

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TIMBER PRODUCTS MANUFACTURERS TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 08/04/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TIMBER PRODUCTS MANUFACTURERS, INC. 951 EAST THIRD AVENUE SPOKANE, WA 99202
2b	Employer Identification Number (EIN) 91-0820598
2c	Plan Sponsor's telephone number 509-535-4646
2d	Business code (see instructions) 321210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2025	MIKE CLEMENTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7223
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	7136
	6a(2)	5856
	6b	84
	6c	0
	6d	5940
	6e	
	6f	
	6g(1)	
	6g(2)	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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 4T

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code 165137622

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TIMBER PRODUCTS MANUFACTURERS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TIMBER PRODUCTS MANUFACTURERS, INC.	D Employer Identification Number (EIN) 91-0820598	

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.
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1 Coverage Information:

(a) Name of insurance carrier
LIFEWISE ASSURANCE 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
91-1161450	94188	WA-201529	5985	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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2595756
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. Specify nature of costs.	10b	

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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TIMBER PRODUCTS MANUFACTURERS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TIMBER PRODUCTS MANUFACTURERS, INC.	D Employer Identification Number (EIN) 91-0820598	

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.
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1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE 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
91-0742147	68608	01-016966-00	6539	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 32807	(b) Total amount of fees paid 12084
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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
TIMBER PRODUCTS MANUFACTURERS 951 E 3RD AVE
SPOKANE, WA 99202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21871			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALLIANT INSURANCE SERVICES INC 401 UNION ST STE 3000
SEATTLE, WA 98101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	12084	GROUP VOLUME BONUS	3

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

CONNEXION INSURANCE SOLUTIONS

9725 3RD AVE NE #110
SEATTLE, WA 98115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10936			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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) ▶ AD&D

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	218714
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. Specify nature of costs.	10b	

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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TIMBER PRODUCTS MANUFACTURERS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TIMBER PRODUCTS MANUFACTURERS, INC.	D Employer Identification Number (EIN) 91-0820598	

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.
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1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE 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
91-0742147	68608	01-016966-01	947	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 18525	(b) Total amount of fees paid 6281
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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
TIMBER PRODUCTS MANUFACTURERS 951 E 3RD AVE
SPOKANE, WA 99202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12350			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALLIANT INSURANCE SERVICES INC 401 UNION ST STE 3000
SEATTLE, WA 98101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	6281	GROUP VOLUME BONUS	3

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

CONNEXION INSURANCE SOLUTIONS

9725 3RD AVE NE #110
SEATTLE, WA 98115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6175			3

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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) ▶ AD&D

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	123496
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. Specify nature of costs.	10b	

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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TIMBER PRODUCTS MANUFACTURERS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TIMBER PRODUCTS MANUFACTURERS, INC.	D Employer Identification Number (EIN) 91-0820598	

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.
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1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE 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
91-0742147	68608	01-016966-02	409	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 27332	(b) Total amount of fees paid 10101
---	--

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
TIMBER PRODUCTS MANUFACTURERS 951 E 3RD AVE
SPOKANE, WA 99202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18221			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALLIANT INSURANCE SERVICES INC 401 UNION ST STE 3000
SEATTLE, WA 98101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	10101	GROUP VOLUME BONUS	3

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

CONNEXION INSURANCE SOLUTIONS

9725 3RD AVE NE #110
SEATTLE, WA 98115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9111			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add lines 7b and 7c(6))	7d	0
---	-----------	---

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
---	-----------	---

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) ▶ AD&D

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	182206
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. Specify nature of costs.	10b	

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. ▶

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

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

A Name of plan TIMBER PRODUCTS MANUFACTURERS TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TIMBER PRODUCTS MANUFACTURERS, INC.	D Employer Identification Number (EIN) 91-0820598

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

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(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

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)

PREMERA BLUE CROSS

91-0499247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	2467569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 22 50 53	NONE	998250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIMBER PRODUCTS MANUFACTURERS

91-0820598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 14 50	PLAN SPONSOR	894485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLUE CROSS BLUE SHIELD OF MONTANA

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	463947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROUP BENEFITS, LLC

26-2229784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	324736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE COM

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	254576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE MURRAY GROUP

20-0936230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	249160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL OF WASHINGTON

91-0621480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	231113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUB INTERNATIONAL NORTHWEST, LLC

91-2036015

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	225788	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

A.W. REHN & ASSOCIATES, INC.

91-1008626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 36 50	NONE	202418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON TRUST BANK

PO BOX 2127
SPOKANE, WA 99210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	86456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER BENEFIT SERVICES, INC.

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	85870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CLIFTONLARSONALLEN LLP

91-0614823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 49 50	NONE	83384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TURNER CONSULTING AND ACTUARIAL

26-2178231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	83308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUB INTERNATIONAL MOUNTAIN STATES

83-0185720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	71010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROCKY MOUNTAIN INSURANCE GROUP, INC

20-5531412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	64296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONTGOMERY & GRAHAM, INC.

91-1819536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	49749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYNEWEST INSURANCE, INC.

81-0479558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	47142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FOURNIER INUSURANCE SOLUTIONS

5712 S ORCHARD ST
UNIVERSITY PLACE, WA 98467

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	39205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPD INSURANCE, INC.

93-0843355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	31980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION SERVICE PLAN

91-6056925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	29903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SOUTHWEST WASHINGTON CONTRACTORS AS

7017 NE HWY 99
SUITE 116
VANCOUVER, WA 98665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	NONE	27943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POST INSURANCE SERVICES, INC.

2356 TORRANCE BLVD
TORRANCE, CA 90501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	27580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LARSEN LAW

27-3524884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	25172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADVANCED BENEFITS

2448 N MERRITT CREEK LOOP
COEUR DALENE, ID 83814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	24426	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAVITT WEST

724 2ND ST E
KALISPELL, MT 59901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	20878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHANDRO GROUP

3380 W AMERICANA TERRACE
SUITE 330
BOISE, ID 83706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	15078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

USI
100 SUMMIT LAKE DRIVE
SUITE 400
VALHALLA, NY 10595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	14293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

H & H INSURANCE
2817 REGAL RD SUITE 108
PLANO, TX 75075

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	12038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIGITAL BENEFITS ADVISORS

58-2522668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	11662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEENLY BENEFITS

3380 W AMERICANA TERRACE
SUITE 330
BOISE, ID 83706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BIGGS INSURANCE

105 W. EVERGREEN BLVD
SUITE 200
VANCOUVER, WA 98660

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	5630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TIMBER PRODUCTS MANUFACTURERS TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TIMBER PRODUCTS MANUFACTURERS, INC.		D Employer Identification Number (EIN) 91-0820598

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1394135	199913
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	129911	23914
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1053875	1061247
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3227477	5858475
(2) U.S. Government securities	1c(2)	13696250	14378344
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5514689	5232358
(B) All other	1c(3)(B)	2191110	1929218
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	27207447	28683469
Liabilities			
g Benefit claims payable.....	1g	9071237	8349245
h Operating payables.....	1h	286023	216783
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1043917	1567575
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	10401177	10133603
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16806270	18549866

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	62222330	
(B) Participants.....	2a(1)(B)	341984	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		62564314
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	54772	
(B) U.S. Government securities.....	2b(1)(B)	209019	
(C) Corporate debt instruments.....	2b(1)(C)	225021	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		488812
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10935331	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10941696	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-6365
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	491927	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		491927

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		63538688

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50715615	
(2) To insurance carriers for the provision of benefits	2e(2)	3132457	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		53848072
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4478833	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40928	
(5) Investment advisory and investment management fees	2i(5)	84266	
(6) Bank or trust company trustee/custodial fees	2i(6)	3348	
(7) Actuarial fees	2i(7)	83308	
(8) Legal fees	2i(8)	25172	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	34313	
(11) Other expenses	2i(11)	3196852	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7947020
j Total expenses. Add all expense amounts in column (b) and enter total	2j		61795092

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1743596
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0476749**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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 _____.

TIMBER PRODUCTS MANUFACTURERS TRUST
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2024 AND 2023



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**TIMBER PRODUCTS MANUFACTURERS TRUST
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YEARS ENDED DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Timber Products Manufacturers Trust
Spokane, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Timber Products Manufacturers 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 and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years ended December 31, 2024 and 2023, 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 and benefit obligations of Timber Products Manufacturers Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and of changes in benefit obligations for the years ended December 31, 2024 and 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Timber Products Manufacturers 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 Timber Products Manufacturers Trust's ability to continue as a going concern for one year after the date that 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 Timber Products Manufacturers Trust'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 Timber Products Manufacturers Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Spokane, Washington
May 23, 2025

TIMBER PRODUCTS MANUFACTURERS TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Interest-Bearing Cash	\$ 5,621,103	\$ 3,000,850
U.S. Government Backed Obligations	14,378,344	13,696,250
Corporate Obligations	7,161,576	7,705,799
Certificates of Deposit	<u>237,372</u>	<u>226,627</u>
Total Investments	27,398,395	24,629,526
RECEIVABLES		
Employer Contributions	23,914	129,911
Stop Loss Refunds	243,573	199,614
Prescription Rebates and Other Receivables	710,306	735,027
Accrued Investment Income	<u>107,368</u>	<u>97,525</u>
Total Receivables	1,085,161	1,162,077
PREPAID EXPENSES	-	21,709
NONINTEREST-BEARING CASH	<u>199,913</u>	<u>1,394,135</u>
Total Assets	28,683,469	27,207,447
LIABILITIES		
ACCOUNTS PAYABLE	216,783	286,023
UNEARNED CONTRIBUTIONS	<u>1,567,575</u>	<u>1,043,917</u>
Total Liabilities	<u>1,784,358</u>	<u>1,329,940</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 26,899,111</u></u>	<u><u>\$ 25,877,507</u></u>

See accompanying Notes to Financial Statements.

TIMBER PRODUCTS MANUFACTURERS TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
CONTRIBUTIONS		
Employer	\$ 62,174,087	\$ 66,189,582
COBRA	341,984	382,827
Late Fees	48,243	58,613
Total Contributions	<u>62,564,314</u>	<u>66,631,022</u>
INVESTMENT INCOME		
Interest and Dividends	488,812	467,192
Net Appreciation in Fair Value of Investments	485,562	710,021
Total Investment Income	<u>974,374</u>	<u>1,177,213</u>
Less: Investment Expenses	<u>(84,266)</u>	<u>(66,790)</u>
Net Investment Income	<u>890,108</u>	<u>1,110,423</u>
Total Additions	63,454,422	67,741,445
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
DEDUCTIONS		
Benefits Paid to or for Participants:		
Claims Paid	51,437,607	56,775,525
Insurance Premiums	3,132,457	3,173,724
Cost of Administration:		
Administrative Fees:		
Managed Care and Provider Fees	289,156	323,096
Third-Party Administrator	4,478,833	4,949,056
Commissions	2,045,134	2,104,596
Consulting and Actuarial Fees	83,308	82,585
Audit Fees	40,928	37,207
Insurance and Bonding	14,362	14,365
Legal, Accounting, and Other Professional Services	67,628	63,797
Marketing Expenses	27,943	-
Other Administrative Expenses	10,227	8,838
Premium Taxes and State Assessments	766,589	758,544
Software Maintenance Fees	4,333	4,127
Trustee Travel and Meetings	34,313	35,475
Total Deductions	<u>62,432,818</u>	<u>68,330,935</u>
NET INCREASE (DECREASE)	1,021,604	(589,490)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>25,877,507</u>	<u>26,466,997</u>
End of Year	<u><u>\$ 26,899,111</u></u>	<u><u>\$ 25,877,507</u></u>

See accompanying Notes to Financial Statements.

TIMBER PRODUCTS MANUFACTURERS TRUST
STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred but not Reported and Claims Payable	<u>\$ 8,349,245</u>	<u>\$ 9,071,237</u>
Total Benefit Obligations	<u><u>\$ 8,349,245</u></u>	<u><u>\$ 9,071,237</u></u>

See accompanying Notes to Financial Statements.

TIMBER PRODUCTS MANUFACTURERS TRUST
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at Beginning of Year	\$ 9,071,237	\$ 7,948,267
Claims Reported and Approved for Payment	(52,159,599)	(55,652,555)
Claims Paid	<u>51,437,607</u>	<u>56,775,525</u>
Total Benefit Obligations	<u>\$ 8,349,245</u>	<u>\$ 9,071,237</u>

See accompanying Notes to Financial Statements.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

The following description of the Timber Products Manufacturers Trust (the Plan or the Trust) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan was established in 1960 by Timber Products Manufacturers, Inc., the sponsor, acting for the benefit of its employees, its members, and the employees of participating member employers affiliated with it. Timber Products Manufacturers, Inc. aka: Timber Products Manufacturers Association (the Association) was established to maintain a program of benefits constituting an "Employee Welfare Benefit Plan" for the exclusive benefit of employees of participating employers and those employees' covered dependents.

The Plan is subject to the insurance provisions of the Revised Code of Washington Section 48.125; the provisions of Internal Revenue Code (IRC) 501(c)(9), as a Voluntary Employees Beneficiary Association as well as the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). The Plan is also regulated as a "Covered Entity" under the Health Insurance Portability and Accountability Act (HIPAA).

Eligibility

The general requirements for an employer to be eligible to participate in the Plan are that the employer must: be a member, in good standing, of the Association; agree to the terms of the joinder agreement; pay 50% or more for the single employee contribution for medical, dental, or vision benefits for each eligible employee; have been in business for three months or more, unless a shorter period is approved; and meet certain participation and coverage requirements to ensure ongoing participation.

Qualified participants include eligible employees, terminated employees, and their dependents. To be eligible under the Plan, an employee employed by a participating employer on a continuing and regular basis must work, on a monthly basis, between the minimum number of hours (at least 80) and maximum number of hours (no more than 150), as selected by each employer. Eligibility is determined monthly and is contingent upon the participant working the minimum required number of hours as selected by each participating employer, in the month immediately preceding the month of coverage and being employed on the first scheduled work day in the month of coverage. Employees and their endorsed dependents who encounter a qualifying event and whose employer is subject to COBRA may continue their coverage by making self-payments.

Contributions

Employer and COBRA participant contributions are received and held by the Plan pending payment of approved benefit claims and insurance premiums. Such contributions are determined via a rate schedule based upon the type of coverage for employees and their dependents.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Benefits

The Plan provides health and welfare benefits to eligible and qualified participants. Hospital, medical, surgical, dental, prescription, and vision benefits not covered by an excess loss insurance policy are self-funded by the Plan. Life insurance, accidental death and dismemberment, disability, and supplemental accident expense benefits are funded under various insurance agreements. The Plan also provides continuation of certain benefits upon termination of employment through COBRA.

Experience-Rated Contracts

Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Self-Insured Benefits

The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and then are reimbursed by the Plan's assets. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Administration

The Plan is governed and administered under the exclusive authority of the Board of Trustees. The Board of Trustees also has the exclusive right to construe the provisions of the Plan and to determine any and all questions pertaining to administration, eligibility, and benefit entitlement. The Board of Trustees has the authority to amend or modify the Plan in such a manner as they determine. In carrying out its responsibilities, the Board of Trustees contracts with and oversees a variety of qualified vendors who carry out operating functions for the Plan.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements of the Plan are prepared using the accrual method of accounting.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities and benefit obligations at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Claims are recorded when paid by the Plan.

Premiums paid by the Plan are recorded as insurance premiums in the accompanying statements of changes in net assets available for benefits.

Experience-Rated Contracts

For experience-rated contracts, premium surpluses are recorded as a receivable from the insurance company.

If the insurance company requires payment of additional premiums due to a premium deficit, an obligation for the additional premiums is included in benefit obligations.

Stop-Loss

Premiums for stop-loss insurance are included in insurance premiums in the accompanying statements of changes in net assets available for benefits. For the years ended December 31, 2024 and 2023, stop-loss refunds totaling \$1,695,690 and \$1,551,920, respectively, have been netted with claims paid in the accompanying statements of changes in net assets available for benefits.

Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, custodians, the state for taxes and fees, and the actuary. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Refunds

Refunds are recorded when earned. Refunds due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid.

Noninterest-Bearing Cash

Noninterest-bearing cash includes cash on hand and noninterest bearing demand deposits held at financial institutions.

Interest-Bearing Cash

Interest-bearing cash includes investments which are not subject to withdrawal restrictions and can be converted to cash on short notice. Interest-bearing cash includes interest-bearing demand deposits held at financial institutions, money market accounts, and certificates of deposit.

Concentration of Credit Risk

The Plan maintains its cash balances in high credit quality financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times cash balances may be in excess of the insured limits.

Contribution Revenue

Contribution revenue is recognized as the Plan becomes obligated for the payment of benefits. Therefore, contributions received after December 31 for benefits provided before the beginning of the subsequent year are recognized as contributions receivable. On the other hand, contributions received before December 31 for benefits provided in the subsequent year are recognized as unearned. In general, contributions are due in advance on the first day of the month for which the contribution applies. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2024 and 2023, the allowance for credit losses was insignificant.

Accounting principles generally accepted in the United States of America require separate disclosure of employer and employee contributions. Each employer determines the cost allocation between employee and employer to provide benefits. Based on how the Plan is administered, it is not feasible to segregate between the source of the contributions and, consequently, that information is not disclosed in the accompanying financial statements.

Reclassifications

Certain amounts in 2023 financial statements have been reclassified to conform with the 2024 presentation. These reclassifications do not affect net assets available for benefits as previously reported.

Subsequent Events

The Plan had evaluated subsequent events and transactions for potential recognition or disclosure through May 23, 2025, the date the financial statements were available to be issued.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

- Investments in interest-bearing cash are valued at fair value, which approximates cost, due to the short maturities of those investments.
- Investments in U.S. government backed obligations, state and municipal backed obligations, and corporate obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on factors such as yield curves or prices of bonds of comparable quality, type of issue, coupon, maturity, ratings, and general market conditions.
- Investments in certificates of deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations and considering the creditworthiness of the issuer.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31:

2024				
	Level 1	Level 2	Level 3	Totals
Interest-Bearing Cash	\$ 5,621,103	\$ -	\$ -	\$ 5,621,103
U.S. Government Backed Obligations	-	14,378,344	-	14,378,344
Corporate Obligations	-	7,161,576	-	7,161,576
Certificates of Deposit	-	237,372	-	237,372
Total Investments at Fair Value	<u>\$ 5,621,103</u>	<u>\$ 21,777,292</u>	<u>\$ -</u>	<u>\$ 27,398,395</u>

2023				
	Level 1	Level 2	Level 3	Totals
Interest-Bearing Cash	\$ 3,000,850	\$ -	\$ -	\$ 3,000,850
U.S. Government Backed Obligations	-	13,696,250	-	13,696,250
Corporate Obligations	-	7,705,799	-	7,705,799
Certificates of Deposit	-	226,627	-	226,627
Total Investments at Fair Value	<u>\$ 3,000,850</u>	<u>\$ 21,628,676</u>	<u>\$ -</u>	<u>\$ 24,629,526</u>

NOTE 4 BENEFIT OBLIGATIONS

The Plan "self-funds" the majority of the benefits provided to participants but insures life, accidental death and dismemberment, and short-term disability benefits. As of each December 31, there are many self-funded claims that have been incurred on which benefit payments will be made subsequent to that date. The liability for claims payable was estimated based on actual claims adjudicated prior to December 31 but paid after December 31. The liability for claims incurred but not reported (IBNR) was estimated by the Plan's actuary based on historical claims data and completion factor methodology common in the industry. These amounts are paid by the Plan only if claims are submitted and approved for payment.

NOTE 5 TAX STATUS

The VEBA Trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated April 15, 1966, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 and 2023 for unrelated business taxable income.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 TAX STATUS (CONTINUED)

In addition, the Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits or examinations by various regulatory jurisdictions.

NOTE 6 PLAN TERMINATION

Although the Board of Directors of the Association has not expressed any intent to do so, it reserves the right at any time to terminate the Plan by written notice. In the event of termination of the Plan, all assets remaining in the Trust established under the Plan after providing for necessary expenses, including expense of dissolution, will first be allocated to assure the continued payment of benefits to participants eligible at the time of termination.

The surplus, if any, will be used to purchase such benefits for participants eligible at the time of termination, as the Board of Trustees of the Trust may determine. In no event shall any of the assets remaining revert to or be used for the benefit of the Plan Sponsor, any employer, member of the Board of Trustees of the Trust, or other persons or entities who made contributions to the Trust.

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan assets were invested in funds managed by the custodian of the Plan. As described in Notes 1 and 2, the Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The liability for claims incurred but not reported and claims payable at December 31, 2024 and 2023 was estimated using historical claims data and completion factor methodology common in the industry. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 9 RELATED-PARTY TRANSACTIONS

During the years ended December 31, 2024 and 2023, employer contributions from the Association, the sponsor of the Trust, totaled \$208,523 and \$184,410, respectively.

Per an agreed-upon billing arrangement, the Trust also bills and collects from employers monthly administration fees. For the year ended December 31, 2024, the Trust billed and expensed fees for administration totaling \$894,485 to the Association. For the year ended December 31, 2023, the Trust billed and forwarded administration fees to the Association totaling \$982,643.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per Financial Statements	\$ 26,899,111	\$ 25,877,507
Claims Incurred But Not Reported	<u>(8,349,245)</u>	<u>(9,071,237)</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 18,549,866</u>	<u>\$ 16,806,270</u>

The following is a reconciliation of the cost of benefits provided per the accompanying financial statements to Form 5500 for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Benefits Paid to or for Participants per Financial Statements	\$ 54,570,064	\$ 59,949,249
Add Amounts Payable at End of the Year	8,349,245	9,071,237
Less: Amounts Payable at Beginning of the Year	<u>(9,071,237)</u>	<u>(7,948,267)</u>
Benefit Payments and Payments to Provide Benefits per Form 5500	<u>\$ 53,848,072</u>	<u>\$ 61,072,219</u>

Claims that have been processed and approved for payment at year-end but not paid and claims incurred but not reported are not considered liabilities under accounting principles generally accepted in the United States of America and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements; they are recorded on Form 5500 as a liability.

TIMBER PRODUCTS MANUFACTURERS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 11 DEPOSITORY AGREEMENTS

In accordance with Title 48 Revised Code of Washington, the Plan is required to maintain deposits with the Insurance Commissioner of the state of Washington (the Commissioner). Deposits may consist of cash or marketable securities. Columbia Trust Company has been designated by the Commissioner to receive and hold such deposits. Distributions to the Plan require written instruction from both the Plan and Commissioner. Distributions to the Commissioner require written instruction from the Commissioner only. As of December 31, 2024 and 2023, such deposits totaled \$237,372 and \$226,627, respectively.

NOTE 12 PREMIUM TAXES AND HIGH RISK POOL ASSESSMENTS

The Plan is subject to the state of Washington “Self-Funded Multiple Employer Welfare Arrangement (MEWA) Regulation Act” (the Act), which amended and added sections to the Washington State Insurance Code. The purpose of the Act is to provide for the authorization and registration of self-funded MEWAs in Washington, to ensure the financial integrity of the arrangements, to provide reporting requirements, and to provide sanctions on self-funded MEWAs organized, operated, providing benefits, or maintained in Washington that do not comply with the Act.

Under section 24(2) of the Act, self-funded MEWAs are subject to an annual premium tax equal to 2% of the total premium and prepayments for health care services received in the state of Washington by the MEWAs during the calendar year. For the years ended December 31, 2024 and 2023, this annual premium tax amounted to \$655,066 and \$651,640, respectively. Oregon and Idaho annual premium tax amounted to \$50,334 and \$52,645, respectively.

Section 26 of the Act provides that the Board of Directors of the Washington State Health Insurance Pool (WSHIP) may assess self-funded MEWAs for contributions to the State Insurance Pool (high-risk pool assessment). The assessment is determined by multiplying the total cost of the pool operation’s deficit by a fraction that represents the percentage of all insured state residents that are covered by the MEWA. For the years ended December 31, 2024 and 2023, these assessments amounted to \$7,233 and \$12,479, respectively.

TIMBER PRODUCTS MANUFACTURERS TRUST
E.I.N. 91-6030747 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>Interest-Bearing Cash:</u>			
	Washington Trust Bank	Interest-Bearing Cash	\$ 3,439,720	\$ 3,439,720
	Washington Trust Bank	Interest-Bearing Cash	326,798	326,798
	Washington Trust Bank	Money Market Fund	1,046,846	1,046,846
	Federated Government Obligations Fund	Money Market Fund	807,739	807,739
		Total	5,621,103	5,621,103
	<u>U.S. Government Backed Obligations:</u>			
	Federal Agricultural Mortgage Corp	0.940%, due on 10/26/2026	248,770	235,123
	Federal Agricultural Mortgage Corp	0.940%, due on 10/26/2026	432,860	409,113
	Federal Farm Credit Banks Funding Corp	1.100%, due on 10/26/2029	25,176	25,527
	Federal Farm Credit Banks Funding Corp	1.500%, due on 12/14/2026	175,000	165,627
	Federal Farm Credit Banks Funding Corp	1.500%, due on 03/23/2028	150,501	155,343
	Federal Farm Credit Banks Funding Corp	1.110%, due on 10/20/2026	332,514	316,143
	Federal Farm Credit Banks Funding Corp	1.230%, due on 09/10/2029	278,726	302,033
	Federal Farm Credit Banks Funding Corp	1.260%, due on 10/15/2030	251,400	249,150
	Federal Farm Credit Banks Funding Corp	1.600%, due on 07/15/2030	425,581	426,445
	Federal Farm Credit Banks Funding Corp	2.170%, due on 10/29/2029	351,524	358,644
	Federal Home Loan Banks	1.750%, due on 01/27/2027	170,000	161,361
	Federal Home Loan Banks	2.060%, due on 09/27/2029	68,170	71,393
	Federal Home Loan Banks	2.180%, due on 11/06/2029	86,211	89,523
	Federal Home Loan Banks	1.000%, due on 11/26/2027	443,115	453,870
	Federal Home Loan Banks	0.970%, due on 09/21/2028	111,713	118,754
	Federal Home Loan Mortgage Corp	0.375%, due on 09/23/2025	174,538	170,189
	Federal National Mortgage Association	1.280%, due on 08/26/2030	212,226	204,075
	Federal National Mortgage Association	1.625%, due on 01/07/2025	150,094	149,952
	Federal National Mortgage Association	0.500%, due on 02/28/2026	330,055	324,453
	Federal National Mortgage Association	1.280%, due on 08/26/2030	108,279	104,120
	Federal National Mortgage Association	1.875%, due on 09/24/2026	256,946	240,268
	Federal National Mortgage Association	2.125%, due on 04/24/2026	512,089	486,195
	Federal National Mortgage Association	0.375%, due on 08/25/2023	398,980	389,984
	Federal National Mortgage Association	0.500%, due on 06/17/2025	400,077	393,276
	Federal National Mortgage Association	0.625%, due on 04/22/2025	200,095	197,814
	United States Treasury Inflation Indexed Bonds	2.125%, due on 04/15/2029	149,640	153,262
	United States Treasury Inflation Indexed Bonds	0.125%, due on 04/15/2026	615,293	587,371
	United States Treasury Inflation Indexed Bonds	0.250%, due on 01/15/2025	346,622	346,007
	United States Treasury Note/Bond	2.625%, due on 02/15/2029	131,370	130,890
	United States Treasury Note/Bond	2.750%, due on 02/15/2028	117,061	119,356
	United States Treasury Note/Bond	3.125%, due on 08/31/2029	107,507	108,927
	United States Treasury Note/Bond	3.500%, due on 04/30/2030	61,621	62,202
	United States Treasury Note/Bond	0.375%, due on 04/30/2025	174,180	172,779
	United States Treasury Note/Bond	3.750%, due on 12/31/2030	151,277	144,521
	United States Treasury Note/Bond	4.375%, due on 08/31/2028	60,143	60,048
	United States Treasury Note/Bond	0.500%, due on 02/28/2026	98,320	95,807
	United States Treasury Note/Bond	1.125%, due on 10/31/2026	114,313	108,714
	United States Treasury Note/Bond	2.500%, due on 03/31/2027	219,410	216,653
	United States Treasury Note/Bond	1.125%, due on 10/31/2026	99,402	94,534
	United States Treasury Note/Bond	1.500%, due on 01/31/2027	343,779	330,999
	United States Treasury Note/Bond	2.375%, due on 05/15/2027	438,064	430,952
	United States Treasury Note/Bond	0.250%, due on 07/31/2025	498,730	488,630
	United States Treasury Note/Bond	2.875%, due on 08/15/2028	121,655	118,908
	United States Treasury Note/Bond	3.125%, due on 07/31/2025	186,969	189,438

TIMBER PRODUCTS MANUFACTURERS TRUST
E.I.N. 91-6030747 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>U.S. Government Backed Obligations (Continued):</u>			
	United States Treasury Note/Bond	3.250%, due on 06/30/2029	\$ 141,914	\$ 143,135
	United States Treasury Note/Bond	0.375%, due on 04/30/2025	199,063	197,462
	United States Treasury Note/Bond	3.750%, due on 06/30/2030	428,203	415,973
	United States Treasury Note/Bond	0.375%, due on 11/30/2025	498,750	482,830
	United States Treasury Note/Bond	3.750%, due on 12/31/2030	554,681	529,909
	United States Treasury Note/Bond	0.375%, due on 01/31/2026	498,184	479,755
	United States Treasury Note/Bond	4.125%, due on 03/31/2029	499,863	495,085
	United States Treasury Note/Bond	4.000%, due on 07/31/2030	225,018	220,280
	United States Treasury Note/Bond	4.000%, due on 07/31/2030	223,621	226,129
	United States Treasury Note/Bond	0.625%, due on 07/31/2026	411,255	392,196
	United States Treasury Note/Bond	0.750%, due on 08/31/2026	348,523	330,523
	United States Treasury Note/Bond	0.875%, due on 09/30/2026	322,905	306,694
	Total		14,681,976	14,378,344
	<u>Corporate Obligations:</u>			
	3M Co	3.625%, due on 09/14/2028	467,350	483,389
	Abbott Laboratories	3.750%, due on 11/30/2026	209,238	197,606
	Abbott Laboratories	3.750%, due on 11/30/2026	626,772	592,818
	American Express Co	1.650%, due on 11/04/2026	200,139	189,531
	Apple, Inc.	2.050%, due on 09/11/2026	511,437	480,955
	Berkshire Hathaway Finance Corp	2.300%, due on 03/15/2027	499,905	478,910
	eBay Inc.	2.700%, due on 03/11/2030	109,966	107,646
	eBay, Inc.	2.700%, due on 03/11/2030	396,617	403,673
	Goldman Sachs Bank USA/New York NY	2.800%, due on 02/04/2025	90,984	89,841
	Honeywell International, Inc.	1.350%, due on 06/01/2020	99,990	98,698
	Honeywell International, Inc.	4.700%, due on 02/01/2030	514,875	497,335
	JPMorgan Chase & Co.	3.900%, due on 07/15/2025	205,835	199,290
	JPMorgan Chase & Co.	3.900%, due on 07/15/2025	257,293	249,113
	Knoxville TVA Employees Credit Union	4.850%, due on 08/25/2028	245,000	252,051
	Merck & Co Inc	3.400%, due on 03/07/2029	457,695	475,623
	NIKE Inc	2.400%, due on 03/27/2025	249,660	248,683
	NIKE Inc.	2.400%, due on 03/27/2020	125,740	124,341
	NIKE Inc.	2.850%, due on 03/27/2030	91,476	91,080
	PepsiCo Inc.	3.000%, due on 10/15/2027	113,215	115,524
	Starbucks Corp	3.550%, due on 08/15/2029	199,290	203,549
	TJX Cos Inc/The	1.500%, due on 02/24/2023	113,397	120,445
	US Bancorp	1.450%, due on 05/12/2025	501,867	494,291
	Visa, Inc.	3.150%, due on 12/14/2025	511,640	494,208
	Walmart, Inc.	1.050%, due on 09/17/2026	499,055	472,976
	Total		7,298,436	7,161,576
	<u>Marketable Certificates of Deposit:</u>			
	Columbia Bank	Certificate of Deposit 0.15%	209,851	237,372
	Total		209,851	237,372
			<u>\$ 27,811,366</u>	<u>\$ 27,398,395</u>

* Indicates party-in-interest

TIMBER PRODUCTS MANUFACTURERS TRUST
E.I.N. 91-6030747 PLAN NO. 501
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset/Transaction	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>						
Washington Trust Bank	Federated Government Obligations Fund:					
	160 purchases	\$ 5,488,263	-	\$ 5,488,263	\$ 5,488,263	-
	38 sales	-	5,870,341	5,870,341	5,870,341	-

Columns (e) and (f) are omitted, as they are not applicable.

There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2024.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

EIN	Name	State	% of Total
84-3161868	Smartlam NA Enterprises, Inc	MT	3.13%
20-8914273	LaRiviere, Inc	ID	2.54%
82-0475734	Petra Inc	ID	2.26%
82-0486481	StanCraft Boat Company	ID	1.78%
81-0272838	Pyramid Mountain Lumber Inc.	MT	1.78%
91-0605100	Spokane Produce	WA	1.77%
91-0363620	Blue Bird	WA	1.67%
91-1652517	Olympic Moving and Storage, Inc	WA	1.66%
87-1596554	Ground Force Manufacturing LLC	ID	1.65%
91-1264145	Pioneer Packaging	WA	1.62%
93-1274043	Plummer Forest Products	ID	1.46%
46-2755434	Selkirk Sport	ID	1.29%
91-1404688	R&R Heating & Air Conditioning, Inc	WA	1.27%
45-3992182	Saratoga Forest Management	WY	1.23%
91-0722079	Janicki Logging & Construction Co., Inc	WA	1.23%
71-0962091	Dayspring Construction	WA	1.17%
20-3101428	Towhaul	MT	1.16%
82-0326640	Coeur d'Alene Builders Supply, Inc	ID	1.11%
81-0481350	Thompson River Lumber Co. of MT	MT	1.11%
82-3777403	Pacific Cabinets, Inc	ID	0.99%
91-0547290	Yakima Fruit & Cold Storage Co	WA	0.98%
91-1437712	Nielsen Brothers Inc	WA	0.97%
16-1724508	Stewart Mechanical, Inc	WA	0.96%
81-1578421	Yost Gallagher Construction, LLC	WA	0.93%
91-1617822	Fast Way Freight System, Inc	WA	0.91%
81-4015064	S&W Ops, LLC dba Silver Mountain	ID	0.88%
91-1851623	Hamilton Drywall	WA	0.88%
91-0838184	Everett Engineering, Inc	WA	0.87%
93-0623728	Whittier Wood Products	OR	0.84%
81-0302229	RE Miller & Sons, Inc	MT	0.83%
20-3759390	Castle Creek Construction	ID	0.82%
20-8824627	Chinook Restoration dba Paul Davis Restoration	WA	0.80%
91-1440966	Washington Equipment Manufacturing Company, Inc dba WEMCO, Inc	WA	0.79%
46-2998906	Nick's Handmade Boots	WA	0.78%
61-1643448	Ever-Green Tree Care, Inc	WA	0.78%
46-0493826	The Flooring Place dba Monteriors	MT	0.75%
82-0104640	Blue Ribbon Linen Supply	ID	0.72%
88-3933973	Arrow Construction Holdings, Inc	WA	0.71%
82-0472656	Stratford Building Corporation	ID	0.69%
26-2682258	Adventurer Manufacturing Inc	WA	0.68%
91-1585533	Chehalis Valley Timber, Inc	WA	0.67%
92-0706528	Northwest Restoration Operating, Inc dba Restoration 1 of Spokane	WA	0.65%
82-0257116	Hillcrest Aircraft Company	ID	0.64%
76-0774150	LBA Contract Cutting	OR	0.63%
81-0482482	Lonesome Dove Concrete Pumping, LLC	MT	0.63%
88-2296590	KJ Medelez LLC	OR	0.63%
91-1347429	Ramey Construction	WA	0.63%
93-1058023	Zwald Transport	OR	0.62%
26-3884964	Dahle Construction LLC	ID	0.61%
20-3576395	Big Sky ID, Corp	ID	0.60%
81-0483596	Noble Excavating, Inc	MT	0.59%
46-4572332	Everett Concrete LLC	ID	0.59%
91-0998307	Sea-Western, Inc	WA	0.58%
81-0586324	H&H Express, Inc	ID	0.58%
68-0590945	Goshen Forest Products	OR	0.55%
26-1647648	Ground Up Road Construction Inc	WA	0.54%
82-1383336	Idaho Survey Group LLC	ID	0.54%

EIN	Name	State	% of Total
81-0462168	RM Management	MT	0.54%
45-3704509	Jacobson Electrical Contracting, Inc	MT	0.53%
82-0521003	Conrad Brothers Construction	ID	0.53%
91-1538479	IMAC, Inc	WA	0.53%
81-0488889	RBM Lumber	MT	0.52%
82-0397260	Northwest Management, Inc.	ID	0.52%
82-0381009	Design West Architects, P.A.	WA	0.51%
26-1624137	Western Transport, LLC	WY	0.50%
83-4191589	Silver Valley Forest Products Ltd	ID	0.49%
91-1420123	H&H Molds, Inc	WA	0.48%
91-1412117	Helmes, Inc dba New Tradition Homes Inc	WA	0.47%
91-0504871	Spokane Hardware Supply, Inc	WA	0.47%
20-8308554	Tri-Pro Forest Products, Inc	ID	0.46%
82-0324145	DG&S Company	ID	0.46%
61-1956526	Jeffries Construction LLC	WA	0.44%
27-2464554	Montana Timber Products LLC	ID	0.43%
93-0591521	Century Publishing Company, Inc	ID	0.42%
93-0732714	McCollum Logging, Inc.	OR	0.42%
46-5259600	KE Construction LLC	MT	0.41%
20-3545901	Advanced Custom Cabinets, Inc	ID	0.41%
43-1987928	Montana Reclaimed Lumber	MT	0.40%
82-0528921	Poster Construction, Inc	ID	0.40%
91-1896381	Shredfast Mobile Data Destruction, Inc	WA	0.39%
91-1665450	Superior Fruit Equipment Co	WA	0.39%
91-0994149	Shelton Structures Inc	WA	0.39%
83-2440297	Ginn Group, LLC	WA	0.39%
26-3617333	Atlas Products, LLC	ID	0.39%
82-0453416	RRC Contractors Inc	ID	0.38%
93-0550804	D&H Logging	OR	0.38%
54-2077601	Cascade Flooring America, LLC	WA	0.38%
82-0364543	SVL Analytical, Inc	ID	0.38%
93-3755314	Trussty Pals LLC dba Timberline Truss	WA	0.37%
82-0353382	Building Maintenance, Inc	ID	0.37%
91-1338322	Affordable Custom Cabinets	WA	0.37%
82-0294821	Whiteman Lumber Company	ID	0.37%
86-2678543	TDR Development LLC	WA	0.36%
82-0421028	Kuykendall Logging	ID	0.36%
26-1970420	Lee Gilman Builders, Inc	ID	0.36%
82-0350942	Hanna and Associates, Inc	ID	0.36%
82-0465993	SonByrd Industries, Inc.	ID	0.35%
84-2155799	Northern Industrial Management, LLC	WA	0.35%
91-1057750	Bovenkamp Development Inc DBA Westside Building Supply	WA	0.35%
46-1294168	Shabby Fabrics, LLC	ID	0.35%
81-0342007	EBC Trusses, Inc.	MT	0.35%
91-0820598	TPM, Inc.	WA	0.35%
91-1281930	Black Star Ranch LLC	WA	0.35%
91-1073090	Freeborn Tool Company	WA	0.34%
81-0295218	Western Bee Supplies, Inc.	MT	0.34%
04-3675131	R&R Taylor Construction, Inc.	MT	0.34%
46-2897816	Northwest Granite & More, Inc	WA	0.34%
91-1941857	Schermer Construction Inc	WA	0.34%
91-1055742	Dawson Trucking Inc	WA	0.33%
46-4278668	Winspear Construction, LLC	ID	0.33%
93-0402111	Plumley Contracting Co, Inc	OR	0.33%
82-0402295	Beck Cabinet Company	ID	0.33%
81-0411597	Big Timberworks	MT	0.33%
88-1041598	Brandon J Smith Logging, LLC	WA	0.33%

EIN	Name	State	% of Total
91-1168377	Western Forest Products	WA	0.33%
81-0474221	Sidney Millwork Co.	MT	0.32%
91-1424122	AM Hardware Co Inc	WA	0.32%
82-0534338	Avalon Landscapes, Inc	ID	0.32%
82-0508678	The Club at Spurwing, LLC	ID	0.32%
46-3726789	Skagit River Reman Company	WA	0.32%
20-0769028	Granite Petroleum, Inc	WA	0.32%
46-3965185	O'Connell Drilling & Supply, LLC	WA	0.31%
87-1935053	Stumptown Sleep, LLC	OR	0.31%
88-1830973	Frog Hill Roofing LLC dba Mt. Baker Roofing	WA	0.30%
83-0233932	Bearlodge Forest Products	WY	0.30%
91-1831861	IRS Environmental of Washington, Inc	WA	0.30%
91-1347571	Werner Paddles, Inc	WA	0.29%
26-2229784	Group Benefits, LLC	WA	0.28%
47-4192522	IdaPine Mills	ID	0.28%
91-1704611	GSI Outdoors	WA	0.28%
91-1621730	Inland Publications	WA	0.28%
91-1363502	Colvico Inc	WA	0.28%
82-0464456	McLaughlin Logging, Inc.	ID	0.27%
82-0502496	FSF, Inc dba Scott Fulcher Trucking	ID	0.27%
85-3851005	THB Enterprises, Inc	MT	0.27%
91-1378556	Monroe Street Glass dba Allstar Glass	WA	0.27%
72-1597298	Daylight Properties	WA	0.27%
87-1714106	GTL Logistics Co. LLC	WA	0.27%
82-0513909	TML Construction, Inc	ID	0.26%
46-4444562	Wyeast Timber Services, LLC	OR	0.26%
46-2686801	Bridgeport Restoration LLC dba Restoration 1 of Portland	OR	0.26%
93-0552943	Ehlers Construction, Inc	OR	0.25%
91-1305643	NDC Timber	WA	0.25%
91-0862658	Structural Components	WA	0.25%
81-0423128	Marks-Miller Post and Pole	MT	0.24%
91-1893606	ICON Corporation	WA	0.24%
86-3534256	PAC West Paving, LLC dba Tony Lind Paving	WA	0.23%
81-4315346	Simco Development Group	ID	0.23%
81-0303445	Gateway Enterprises Inc dba Alphagraphics of Missoula	MT	0.23%
81-0542628	Big Sky Build, Inc	MT	0.23%
82-3896779	COLE Architects, PLLC	ID	0.22%
20-8069491	Sublime Electric LLC	ID	0.22%
81-0455538	Columbia Construction Inc	MT	0.22%
82-0466699	Salmon River Helicopters, Inc	ID	0.21%
82-0507245	Lake City Roofing & Construction	ID	0.21%
27-1976580	In Yarak Construction	WY	0.21%
51-0669585	Elite Construction & Development LLC	WA	0.21%
81-0455534	Ironwood Manufacturing, Inc.	MT	0.20%
83-3886930	Skagit River Sawmill Company	WA	0.20%
82-0509788	Parma Post & Pole, Inc	ID	0.20%
61-1912843	J & R Planing, Inc.	MT	0.20%
81-0505850	Scariano Construction, Inc	MT	0.19%
91-1481038	Matthaeis Camco, Inc	WA	0.19%
82-0463026	Viking Construction	ID	0.19%
87-2224728	JK Boots, Inc	WA	0.19%
83-0202090	Linton's Big R Stores	WY	0.19%
81-0445392	On Site Management, Inc	MT	0.19%
93-1542885	Dovetail-Woodwise Cabinets, LLC	MN	0.18%
27-4652094	MQS, Inc	MT	0.18%
46-5068359	B.E. Forest Products Inc	MT	0.18%
91-1186468	Nordic Services, Inc	WA	0.18%

EIN	Name	State	% of Total
81-4255504	Jordan Sales and Service, Inc	ID	0.17%
81-0306999	Missoula Saws Inc.	MT	0.16%
82-0421990	Tapley Cabinet Works, Inc	ID	0.16%
46-1149011	DC 5-Star Trucking	WA	0.16%
81-0365773	Marks Lumber	MT	0.16%
91-1461038	Harley C Douglass, Inc	WA	0.16%
82-0478371	Eagle Rock Timber, Inc	ID	0.16%
82-0409765	J & H Forest Products	ID	0.16%
83-4687293	Donohoe Construction, LLC	ID	0.15%
91-1519023	Cascade West Development, Inc	WA	0.14%
47-4077033	American Cedar, Inc	ID	0.14%
91-0283310	Midstate CO-OP	WA	0.14%
46-5446279	J. Addington General Contractors, Inc.	ID	0.14%
81-0521390	Sievert Construction, Inc.	MT	0.13%
14-1928158	Site Solutions Recycling	ID	0.13%
47-1350018	CMC Tire, Inc	WA	0.13%
47-5371581	Cabinets Plus, LLC	WA	0.13%
46-4615445	Stone Creek Land Design and Development	WA	0.12%
46-1619486	North Fork Enterprises, LLC	ID	0.12%
91-0955081	Eller Corporation	WA	0.11%
81-0409621	Kalispell Montana Log Homes	MT	0.11%
91-2054793	ARK Commercial Roofing Inc	WA	0.11%
81-0435943	Hunt's Timbers, Inc.	MT	0.10%
93-0372145	Hood River Supply Association	OR	0.10%
91-2174488	Apollo Electric	WA	0.10%
46-3949793	JD Millworks dba Boise River Cabinets	ID	0.09%
81-0541328	Stensrud Cabinet Company	MT	0.08%
86-1215871	Cabinet Pro Inc	WA	0.08%
91-1945403	My Family Contractor, Inc dba Timberline Truss, Inc	WA	0.08%
47-2218588	Hurley Development LLC	WA	0.07%
82-0340334	Wilson Trucking Inc	ID	0.06%
91-1554086	B & M Logging Inc	WA	0.06%
81-0499559	Schlegel Enterprises Inc	MT	0.06%
91-0543109	Zosel Lumber Company	WA	0.05%
46-2236216	Avimor Development, LLC	ID	0.04%
27-4707698	NuVu Property Management	ID	0.03%
91-1967430	Northwest Industrial Services, LLC	WA	0.03%
82-0315798	Fousts Inc	ID	0.03%
93-0833688	BMI Contractors	OR	0.02%
47-5220315	Tree Mechanics, LLC	WY	0.02%
82-0517877	Select Euro Systems	ID	0.01%
91-0698752	Manson Growers	WA	0.01%
93-0631698	Orchard Wood Products	OR	0.01%
91-1198691	Sunshine Disposal Inc	WA	0.01%
82-0370527	Intermountain-Orient Inc.	ID	0.01%

TIMBER PRODUCT MANUFACTURERS TRUST

EIN 91-6030747 PN 501 FYE 12/31/2024

Schedule H, Line 4j - Schedule of Reportable Transactions - included in the Accountant's audit report attachment.

TIMBER PRODUCT MANUFACTURERS TRUST

EIN 91-6030747 PN 501 FYE 12/31/2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - included in the Accountant's audit report attachment.