | (150)        |
| Computer programming and other expenses   | -                             | (500)        |
| Excess of fees over funds available   | (273,764)                     | (139,398)    |
| Net premium (deficit) surplus   | (25,254)                      | 53,646       |
| Interest and dividends  | 83,341                        | 32,296       |
| Change in net assets available for benefits before appreciation<br>in fair value of investments | 58,087                        | 85,942       |
| Net appreciation in fair value of investments   | 21,312                        | 86,456       |
| CHANGE IN NET ASSETS AVAILABLE FOR BENEFIT  | 79,399                        | 172,398      |
| NET ASSETS AVAILABLE FOR BENEFIT - beginning of year  | 1,347,910                     | 1,175,512    |
| NET ASSETS AVAILABLE FOR BENEFIT - end of year  | \$ 1,427,309                  | \$ 1,347,910 |

See independent auditor's report.

**PACIFIC NORTHWEST CONSULTING ENGINEERS****HEALTH AND WELFARE PLAN AND TRUST**

Employer Identification Number: 93-6039572

Plan Number: 501

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

| (a)                | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description<br>of Investment<br>Including Maturity<br>Date, Rate of Interest<br>Collateral, Par, or<br>Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|--------------------|--|--|-------------|-------------------------|
| <b>Cash</b>        |  |  |             |                         |
|                    | Morgan Stanley Money Market Fund                                   | Interest Bearing Deposit Account   | \$ 14,706   | \$ 14,706               |
| <b>Investments</b> |  |  |             |                         |
|                    | Abbey Capital Futures Strategy Fund Class I                        | Registered Investment Company  | 36,544      | 35,143                  |
|                    | Blackrock Global Eq market Neutral I                               | Registered Investment Company  | 18,159      | 17,431                  |
|                    | Blackstone Alternative Multi-Strategy Fund Class I                 | Registered Investment Company  | 43,323      | 43,947                  |
|                    | Diamond Hill Long Short Fund Class I                               | Registered Investment Company  | 42,219      | 43,042                  |
|                    | Eaton Vance Short Duration Income                                  | Registered Investment Company  | 264,852     | 276,273                 |
|                    | Global X MLP & Energy Infrastruct                                  | Registered Investment Company  | 14,271      | 17,865                  |
|                    | iShares Cohen & Steers REIT Fund                                   | Registered Investment Company  | 13,766      | 17,656                  |
|                    | iShares Core S&P 500 EFT Fund                                      | Registered Investment Company  | 26,169      | 35,233                  |
|                    | iShares MSCI EAFE Value Fund                                       | Registered Investment Company  | 83,286      | 97,542                  |
|                    | iShares MSCI Emerging Markets Fund                                 | Registered Investment Company  | 54,991      | 60,681                  |
|                    | iShares Russell 1000 Growth Fund                                   | Registered Investment Company  | 38,524      | 118,065                 |
|                    | iShares Russell 1000 Value Fund                                    | Registered Investment Company  | 93,254      | 122,926                 |
|                    | iShares Russell Mid-Cap G ETF Fund                                 | Registered Investment Company  | 23,258      | 26,237                  |
|                    | iShares Russell Mid-Cap V ETF Fund                                 | Registered Investment Company  | 14,171      | 17,461                  |
|                    | PIMCO CommodityRealReturn Strategy Fund Class I-2                  | Registered Investment Company  | 18,150      | 18,316                  |
|                    | Pioneer Multi-Asset Ultrashort Income Fund A                       | Registered Investment Company  | 140,495     | 139,964                 |
|                    | SPDR Portfolio Aggregate Bond Fund                                 | Registered Investment Company  | 230,119     | 211,790                 |

See independent auditor's report.

# 2024 Form 5500 – Attachment for Multiple Employer Plans

## Multiple-Employer Plan Participating Employer Information

Name of Plan: Pacific Northwest Consulting Engineers Health & Welfare Trust

EIN/PN: 93-6039572 / 501

| (a) Participating Employer             |  | (b) EIN    | (c) Percent of Total Contributions |
|--|--|------------|------------------------------------|
| ACEC OREGON                            |  | 23-7404525 |                                    |
| ACEC WASHINGTON                        |  | 91-0831597 |                                    |
| ANDERSEN BJORNSTAD KANE JACOBS, INC.   |  | 91-0927987 |                                    |
| ANDERSON ENGINEERING & SURVEYING, INC. |  | 93-1185599 |                                    |
| BRANDY PROPERTIES, LLC                 |  | 71-1005205 |                                    |
| BRIENEN STRUCTURAL ENGINEERS, P.S.     |  | 46-5026204 |                                    |
| C.W. FELICE LLC                        |  | 26-4804980 |                                    |
| CASEY CIVIL, PLLC                      |  | 87-4103167 |                                    |
| CASSO CONSULTING, INC.                 |  | 45-5152796 |                                    |
| CENTRAL GEOTECHNICAL SERVICES, LLC     |  | 47-5452339 |                                    |
| COMPASS LAND SURVEYORS                 |  | 93-1261144 |                                    |
| CORNFORTH CONSULTANTS, INC.            |  | 93-0837288 |                                    |
| CROW ENGINEERING CO.                   |  | 81-2935649 |                                    |
| CURRAN-MCLEOD, INC.                    |  | 93-0849713 |                                    |
| D. HITTLE & ASSOCIATES                 |  | 91-1160728 |                                    |
| ETHOS CIVIL, LLC                       |  | 87-1851589 |                                    |
| FOUNDATION ENGINEERING, INC.           |  | 93-1124584 |                                    |
| G6 ENGINEERING, LLC                    |  | 84-3531812 |                                    |
| GDM A-E, Inc.                          |  | 47-2085074 |                                    |
| GRAYLING ENGINEERS                     |  | 83-2783630 |                                    |
| HWA GEOSCIENCES, INC.                  |  | 91-1142610 |                                    |
| INTEGRATED DESIGN ENGINEERS, LLC       |  | 20-2146281 |                                    |
| INTEGRATED FOOD ENGINEERING            |  | 88-1063659 |                                    |
| INTER-FLUVE, INC.                      |  | 81-0419872 |                                    |

## 2024 Form 5500 – Attachment for Multiple Employer Plans

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|                                       |  |            |  |
|---------------------------------------|--|------------|--|
| JAS ENGINEERING, INC.                 |  | 20-8783126 |  |
| KRAMER GEHLEN ASSOCIATES, INC.        |  | 91-1132232 |  |
| LAND MARK SURVEYING, INC.             |  | 93-1237354 |  |
| LOCKE ENGINEERS, INC.                 |  | 93-0911128 |  |
| MKE & ASSOCIATES, INC.                |  | 93-1077999 |  |
| NORTHWEST WATERSHEDS LLC              |  | 84-2647216 |  |
| PACIFIC ENGINEERING TECHNOLOGIES INC. |  | 91-0788297 |  |
| PALI CONSULTING, INC.                 |  | 83-1083809 |  |
| PEAK ENGINEERS, INC.                  |  | 92-0623767 |  |
| PETERSON STRUCTURAL ENGINEERS, INC.   |  | 91-1762449 |  |
| PH CONSULTING LLC                     |  | 81-4101228 |  |
| RHINO ONE LLC                         |  | 27-1082826 |  |
| SACRE-DAVEY ENGINEERING               |  | 26-2999679 |  |
| SEATTLE STRUCTURAL PS, INC.           |  | 91-2180551 |  |
| SMITH MONROE GRAY ENGINEERS, INC.     |  | 93-0593065 |  |
| THE WALLACE GROUP, INC.               |  | 27-1995197 |  |
| TYE ENGINEERING & SURVEYING, INC.     |  | 93-1021119 |  |
| VALAR CONSULTING ENGINEERING LLC      |  | 47-1886097 |  |
| VEGA CIVIL ENGINEERING, LLC           |  | 83-4580239 |  |
| VLMK CONSULTING ENGINEERS, INC.       |  | 93-0603235 |  |
| WATERSHED SCIENCE & ENGINEERING       |  | 27-3996941 |  |
| WAYPOINT ENGINEERING, INC.            |  | 36-4901798 |  |
| WDY, INC.                             |  | 93-1016525 |  |
| WESTERN TESTING LLC                   |  | 47-4954936 |  |
| WOLF WATER RESOURCES, INC.            |  | 47-2519585 |  |
| WOOD HARBINGER, INC.                  |  | 91-1088312 |  |
| WRK ENGINEERS, INC.                   |  | 27-1851760 |  |
| ZIPPER GEO ASSOC., LLC                |  | 45-4956075 |  |